# Ten considerations for reopening US higher education

## Governance and compliance

July 2020

**COVID-19 is, first and foremost, a global humanitarian challenge.**

Thousands of health professionals are heroically battling the virus, putting their own lives at risk. Governments and industry are working together to understand and address the challenge, support victims and their families and communities, and search for treatments and a vaccine.

**US higher-education institutions face uncertainty about reopening.**

While recognizing the uncertainties inherent in discussing any timeline for returning to pre-outbreak normalcy, this document strives to lay out key considerations for reopening higher-education institutions.
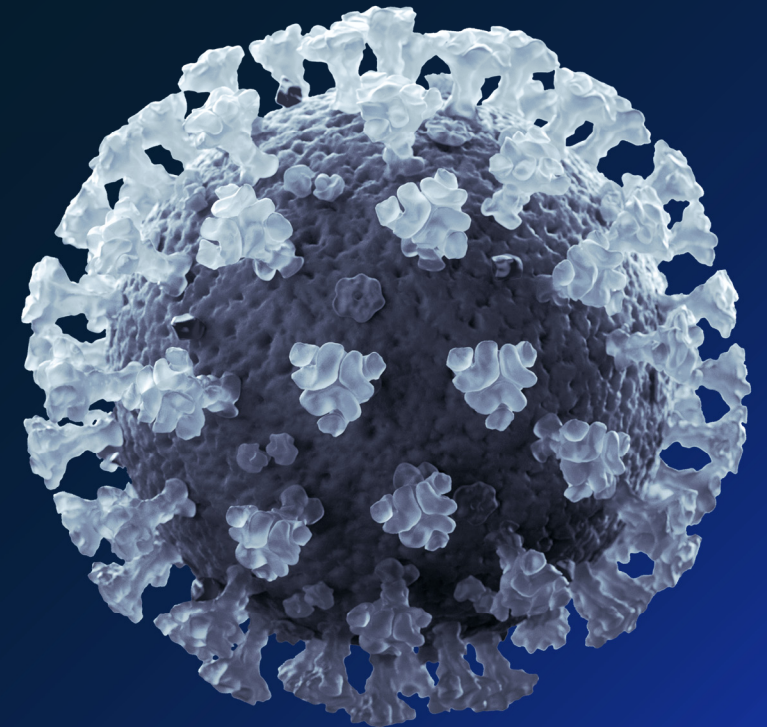
# 10 considerations for universities for reopening their campuses

**1**

**Local conditions and health-system capacity**

A) Relevant regulatory guidelines

B) Infection status

C) Social and economic context

D) Key work enablers (e.g., K–12 school systems, transit)

E) Other local university responses

**2**

**Testing, tracing, and other protections**

A) Testing

B) Contact tracing

C) Confirmed cases and quarantine policy

D) Other campus-wide health and safety policies

**3**

**Protection for vulnerable populations**

A) Health and safety

B) Learning enablement and equity

C) Financial challenges

D) External factors

**4**

**University safeguards**

A) Classroom and faculty

B) Research & student laboratories

C) Residential occupancy

D) Dining

E) Student activities

F) Offices

G) Athletics

**5**

**Scenarios for reopening**

A) Objectives and risks of reopening

B) Sequence of opening core activities in different scenarios

C) Restricting campus activity after reopening

D) Case examples

**6**

**Maximizing mission in the next normal**

A) Learning

B) Research

C) Service

D) Student life

E) Alumni

**7**

**Detailed operational planning**

A) Preparation required to reopen

B) Resources required (supplies, personnel)

**8**

**Governance and compliance**

A) Governance

B) Adherence and change management

C) Data tracking

**9**

**Communications**

A) Communicating in a crisis

B) Engaging university stakeholders

**10**

**Financial impact and mitigation**

A) Financial impact of each scenario

B) Mitigating actions to close the gap

# 8: The unprecedented nature of the COVID-19 crisis makes strong governance and compliance measures vital in higher education

When institutions are tasked with crisis management, **four factors usually emerge that impede an effective response or cause crises failures:**

**Inadequate discovery:** optimism bias, lack of adequate "sensing mechanisms," over-reliance on past patterns, risk rationalization

**Constrained solution design:** many crises shift "normal" boundaries, and hence need new solutions to be designed

**Slow or bad decision-making:** Groupthink, political pressures, high-emotion situations; desire to wait for more facts that slows response

**Inadequate delivery** (execution failures)**:** Chaos during disruptions that frequently translates to lack of direction and accountability
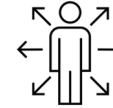
**COVID-19 fits all these criteria with its determining features and requires a well-run engine to manage the response:**

The disruption is unfolding faster than institutions can understand or interpret using the usual approaches, and universities need to stay updated consistently.

