

Campus Follow-Up Survey Report for Ohio State Students, Faculty and Staff

December 31, 2020



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OVERVIEW

A return to campus survey of a random sample of faculty, staff, and students at The Ohio State University was conducted in August of 2020 at the recommendation of the Safe Campus and Scientific Advisory Subgroup of the Post-pandemic Operations Task Force to determine readiness for returning to campus, barriers to returning to campus, safety needs, stressors and emotions, coping strategies, and wellness needs (including online health and wellness programming). Findings indicated moderate to high levels of stress, anxiety, burnout, and depression, which led to expanded and tailored programming for faculty, staff, and students to improve their mental health and well-being.

A follow-up survey was conducted in December with the same randomly selected faculty, staff, and students who responded to the August survey in order to assess changes in their mental health, coping strategies, healthy lifestyle behaviors, and needs over time.

METHODS

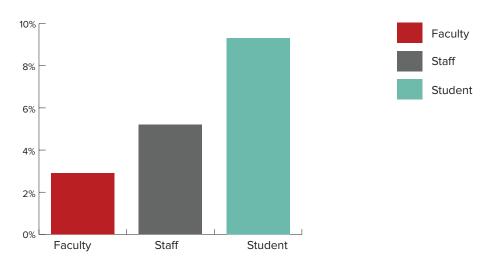
Similar to the August survey, the second return to campus survey was created by the University's Chief Wellness Officer, Dr. Bernadette Melnyk, with input from the One University Health and Wellness Council and leaders from the Office of Student Life and Office of Human Resources. Minimal changes were made to the second survey including minor rephrasing of some of the survey questions to reflect the follow-up nature of the survey and adding a question to assess level of loneliness. Like the August survey, the December survey also used Likert scale questions to measure beliefs about returning to campus and safe practices to prevent COVID-19 spread, healthy lifestyle behaviors, coping strategies, and intent to use university programming on health and wellness topics. The December survey again used two valid and reliable screening tools, including the Generalized Anxiety Disorder 2-item (GAD-2) scale and Patient Health Questionnaire (PHQ-2) for depression. A valid one item burnout question was also included.

The same random sample respondents that replied to the August survey were contacted via email and asked to participate in the December survey. Emails were sent to 4,441 students (undergraduate, graduate, and professional), 2,138 faculty members (full-time), and 2,266 staff members (full-time) from Ohio State's main campus and regional campuses. The survey obtained responses from 1,215 students, 1,095 faculty, and 1,279 staff members, resulting in a response rate of 27.3%, 51.2%, and 56.4%. The following report describes the survey's key findings for students, faculty and staff. Findings that compare the August to December data also are highlighted.

KEY HIGHLIGHTS FROM THE SURVEY

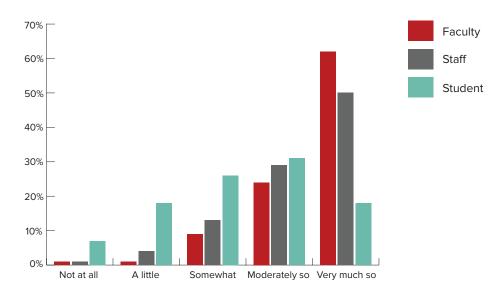
• Students reported three times more positive COVID-19 tests than faculty and approximately two times more positive tests than staff (9.3%, 2.9%, and 5.2%, respectively).

Percent of Faculty, Staff and Students with a Positive COVID-19 Test



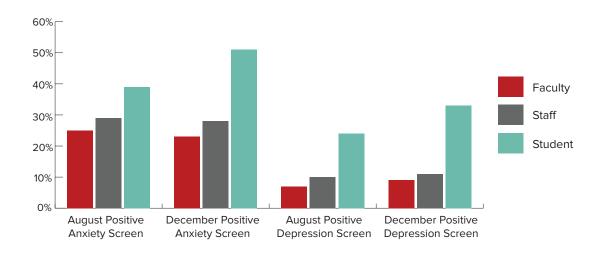
• Only 17% of students "very much so" observed their peers at Ohio State following the appropriate safety protocols, which is substantially lower than faculty and staff (62.4% and 50.4%, respectively).

Observation of Appropriate Safety Protocol Adherence by Faculty, Staff and Students



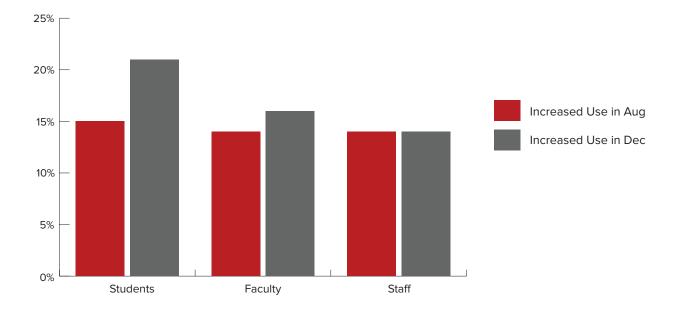
• 51% of students met the cut-off for clinical anxiety and 33.4% met the cut-off for depression in comparison to 22.6% and 9.4% of faculty and 27.6% and 11.3% of staff. Student rates of anxiety and depression increased from the August survey, whereas faculty and staff anxiety slightly decreased and depression slightly increased.

