

Regional Relationships: Creative Collaboration for Prevention and Mitigation Among Western North Carolina Learning Institutions

Bryan Hodge, Amy Joy Lanou

The far-reaching effects of the COVID-19 pandemic created immense disruption at every level of our educational systems. Institutions of higher education (IHEs) were forced to determine how educational opportunities could progress in a world of social distancing and restricted movement, and they had to address how congregate living settings posed infectious threats to IHE students, faculty, and communities. In March 2020, school closures, pivots to remote instruction, and lockdowns were implemented across the country, including in North Carolina. The discontinuation of face-to-face teaching required rapid implementation of virtual and digital learning. By the early fall, it was clear that in-person instruction at colleges and universities was directly associated with increased county-level COVID-19 incidence and percentage test positivity [1]. In a new climate of continual instability, uncertainty, and fear, Western North Carolina IHEs adopted novel approaches to maintain teaching and learning, sustain employment, and keep their communities safe. These institutions recognized that any success during this time would require consistency and a shared approach, following best practices in health and virus mitigation protocol.

Western North Carolina IHEs Unite to Make A Difference

Building from a prepandemic relationship, the chancellors and presidents of the six IHEs in Western North Carolina began meeting regularly with Mountain Area Health Education Center (MAHEC) to focus on strategic planning to curtail COVID-19 risks together. Comprising a mixture of public and private schools with diverse student bodies, the University of North Carolina at Asheville, Western Carolina University, Brevard College, Mars Hill University, Montreat College, and Warren Wilson College sought to determine how best to protect their students and institutions when faced with both the health and

economic repercussions of the pandemic. The medical guidance from MAHEC laid the foundation for consistent protocols for the six campuses and led to the prioritization of prevention and mitigation efforts. Weekly forums occurred at multiple levels to ensure that leaders, faculty, and students had open communication while the situation rapidly evolved. The chancellors and presidents of all six institutions met virtually every week to provide updates on the status of COVID-19 cases on each campus, develop strategies for mitigating the spread, and support employee initiatives with specific policies for shared best practices. Campus leaders assigned to roles specific to the COVID-19 response at each IHE also met to discuss emerging issues.

Additionally, the Center for Health and Wellness at the University of North Carolina at Asheville developed a Student Health Ambassador (SHA) program to train student leaders to share information and prevention strategies across campuses as peer influencers. Ninety-one SHAs were trained and then they offered 166 on-campus education events. SHAs on each campus produced social media campaigns, provided support to students in isolation and quarantine, and reinforced positive health behaviors through actions like handing out stickers to people who were following all of the COVID-19 protocols. The campus cohorts of SHAs met weekly to share ideas and frustrations, and to support one another. As an example, student leaders identified campus influencers involved in Student Government and organizations, as well as athletes, to inspire safe behavior of their peers. Leveraging the strengths of student leaders proved to be key to mitigation efforts and helped secure the goal of having students continue to live, learn, and play on campus.

These combined efforts allowed for rapid information exchange between campuses and allowed for a composed approach throughout the uncertainty that ensued.

Sourcing Timely Information Across Leadership

Ensuring that accurate information could be shared and disseminated across leadership, the faculty, staff, and students involved in the Western North Carolina IHEs required new pedagogies and teaching modalities. In order to create an interactive learning environment across geographic locations, a Project ECHO format linked the leaders, faculty, and SHAs together around peer-to-peer case-based education. Originally used in New Mexico to help primary care providers provide hepatitis C treatment in Western North Carolina, the Project ECHO format effectively provided grounding information across institutions [2]. Six COVID-19 learning sessions over the course of three months brought together the region's IHEs to discuss the science needed to drive policies, campus-specific challenges, and strategies for safe student engagement. These sessions included 1092 participants and covered topics such as identifying symptoms of COVID-19, equity and disparities in COVID-19 exposure and outcomes, and campus reopening strategies.

Collaboration That Will Outlast COVID-19

Our ability to sustain higher education safely in Western North Carolina has largely been possible through concerted efforts to create health and educational partnerships across institutions. Communication across every level of leadership, shared technical assistance, and collaborative programming for SHAs helped to unify our regional IHEs' response to the pandemic and kept students and communities safer. In the fall of 2020, Warren Wilson College completed the semester with no on-campus cases, while UNC Asheville had the lowest infection rate in the University of North Carolina system, and all had an average infection rate less than half of the state average (3% versus 8.3%) [3, 4]. The ability of the IHEs to maintain educational progress for students and continue employment for hundreds of employees has also significantly benefited the local economies in other states [5]. While the devastating effects of COVID-19 have penetrated every facet of our personal and professional lives, the shared efforts of medical and educational partners

across our regional IHEs inspired hope that we can all be better together. Moreover, as we face residual public health challenges, including widening health inequities, perhaps a key to taking them on lies in our ability to connect across institutions, share information, and harness the ingenuity of our future leaders in training. **NCMJ**

Bryan Hodge, DO MAHEC chair, Department of Community and Public Health, Asheville, North Carolina.

Amy Joy Lanou, PhD executive director, North Carolina Center for Health and Wellness, University of North Carolina at Asheville, Asheville North Carolina.

Acknowledgments

We thank Nancy Cable, Lynn Morton, and Paul Maurer for their editing contributions.

Disclosure of interests. No disclosures were reported.

References:

1. Leidner AJ, Barry V, Bowen VB, et al. Opening of large institutions of higher education and county-level COVID-19 incidence - United States, July 6-September 17, 2020. *MMWR Morb Mortal Wkly Rep.* 2021;70(1):14-19. doi:10.15585/mmwr.mm7001a4
2. Arora S, Thornton K, Jenkuskus SM, Parish B, Scaletti JV. Project ECHO: Linking university specialists with rural and prison-based clinicians to improve care for people with chronic hepatitis C in New Mexico. *Public Health Rep.* 2007;122(2 suppl):74-77. doi: 10.1177/003335490712205214
3. Warren Wilson ends semester with no on-campus cases of COVID-19. https://my.warren-wilson.edu/ICS/Portal_Homepage.jnz?portlet=Blog&screen=View+Post&screenType=next&&Id=a6671051-a690-43e5-a4fc-29976e9aad0b. Accessed May 5, 2021.
4. Student Health Ambassadors. University of North Carolina Asheville website. <https://coronavirus.unca.edu/resources/student-health-ambassadors/>. Accessed May 5, 2021.
5. Jones HE, Manze M, Ngo V, Lamberson P, Freudenberg N. The impact of the COVID-19 pandemic on college students' health and financial stability in New York City: Findings from a population-based sample of City University of New York (CUNY) students. *J Urban Health.* 2021;98(2):187-196. <https://doi.org/10.1007/s11524-020-00506-x>

Electronically published July 6, 2021.

Address correspondence to Bryan Hodge, Department of Community and Public Health, 121 Hendersonville Rd, Asheville, NC 28803 (Bryan.hodge@mahec.net).

N C Med J. 2021;82(4):260-261. ©2021 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2021/82408