The situation is novel due to the nature or scale of the threat, which distinguishes it from a "routine emergency," and requires solutions both in the near and long term.

Decision-making requires input from multiple stakeholders to assess the situation and to consider and choose plans of action.

Since the situation evolves almost daily and differently for various locations, effective coordination is a must for delivery; stakeholders must execute simultaneously as they make decisions.

# 8: Governance and adherence/change management are critical elements of a successful reopening strategy — and can be powered through data

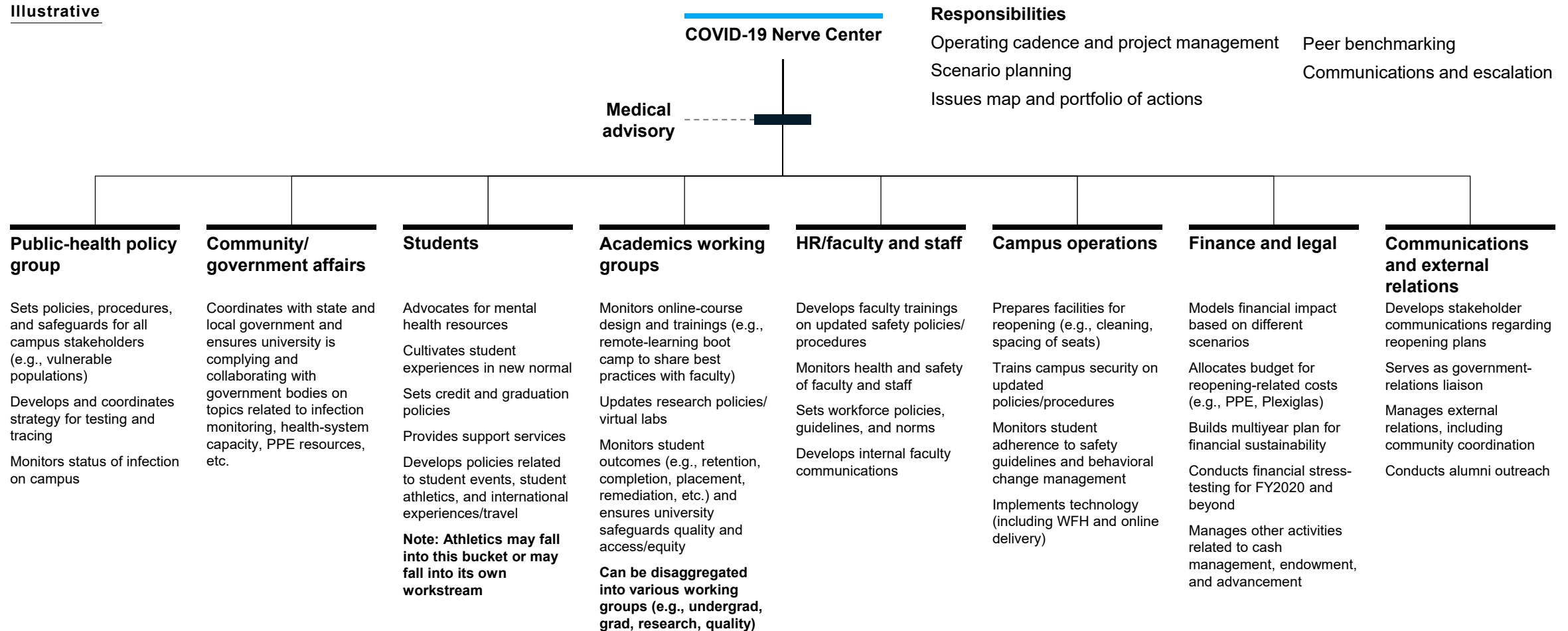| Work stream | Description |
|---|---|
| **8A** **Governance** | Managing university work streams in planning and executing the reopening strategy<br><br>Coordinating initiatives across departments and enabling agile decision making<br><br>Convening cross-functional committee at frequent intervals for status check-ins |
| **8B** **Adherence/change management** | Creating the infrastructure by which the university community adheres to COVID-19-related policies and procedures<br><br>Instituting a disciplinary process for noncompliance and coordinating across academic, campus-security, and law-enforcement leaders |
| **8C** **Data tracking** | Enabling stakeholders in both governance and adherence/change management to make data-driven decisions and accurately monitor reopening KPIs in real time as the situation evolves |