Anxiety and Depression in Faculty, Staff and Students Over Time



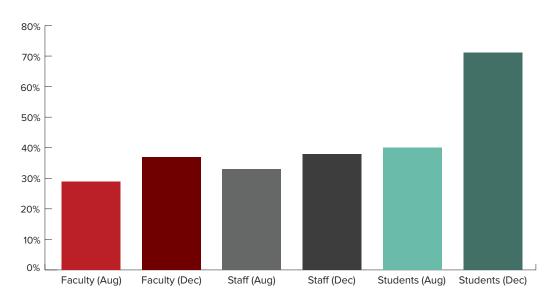
- Mental health disparities in terms of race/ethnicity were observed in faculty, staff, and students at varying rates.
- 10% of all students indicated that they were currently feeling extremely lonely, which is approximately five times higher than what faculty and staff reported (1.8% faculty and 2.4% staff).
- In August, 15.5% of students and 14% of faculty and staff reported increased use of alcohol consumption to cope
 with COVID-19. Use of alcohol to cope with COVID-19 has since increased to 21.2% for students and 16.3% for
 faculty, while staff alcohol consumption stayed the same at 14%.

Use of Alcohol to Cope with COVID in Students, Faculty and Staff Over Time



• The percent of students who screened positive for burnout increased from 40% in August to 71% in December. Faculty report of burnout increased from 29% to 37%. Staff report of burnout increased from 33% to 38%.

Burnout in Faculty, Staff, and Students Over Time



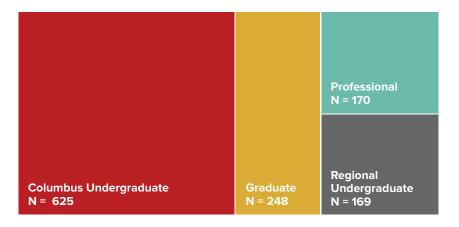
STUDENT RESULTS

DEMOGRAPHICS

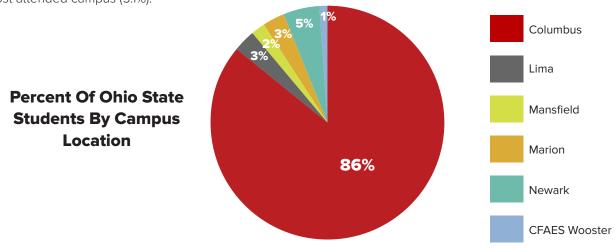
Similar to the August survey, the majority of students were White (80.3%) or Asian (11.2%) and clustered in the 20 to 29-year-old age range (75%), with 13% being < 20 years old. More women responded to the survey (68.2%) than men (29.5%). Other gender identities represented 1.3% of the respondents.

For year in school, 23.1% were in their 2nd year, followed by 18.9% in their 3rd year, and 19.5% in their 4th year. Less than 1% were in their 1st year, less than 10% were in their 5th, 6th, and 7th year, and 14.2% were in their 8th year. Undergraduate students comprised 65.3% of the sample population (51.4% Columbus Campus [n = 625]; 13.9% Regional Campus [n = 169]), graduate students 20.4% (n = 248), and professional students 14% (n = 170).

Student Respondents by Academic Program and Undergraduate Location

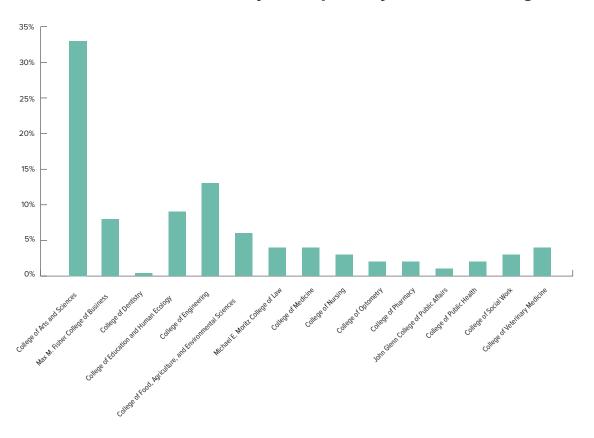


Eighty-six percent of student participants were from the Columbus campus, with Newark being the second most attended campus (5.1%).



Thirty-three percent of students indicated that they were associated with the College of Arts and Sciences, while the second highest percentage of students responding were from the College of Engineering (12.9%).

Percent of Student Survey Participants by Ohio State College



CAMPUS BELIEFS

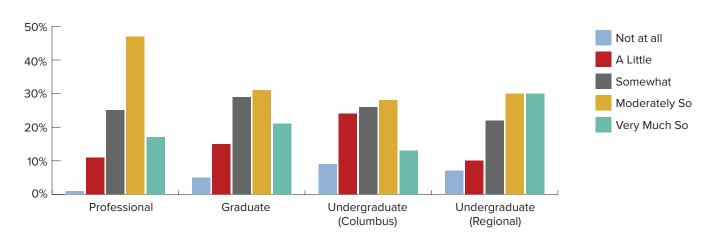
In the previous survey, 74% of students at least somewhat believed that proper safety protocols would be present when they returned to campus, with regional undergraduate students holding the strongest beliefs. In the most recent survey, students were asked about their satisfaction with the safety protocols. The most frequently selected response for all students was "moderately" satisfied (35.5% Columbus undergraduate [n = 222]; 37.9% Regional undergraduate students [n = 58]); 33.1% graduate students [n = 82]; and 40% professional students [n = 68]). The second most frequently selected response for all students was "very much" satisfied.

Slight differences were observed between academic levels in terms of their satisfaction with communication received from Ohio State regarding specific COVID-19 prevention guidelines. The most frequently selected response for Columbus undergraduates (32.78% [n = 205]) and professional students (36.5% [n = 62]) was "moderately" satisfied and the second most frequently selected option was "very much" satisfied. The reverse was observed for graduate students and Regional undergraduate students as they most frequently selected "very much" satisfied (32.7% [n = 81]; 43.2% [n = 73]), followed by "moderately" satisfied.