# 8A: Governance: Universities could consider convening a coordinating body to assess the health of and coordinate across reopening teams

**Key activities**

| Workstream | Developing reopen plan pre-announcement | Implementing plan preopening | After reopening |
|---|---|---|---|
| **Governance** | Organize cross-functional committee featuring leaders of each reopening workstream.<br><br>Monitor local conditions and health system capacity (see chapter 1) to determine reopening plan.<br><br>Review detailed operational plans by workstream (eg, resourcing, financing, operations, recommended policies) along with road maps for milestones and stage-gates until end of year. Provide approval and input as necessary. | Host cross-functional committee frequently to make decisions and remove road blocks.<br><br>Check progress against detailed operational plans across workstreams based on pre-determined milestones and stage-gates.<br><br>Develop dashboard as necessary per workstream to monitor workstream health after reopening (including KPIs to track and institute potential re-shutting down). | Convene cross-functional committee on a frequent basis to monitor reopening efforts and conduct continuous improvements as learnings emerge.<br><br>Monitor workstream health via dashboards and KPIs.<br><br>Monitor status of infection on campus along with health system capacity and policy adherence measures. |

# 8A: Governance: Example of a cross-functional committee a university can put in place to create and execute reopening plans

**Illustrative**

**COVID-19 Nerve Center**

**Medical advisory**

**Responsibilities**

Operating cadence and project management

Scenario planning

Issues map and portfolio of actions

Peer benchmarking

Communications and escalation

| Public-health policy group | Community/ government affairs | Students | Academics working groups | HR/faculty and staff | Campus operations | Finance and legal | Communications and external relations |
|---|---|---|---|---|---|---|---|
| Sets policies, procedures, and safeguards for all campus stakeholders (e.g., vulnerable populations) | Coordinates with state and local government and ensures university is complying and collaborating with government bodies on topics related to infection monitoring, health-system capacity, PPE resources, etc. | Advocates for mental health resources | Monitors online-course design and trainings (e.g., remote-learning boot camp to share best practices with faculty) | Develops faculty trainings on updated safety policies/ procedures | Prepares facilities for reopening (e.g., cleaning, spacing of seats) | Models financial impact based on different scenarios | Develops stakeholder communications regarding reopening plans |
| Develops and coordinates strategy for testing and tracing | | Cultivates student experiences in new normal | Updates research policies/ virtual labs | Monitors health and safety of faculty and staff | Trains campus security on updated policies/procedures | Allocates budget for reopening-related costs (e.g., PPE, Plexiglas) | Serves as government-relations liaison |
| Monitors status of infection on campus | | Sets credit and graduation policies | Monitors student outcomes (e.g., retention, completion, placement, remediation, etc.) and ensures university safeguards quality and access/equity | Sets workforce policies, guidelines, and norms | Monitors student adherence to safety guidelines and behavioral change management | Builds multiyear plan for financial sustainability | Manages external relations, including community coordination |
| | | Provides support services | | Develops internal faculty communications | Implements technology (including WFH and online delivery) | Conducts financial stress-testing for FY2020 and beyond | Conducts alumni outreach |
| | | Develops policies related to student events, student athletics, and international experiences/travel | | | | Manages other activities related to cash management, endowment, and advancement | |
| | | **Note: Athletics may fall into this bucket or may fall into its own workstream** | **Can be disaggregated into various working groups (e.g., undergrad, grad, research, quality)** | | | | |

University governance structures will adapt as reopening progresses.
Universities can reflect on which processes have improved (e.g., speedier decision making) given COVID-19 and brainstorm ways to integrate into post-pandemic governance processes.

# 8A: Governance example: Duke has developed two strategy teams to operate in parallel focused on 2021 and 2030 time horizons

| | | |
|---|---|---|
| **Governing body** | **President, President's Cabinet, Academic Council** | |
| **Strategy team** | **Team 2021** | **Team 2030** |
| **Personnel** | Chair(s): executive vice provost, vice president for administration<br><br>Members: Members of academic, program, and support areas | Chair(s): Provost Sally Kornbluth<br><br>Members: deans of each school, chair of academic council, chancellor for health affairs, and executive vice president |
| **Timeline** | Preliminary update by June 1, final report by August 30 | Preliminary update by August 30, final report by December 31 |
| **Purpose** | Focused on short-term issues facing the university in preparation for the start of an academic school year in August | Focused on identifying and recommending long-term strategic opportunities for Duke that arise from COVID-19 |
| **Activities** | Developing options to modify policies, procedures, and resources based on various scenarios from fully on-campus to fully online | Identify core initiatives of Duke that require increased investment, initiatives that should pivot, and new areas that should be launched in conjunction with the strategic goals of the university |

We fully expect that the impact of this crisis will be broad and deep, not just for Duke, but indeed for all of higher education. Thus, we need to ask—and answer—the question, what sort of institution do we wish to be?

**—President Vincent E. Price**

# 8A: Governance: Practices for consideration when convening a cross-functional committee for crisis response

**Stay agile**

**Clarify decision rights** for key strategic decisions and enable agile decision-making structure.

Bring an **equity lens** to your **decision-making.**

Ensure a **dual focus** on **safety and operations**, while also **setting up the university for the future.**

**Keep sufficient flexibility** to adapt to the rapidly changing COVID-19 crisis.

**Ensure accountability**

Establish **clear accountability for each body of work.**

Ensure senior leadership has a **single point of contact** for all things COVID-19, is informed of the latest issues and incidents, and can focus on top issues every day.

**Provide support and communication**

Provide **daily updates and ensure that communications flows up to senior leaders**, down to managers and staff, and across divisions to enable **streamlined and informed decision-making.**

Include the **student and community voice** in all actions.

**Don't forget your alumni—**they will be critical to the recovery.

Proactively focus on **student support services and mental health.**

**Involve others**

**Collaborate and learn with other universities and companies.**

Coordinate with industry associations and union organizations on best practices and capability checklists in reference to WHO, DOH, and CDC guidelines.

# 8B: Adherence and change management: Universities have a unique challenge in student adherence and can be thoughtful on unique ways to encourage adherence and working together

**Key activities**

| Workstream | Developing reopen plan pre-announcement | Implementing plan preopening | After reopening |
|---|---|---|---|
| **Adherence/ change management** | Develop trainings for faculty, staff, and students on safeguards and policies/procedures.<br><br>Develop communications plan and materials to share reopening plan (see chapter 8 for communications guidance).<br><br>Build detailed change management plan.<br><br>Create disciplinary action (eg, suspensions) for noncompliance. | Conduct virtual and on-site (where relevant) trainings for faculty, staff, and students on updated policies/procedures and adherence measures.<br><br>Prepare campus security and police for updated rules and guidelines and enforcement.<br><br>Refine change management techniques based on early lessons from the first wave arriving on campus. | Encourage campus community to adhere to guidelines in a positive manner.<br><br>Adapt communications strategy as situation evolves.<br><br>Provide disciplinary action in cases of noncompliance for university community members. |

# 8B: Four qualities can help drive effective compliance of measures implemented

Details to follow

## Simple and clear protocols

Culture of shared responsibility for public health

Clearly defined and simple protocols for individuals to follow

Supporting details that clarify expectations

No grey areas or room for ambiguity for students, staff, faculty and other stakeholders

## Two-way responsibility

Feedback channels for inquiries from students, parents, staff, faculty, and other key stakeholders

Flexibility to adapt measures based on the reality on campus and feedback received

Support to faculty and staff on resolving "out-of-the-norm" challenges (vs only a top-down enforcement)

## Appropriate influencing techniques

Tactics such as role modeling, building understanding and commitment, developing skills required for change, and aligning systems and structures

Well-publicized and effective consequence management

## Efficient and effective reporting

Reporting platforms for instructors (eg, to report attendance) and students to raise flags

Self-assessment from staff and faculty

Sample inspections and audits from task-force teams with prioritization of high-risk areas

See 7C for additional information

## An effective enforcement mechanism that does the following:

Creates a culture of shared responsibility for public health

Ensures compliance

Reduces cost of enforcement

Promotes trust and thereby drives quicker recovery to full normal

# 8B: Adherence and change management: Universities can apply behavioral reinforcement techniques to drive adoption of safeguards

| Details to follow

## Example actions

Ensure President/senior leaders commit to WFH for certain period of time and wear appropriate PPE when filmed and/or on campus

Launch an influencer network to collaborate with university leaders and use social media to role-model healthy behaviors of their peers

Start every meeting with a health and safety moment to increase personal ownership for the collective health of the community

Fill any health and safety capability gaps through hiring, deployment, or rapid upskilling (e.g., technicians)

Provide online training for students, faculty, and staff, including on:

- Public-health knowledge (e.g., sanitization best practices, symptom identification)
- University-specific policy updates (e.g., altered class schedules)

### Role modeling

"I see my leaders, colleagues, and staff behaving differently."