Previously, an overwhelming number of students reported having some level of concern about contracting COVID-19 once returning to campus and only 12.3% voiced no concern at all. In the December survey, the concern of contracting COVID-19 remained, especially for Columbus undergraduate, graduate, and professional students, as they least frequently selected no concern (15.7% [n = 98]; 8.9% [n = 22]; 11.8% [n = 20]). Regional undergraduates most frequently selected no concern of contraction (23.1% [n = 39]).

In the August survey, only 40% of students reported "somewhat" believing that their peers at Ohio State will follow the appropriate safety protocols. As a follow-up to this question, the December survey asked students how frequently they observed their peers appropriately following safety protocols. The most frequently selected option for all students was "moderately." It is also important to note that Columbus undergraduate students reported observing less safety protocol adherence when compared to the other academic levels.

Observation of Appropriate Safety Protocol Adherence by Academic Level



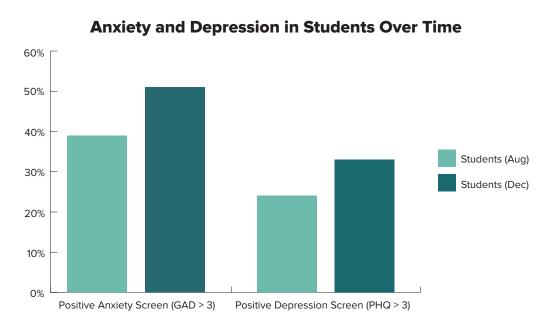
Previously, the top three concerns for all students were passing COVID-19 on to their family/loved ones (64.9%), contracting COVID-19 (58.3%), and their own level of anxiety/stress (48.1%). In the most recent survey, Columbus undergraduates, Regional undergraduates, and professional students still most frequently selected being concerned with passing COVID-19 onto a family member (> 75%) and their anxiety/level of stress (> 58%), however, personally contracting COVID-19 was no longer in their top three concerns. This concern was replaced with the concern of peers not following safety protocols (> 50%). Graduate students' top three concerns remained the same as the previous survey: passing COVID-19 on to family/loved ones (70.2% [n = 174]); anxiety/level of stress (60.1% [n = 149]); and contracting COVID-19 (57.7% [n = 143]).

More students in the December survey reported knowing how to best prevent the spread of COVID-19 when compared to the August survey. Less than 50% of students previously believed that they knew how to best prevent the spread of COVID-19, and the December results indicated that > 67% of all students now "very much so" believe in their ability to prevent the spread of COVID-19.

In the previous survey, >60% of students held strong beliefs in the importance of mask wearing. This percent increased to > 71% for Columbus undergraduate, graduate, and professional students and stayed about the same for Regional undergraduate students (59.8%). Greater than 64% of Columbus undergraduate, graduate, and professional students believed in physical distancing "a lot," while only 56.8% of Regional campus students reported the same level of belief. In the August survey, only 34.7% of students believed that daily health screenings were critical preventive measures. This percentage decreased to < 29% for Columbus undergraduate, graduate, and professional students in the December survey and increased for Regional undergraduates (38.5%). All students were still very willing to follow evidence-based guidelines for prevention.

STATE OF MENTAL WELLBEING

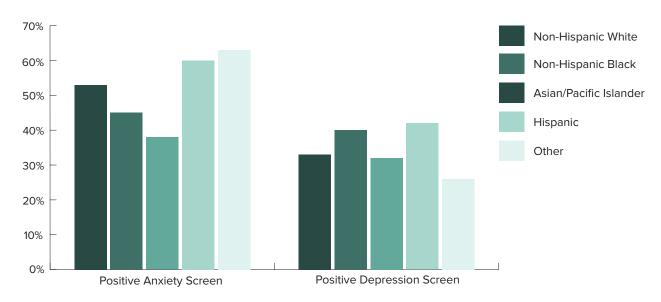
Baseline results in August indicated that 39% of all students screened positive for anxiety and 24.1% screened positive for depression. A substantial increase in positive anxiety and depression screenings was observed in the December survey, with 51.4% of all students screening positive for anxiety and 33.4% screening positive for depression. New to the December survey was a question concerning loneliness, and roughly 10% of all students indicated that they were currently feeling extremely lonely. Lastly, 8.7% of students (n = 106) reported that they had received a new mental health diagnosis since the beginning of the COVID-19 pandemic.



In terms of academic level, Regional campus undergraduates had the highest percentage of positive anxiety screenings (57.4% [n = 97]) followed by Columbus undergraduate students (54.7% [n = 342]), graduate (44.8% [n = 111]), and professional students (42.9% [n = 73]). In the August survey, graduate students reported the highest percentage of positive anxiety screenings and Regional undergraduate students reported the lowest level of anxiety screenings. Regarding positive depression screenings by academic level, Regional undergraduates had the highest prevalence (36.1%), followed by Columbus undergraduate (35.8%), graduate (30.6%), and professional students (25.9%). Regional undergraduate students also had the highest depression prevalence (27%) in the August survey, followed by graduate (26%), Columbus undergraduate (24%), and professional students (19%).

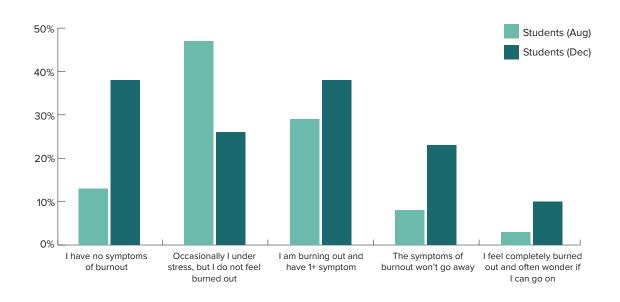
The survey requested students to select their race: African American/Black/of African descent (Non-Hispanic Black); Asian/Asian American; Hawaiian/Pacific Islander; Hispanic/Latino; Native American/American Indian/Alaskan Native; Middle Eastern/Arab American; White or European American (Non-Hispanic White); or Other. Because the numbers of some race/ethnicities were too small to analyze on their own, regroupings were necessary in order to compare rates of anxiety and depression by race/ethnicity. For example, Asian/Asian American and Hawaiian/Pacific Islander were combined into one group (Asian/Pacific Islander) and Native American/American Indian/Alaskan Native and Middle Eastern/Arab American were combined with the Other group. In relation to race and ethnicity, the highest rates of anxiety were observed in Other (63%), Hispanics (60%), and Non-Hispanic White (53%). The highest rates of depression were observed in Hispanics (42%), Non-Hispanic Blacks (40%), and Non-Hispanic Whites (33%).

Anxiety and Depression in Students by Ethnicity/Race (Dec)



A substantial increase was observed for the number of students who reported that they were experiencing burnout (40% in August vs 71% in December). Lastly, 59.3% of all students denoted that they have problems coping with the stress in their lives, which is also an increase from the August survey. Even though students reported an increased inability to manage stress, they expressed limited interest in stress reduction programing, the most frequently selected option was "no interest" followed by "a little interest."

Burnout in Students Over Time



HEALTHY LIFESTYLE BEHAVIORS

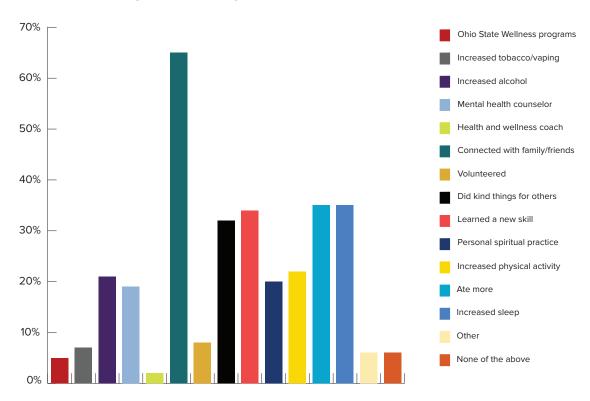
Student daily physical activity levels have continued to decrease since the start of COVID-19. **In August, 52% of students** reported that they had participated in less physical activity than usual; this increased to 66.3% in the December survey. Regarding healthy eating, 12.5% of students reported eating healthier, but **43% reported eating less healthy** (an **8% increase from August)**.

In August, 44.2% of the students reported that COVID-19 had not been impacting their sleep, 26.5% expressed that they had been sleeping less, and 29.2% reported that they had been sleeping more. By December, 38% reported no change to their sleep, 30.8% indicated obtaining less sleep, and 31.3% denoted obtaining more sleep.

In August, 15.5% of students used increased alcohol consumption to cope with COVID-19, which increased to roughly 21.2% in December. Use of tobacco/vaping products was reported by 5.9% of the students in August, which increased to 7.4% in December. Also, in August, 25% reported eating more unhealthy food and this has increased to 35%. Connecting with family and friends was still the most commonly reported coping strategy (> 50%). While only 2% of the students engaged in wellness programs offered by Ohio State to cope with COVID-19 in August, this increased to 5.4% in December.

Health behaviors were associated with students' mental health. For example, increased use of tobacco/vaping products, increased use of alcohol, increased consumption of unhealthy food types, and increased sleep were all associated with higher levels of anxiety and depression. Connecting with family/friends and increased physical activity were associated with less anxiety and depression.

Strategies Used by Students to Cope with COVID-19

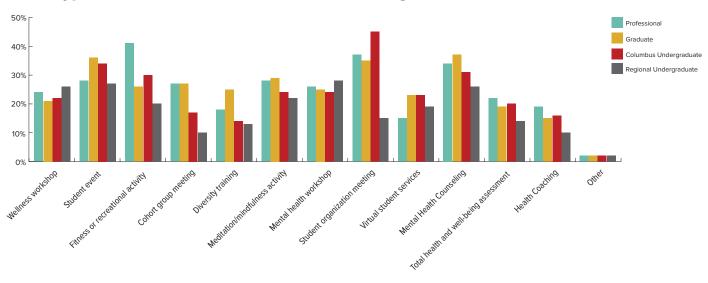


OHIO STATE VIRTUAL PROGRAMMING AND SERVICES: ACCESSIBILITY, INTEREST AND UTILIZATION

Overall, most students reported being able to access Ohio State virtual programming, however, 5.4% (vs. 5.8% in August) felt that they could not access the virtual programming, and 8.8% (vs. 12.3% in August) were unsatisfied with the amount of virtual programming provided. Forty-eight percent (vs > 50% in August) of students either "agreed" or "strongly agreed" that they would use virtual programming offered by Ohio State in the future.

In August, students expressed the most interest in the following programming: wellness, fitness, or recreational activity; student organization meeting; and student events (e.g. guest speaker, awards ceremony). Substantial interest remains for these types of programming. In August, only a quarter of students expressed interest in a mental health counseling appointment, this percentage increased to an average of 32.1% in December.

Type of Virtual Health and Wellness Offerings that Students Have Interest In

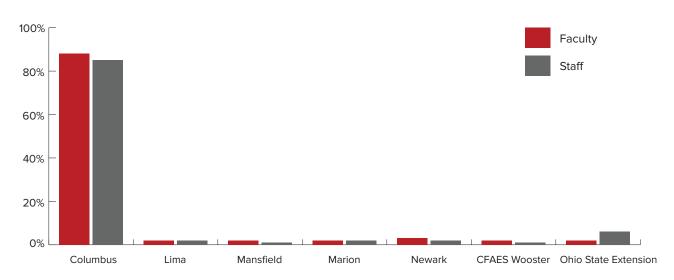


FACULTY AND STAFF RESULTS

DEMOGRAPHICS

Analogous to the previous survey, the majority of faculty and staff responding to the December survey were Non-Hispanic White and 30-59 years old. More women responded to the staff (67.2%) and faculty (52%) survey than men. Other gender identities represented 0.2% of the staff respondents and 0.3% of the faculty respondents. Most faculty (87.6%) and staff (85.4%) worked for the Ohio State Columbus campus, with the second most commonly selected option being Newark (2.6% faculty and 2.1% staff).

Percent of Faculty and Staff Respondents by Campus Location



Home environments were similar between faculty and staff. Fifty-four percent of faculty and 57.3% of staff had 0 children under the age of 18 living in their home. Approximately 1% of both faculty and staff reported getting married since COVID-19 began and another percent reported separating or divorcing from their spouse.

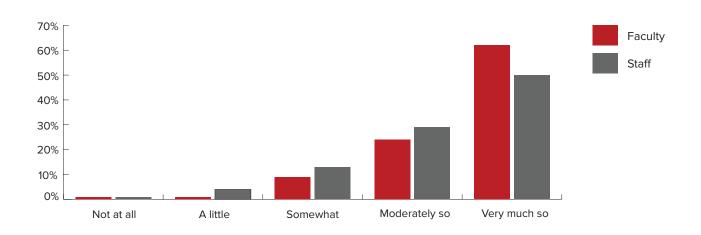
Five percent of staff have had a positive COVID-19 test, while only 2.9% of faculty reported a positive test.

CAMPUS BELIEFS

Results from the baseline survey in August indicated that faculty and staff held moderate beliefs in Ohio State's ability to set appropriate COVID-19 safety protocols and in Ohio State's ability to properly communicate said protocols. In the most recent survey, faculty and staff were alternatively asked about their satisfaction with the safety protocols and Ohio State's communication. Fifty-one percent of faculty (n = 563) and 44.6% (n = 570) of staff selected that they were "very much" satisfied with the safety protocols, with "moderately" satisfied being the second most commonly selected option. In terms of Ohio State communication, 52.9% (n = 579) of faculty and 54.3% (n = 694) of staff indicated that they were "very much" satisfied, and again the second most frequently selected option was "moderately" satisfied.

August survey results also indicated that faculty and staff held moderate beliefs in their colleagues' and peers' ability to follow COVID-19 protocols. In the December survey, faculty and staff were asked to assess the level to which they observed their colleagues and peers adhering to the safety protocols. Faculty selected "very much so" more frequently than staff (62.4% [n = 683] faculty vs 50.4% [n = 645] staff). The second most commonly selected option being "moderately so" (23.7% [n = 259] faculty vs 28.9% [n = 369] staff).

Observation of Appropriate Safety Protocol Adherence by Faculty and Staff

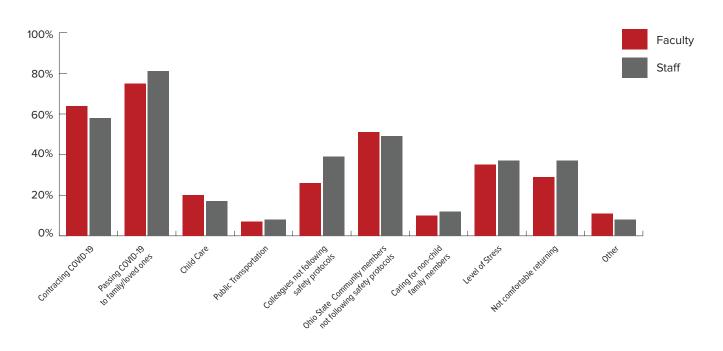


Analogous to the August survey, all faculty and staff still held strong beliefs in their own personal ability to prevent the spread of COVID-19. Seventy-eight percent (n = 856) of faculty and 73.9% (n = 945) of staff indicated that they "very much so" knew how to prevent the spread of COVID-19, with the second most commonly selected option being "moderately so" (18.5% [n = 203] faculty and 21.7% [n = 277] staff)

Faculty and staff were still "very much so" willing to follow preventative guidelines put in place (96% for faculty and 89% for staff). Previously, > 70% of faculty and staff expressed strong beliefs in the importance of social distancing and mask wearing for COVID-19 prevention. The percent of faculty and staff indicating strong beliefs in mask wearing and social distancing increased to > 77% in the December survey. The same strong level of beliefs in the importance if daily health checks was not observed and actually declined when compared to the August survey. In August, 27.7%-34% of faculty and 36.3%-38.6% of staff selected "very much so" and this has since dropped to 22.2% for faculty (n = 243) and 30.5% (n = 390) for staff.

Regarding their greatest concerns, the top three most selected options were the same that were reported in August for both faculty and staff: passing COVID-19 on to my family/loved ones (75.4% [n = 826] faculty and 80.9% [n = 1035] staff), personally contracting COVID-19 (64.3% [n = 704] faculty and 58% [n = 742] staff) and other members of the Ohio State community who may not follow protocols that will keep us safe (50.6% [n = 554] faculty and 49.4% [n = 632] staff).

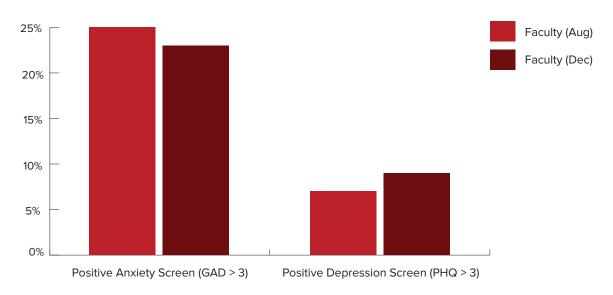
Faculty and Staff Greatest Concerns



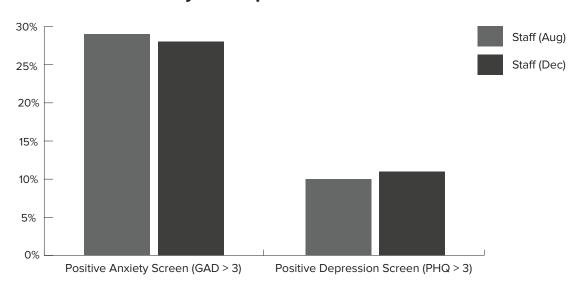
STATE OF MENTAL WELLBEING

In the August survey, 25% of faculty and 29% of staff screened positive for generalized anxiety disorder. The positive screenings for anxiety decreased slightly in December, with 22.6% (n = 248) of faculty and 27.6% (n = 353) of staff reporting clinical anxiety. On the depression screening, staff previously reported a higher level of depression than faculty (10% staff vs 7% faculty). In December, staff still reported more depression than faculty, but the prevalence for both groups slightly increased, with 11.3% (n = 145) of staff and 9.4% (n = 103) of faculty screening positive for depression. New to the December survey was a question on loneliness, 1.8% (n = 20) of faculty and 2.4% (n = 31) of staff reported that they were "extremely lonely."

Anxiety and Depression in Faculty Over Time

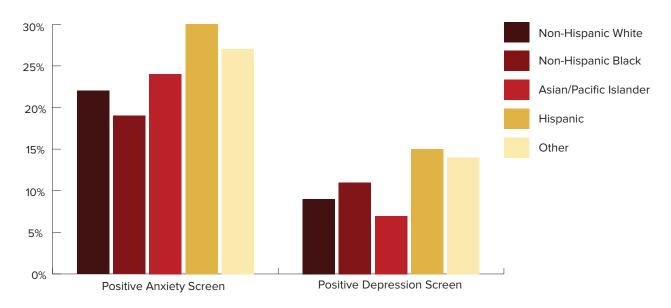


Anxiety and Depression in Staff Over Time

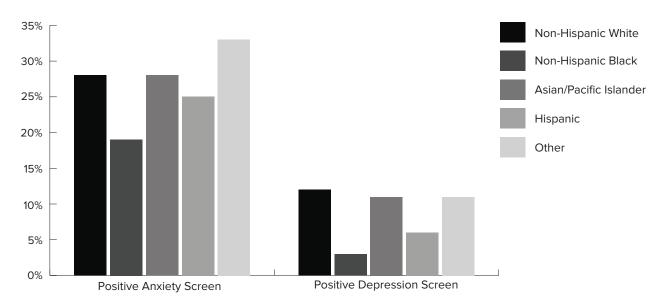


The survey requested faculty and staff to select their race: African American/Black/of African descent (Non-Hispanic Black); Asian/Asian American; Hawaiian/Pacific Islander; Hispanic/Latino; Native American/American Indian/Alaskan Native; Middle Eastern/Arab American; White or European American (Non-Hispanic White); or Other. The numbers of some race/ethnicities were too small to analyze on their own, thus, regroupings were necessary in order to compare rates of anxiety and depression by race/ethnicity. For example, Asian/Asian American and Hawaiian/Pacific Islander were combined into one group (Asian/Pacific Islander), and Native American/American Indian/Alaskan Native and Middle Eastern/Arab American were combined with the Other group. For staff, Other (33%), Hispanic (28%), and Non-Hispanic White (28%) had the highest levels of anxiety; and Non-Hispanics White (12%), Asian/Pacific Islanders (24%) had the highest rates anxiety; and Hispanics (15%), Other (14%), and Non-Hispanic Blacks (11%) had the highest levels of depression.

Anxiety and Depression in Faculty by Ethnicity/Race

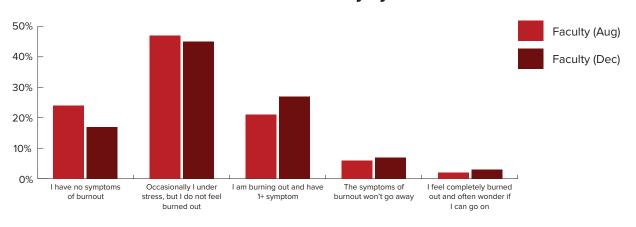


Anxiety and Depression in Staff by Ethnicity/Race

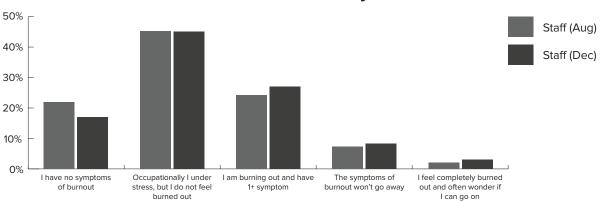


At baseline, about 29% of faculty and 33% of staff reported that they were either "definitely burning out and have 1+ symptoms of burnout, such as physical and emotional exhaustion," "symptoms of burnout won't go away," or that they "were completely burned out." Burnout in December has increased to 37% for faculty and 38% for staff.

Burnout in Faculty by Month



Burnout in Staff by Month



HEALTHY LIFESTYLE BEHAVIORS

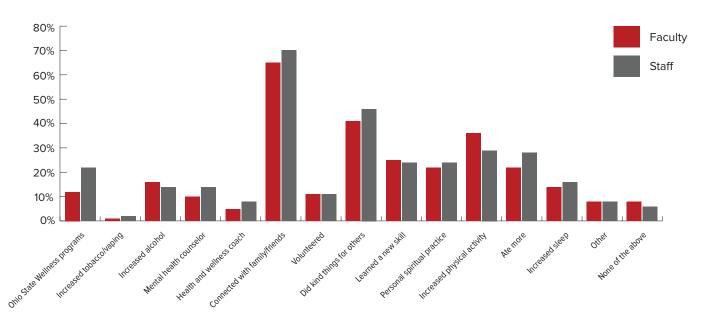
In August, more than half of faculty and staff reported "no change" for each healthy behavior (daily level of physical activity, eating patterns, and sleep), with the remaining half selecting "less than usual" or "more than usual." This has since decreased to about a third of faculty and staff indicating no change for level of physical activity and increased to roughly 50% for no change in eating patterns or sleep patterns. However, it should be noted that a substantial amount of faculty and staff selected engaging in less physical activity than usual (45.2% [n = 495] faculty; 51% [n = 652] staff) and eating less healthy than usual (30.1% [n = 330] faculty; 37.1% [n = 474] staff).

In order to cope with COVID-19, faculty and staff previously reported their top three methods as connecting with friends and family, increased physical activity, and use of gratitude. The top three selections in December were connecting with friends and family, doing kind things for others, and increasing physical activity. In terms of unhealthy methods of coping, 14.7% of faculty and staff in August reported increased alcohol consumption, 15% of faculty increased unhealthy food consumption, and 23.9% of staff increased unhealthy food consumption. The use of alcohol has since increased for faculty (16.3% [n = 179]) and stayed about the same for staff (14.4% [n = 184]). Increased unhealthy food consumption increased for both faculty (21.9% [n = 240] and staff (28.1% [n = 359]) in December.

Health behaviors were related to faculty and staff mental health. For example, higher levels of anxiety and depression were associated with increased use of tobacco/vaping products, alcohol and consumption of unhealthy foods.

Among staff, higher levels of anxiety and depression were associated with increased use of alcohol, consumption of unhealthy foods, and sleep. Engaging in a personal spiritual practice and increased physical activity were associated with less anxiety and depression in staff. No associations between coping mechanisms and less anxiety and depression were found in faculty.

Strategies Used by Faculty and Staff to Cope with COVID-19

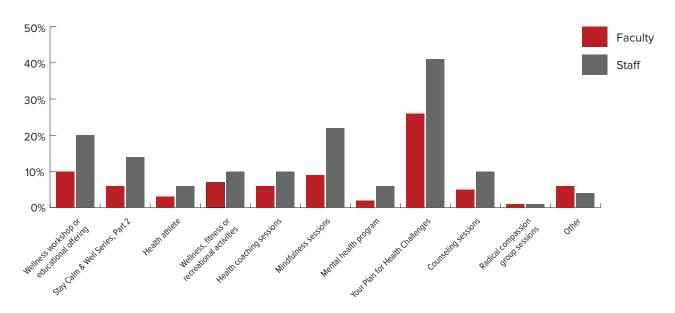


OHIO STATE VIRTUAL PROGRAMMING AND SERVICES: ACCESSIBILITY, INTEREST, AND UTILIZATION

In August, most faculty and staff reported being able to access Ohio State virtual programming. Only 5% reported that they could not access the virtual programming and were unsatisfied with the amount of virtual programming provided. Most faculty and staff can still access the virtual programming and the number who could not access it decreased to 2.8% for faculty and 2.2% for staff. Those who were strongly unsatisfied with the amount of virtual programming also decreased from 5% to 2.0% for faculty and 1.3% for staff.

Previously, > 50% of faculty and staff agreed that they would use virtual programming offered by Ohio State in the future and this value has stayed about the same over time. Overall interest in virtual programming options was low, with none of the options receiving > 50%. Despite this, staff did show more interest than faculty. The top three virtual programming options that staff was interested in were Your Plan for Health Challenges (41.3% [n = 528]); wellness workshop or educational offering (19.3% [n = 253]), and the Stay Calm and Well Series Part 2 (13.7% [n = 175]). The top three selected offerings for faculty were Your Plan for Health challenges (26.3% [n = 288]), wellness workshop or educational offering (9.9% [n = 108]), and wellness/fitness/recreational activities (7.0% [n = 77]).

Type of Virtual Health and Wellness Offerings that Faculty and Staff Have Interest In



IMPLICATIONS OF SURVEY RESULTS WITH ACTION TACTICS

By comparing the results of this report's findings with those obtained in August, it is clear that there remains a critical need to continue to accelerate access to mental health services along with preventive and early intervention mental health and wellness programming for students, faculty and staff. This is especially true for students whose rates of anxiety and depression substantially increased since August. Over 50% of students are now screening positive for anxiety and 33% are screening positive for depression. Previously, when broken down by academic level, graduate students had the highest rates of anxiety and regional campus students had the lowest rates. However, the December survey indicates that regional undergraduates now have the highest prevalence (57.4%) of anxiety followed by Columbus undergraduates (54.7%). Regional undergraduates continue to have highest prevalence of depression (August 27%; December 36.1%) compared to other students across campus.

In October, Ohio State received \$611,423 in CARES Act funding to specifically focus on student mental health. Multiple programs and initiatives were implemented and/or expanded to improve and promote mental health and well-being in our students (See Appendix A). Some of this CARES funding was specifically targeted to regional campus students, including a total health and well-being assessment through a telehealth wellness hub that was created. Our efforts will continue to strengthen collaborations with Regional Campus Deans and Counseling Services to better promote the already available evidence-based mental resiliency and coping resources that the University has to offer and to determine better fitting resources that will yield higher interest for this specific student population. Communication regarding all programming and resources available will be increased to further engage students in the extensive programming and resources that are available to promote their mental health and well-being.

As stated in the previous report, our leaders will continue to play a critical role in encouraging and supporting their students, faculty and staff to participate in the wide variety of excellent wellness programming that is routinely offered at Ohio State. This support should include allowing faculty and staff to schedule wellness activities during their workday. A program specifically designed to educate managers and supervisors about the importance of employee wellness engagement will be offered in the Spring Semester.

Increases in alcohol consumption was observed in both students and faculty when compared to their results in August. Twenty-one percent of students and 16% of faculty are now using alcohol to cope with the stress of the pandemic, when it was previously 15.5% and 14% in August. Staff usage rates have stayed the same (14%). Rates of physical activity have also decreased since August. Alcohol consumption and decreased physical activity are known to make the symptoms of mental health conditions worse. Furthermore, 80% of chronic health conditions are preventable with healthy lifestyle behaviors. Therefore, we must continue to increase awareness and engagement with all the excellent programming and resources that are available (e.g., Your Plan for Health challenges, health coaching, the Buckeye Wellness Innovator program, the Health Athlete program) and sustain our culture of wellness where healthy lifestyle behaviors are the norm.

Ten percent of students reported being extremely lonely since COVID-19 began, thus, student organization meetings may offer a means for feeling more socially connected. Student organization leaders also should be considered important allies in communicating and promoting mental health services to their members.

Previously, adherence to safety practices by peers and colleagues was a major concern for students, faculty and staff. One concerning finding in this December survey was that only 17% of students "very much so" observed their peers at Ohio State following the appropriate safety protocols. This rate is quite low when compared to faculty and staff finding of 62.4% and 50.4%. Students also held more limited beliefs in the importance of mask wearing, socially distancing, and daily health screenings, which may partially explain why students had a higher positivity rate of COVID-19 than faculty and staff. Although vaccination has begun for COVID-19, the importance of practicing safety protocols will remain until a critical mass of our population has been vaccinated.

Results from this survey will be shared with our President and her cabinet, Senior Management Council, The Council of Deans, and The One University Health and Wellness Council. The Chief Wellness Officer along with The One University Health and Wellness Council will continue to monitor outcomes and plan targeted evidence-based strategies to enhance the health and wellbeing of our students, faculty and staff as another survey is planned for April. Together as Buckeyes, we will continue to support our faculty, staff, and students to achieve their optimal state of health and wellbeing and fulfill our vision of creating the healthiest university in the world.

APPENDIX A

Student Mental Health CARES Funding Initiatives for Phase 1 The Ohio State University

<u>Purchase SilverCloud</u>: This is an online program designed to meet the mental health needs of students. The program has three modules: (1) stress; (2) anxiety; and (3) depression. SilverCloud solutions are evidence-based, utilizing cognitive behavioral therapy. Allowing students to utilize this treatment module virtually will increase their access to care and mental health support.

Provide Wellness Assessment Incentives: \$2,500 to incentivize the assessment beyond the standard October marketing blitz/window. This tool serves to connect students to wellness resources across campus.

Expand Quarantine/Isolation Housing Programming: There is currently programming planned in quarantine/isolation housing to help students stay connected and engaged throughout the semester and these funds could help underwrite the costs of this programming.

Expand Weekend Programming: With additional funds, OUAB and Student Life departments can expand on weekend virtual programming.

Expand the MINDSTRONG Program: MINDSTRONG is an evidence-based cognitive-behavioral skills building program that has been supported by 20 studies as effective in decreasing depression, anxiety/stress, and suicidal thinking and improving healthy lifestyle behaviors. It can be delivered by both mental health and non-mental health providers as well as by peer students.

Launch a Telehealth Wellness Hub: A Telehealth Wellness Hub will be launched out of the Center for Healthcare Innovation and Wellness in the College of Nursing to provide total health and wellness assessments, including mental health assessments, for students via telehealth across all campuses with targeted outreach to regional campus students, who reported the highest levels of depression on the Ohio State Return to Campus Survey. Through this wellness hub, students will receive comprehensive health and wellbeing assessments. They will also receive wellness coaching and support by nurse practitioner students who are all registered nurses. The Telehealth Wellness Hub will operate on Mondays through Fridays from 4 to 8 pm and Saturdays from 12 to 4 pm.

Expand the Wellness Onboarding Graduate Health Sciences Student Online Assessment to All Graduate Students: Requires the review of all surveys immediately after scoring to refer students to appropriate resources as needed. An Amazon Gift Card of \$15.00 will be provided to incentive students to take the assessment. Students also will be offered wellness coaching through this mechanism from the Telehealth Wellness Hub.

Create a Digitalized Version of the MINDSTRONG Program with an Outcomes Evaluation:

Digitalization of this evidence-based program will expand its access to students anytime of the day or evening. A research outcomes evaluation will be conducted to ensure similar positive results as the manualized program in decreasing depression, anxiety, and stress and improving healthy lifestyle behaviors.

Provide Mental Health First Aide Virtual Training: This virtual course will provide training to six to 16 faculty/staff who can then deliver this course to students, faculty and staff. The course provides skills-based training that teaches participants about mental health and substance use issues.

Expand the Health Athlete Virtual Online 7-session program to 500 students: Health Athlete is backed by science and helps participants to feel more physically energized, emotionally connected, mentally focused, and aligned with their purpose.

Complete Peerzle (an app created by Matthew Trotta, an Ohio State student from the Fisher College of Business who won our return to campus innovation challenge for student mental health): Peerzle is a platform for college students that gives users going through mental health struggles instant access to a community of peers who have gone through similar circumstances and are willing to listen and lend support. Funds are needed for this student to complete this app.

Funds for Student Personal Counseling: These funds will cover co-pays for counseling received outside of Ohio State or to fund travel to counseling sessions.