### Understanding and commitment

"I know why I need to change and in what way."

**"I choose to change my mindset and behavior if…"**

### Skills required for change

"I have the skills and opportunities to behave in the new way."

### Aligned systems and structures

"The systems reinforce the desired change."

## Example actions

Roll out two-way communications plan to keep key stakeholder groups involved and informed

Clearly communicate the "why" behind process and policy updates

Launch printed/digital health campaign to promote healthy personal habits with high-visibility signage and nudges across campus (e.g., email reminders, social distancing and sanitization cues)

Resources and structures in place to enable behavior changes (e.g., PPE available, automatic hand sanitizer dispensers stationed across campus)

Update processes and policies to ensure health and safety of all stakeholders

Hold individuals accountable for following process and policies related to health and safety

Partner with law enforcement and campus leaders to impose fines/disciplinary actions for safeguard infractions

# 8B: Adherence/change management: Develop an influencer network to model and reinforce healthy behaviors

## What is an influencer network?

It is a viral peer-to-peer approach that leverages existing social networks and communities to model and reinforce healthy behaviors across the university.

## What might a strong influencer network look like at my university?

A strong influencer network has representation at all levels of the university and across demographics, including but not limited to students from different years and majors and faculty/staff from different departments, tenures, etc.

## How to select influencers?

Influencers can be selected via invitation (eg, email) or opt-in (eg, online form).

## How to engage the influencer network?

The influencer network can be engaged through a variety of channels eg, exclusive virtual town halls, virtual meetings or events, newsletters or email, etc.

## Examples of influencer activities (not exhaustive)
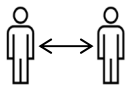
**Role model**
Commit to model healthy behaviors (eg, physical distancing) in-person and on social media.

**Engage others**
Check in with peers to hear what's on their minds using both existing channels (eg, Slack, GroupMe) and new channels (eg, virtual fireside chat).

**Provide input**
Share ideas and feedback with university leaders of the response effort on what's going well and what could be improved.
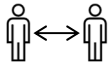
**Give back**
Lead an effort to give back in the community (eg, partnership with local food bank).

# 8B: Adherence/change management: Evidence from behavioral research suggests potential interventions to influence adoption of healthy behaviors (1/2)

| | **Description of healthy behavior** | **Evidence regarding impact of potential interventions to influence adoption of healthy behavior** |
|---|---|---|
| **Hand washing** | Increase frequency and duration of hand washing | Placing hand sanitizer in highly visible locations (eg, entrances, lobbies) increases use. Placing posters with bright infographics and minimal text increase handwashing compliance. |
| **Face touching** | Reduce face touching and improve respiratory hygiene when coughing, sneezing, etc | Limited evidence on interventions that reduce face touching, but targeted interventions like signage and communication around substitute behaviors may help. |
| **Isolation** | Quarantine and isolation in case of exposure or infection | Preparedness (eg sharing public resources, activating social support networks, increasing familiarity with process) drives most compliance. |
| **Wearing masks** | Wearing face mask in public areas | Compliance can be influenced by increasing availability of face masks (eg, vending machines, free home delivery), channeling information on the importance of wearing masks from reputable and credible public health experts (eg, CDC), and emphasizing the social norm of wearing masks, particularly from influential figures and leaders. |

Changing behaviors at this time is critical, and it is possible to deploy evidence from behavioral science to do this effectively.

# 8B: Adherence/change management: Evidence from behavioral research suggests potential interventions to influence adoption of healthy behaviors (2/2)

### Description of healthy behavior

### Evidence regarding impact of potential interventions to influence adoption of healthy behavior

**Physical distancing**

Maintain 6 ft+ separation from other individuals at all times

Evidence links adoption and increased likelihood of compliance to the following:

Make the consequences salient: Make the benefits of action vivid and focus on losses rather than gains (eg, telling people they could cause deaths by going out and showing photos and videos of hospital wards could be more effective than suggesting they could save lives).

Make it visible: Ensure people are aware that others are following distancing guidelines (eg, publishing statistics about reduced ridership on mass transit or photos of empty streets can make it more salient that others are following guidelines).

Give focused and specific guidance: Provide easy-to-follow guidance with short lists of most common behaviors required and specific instructions.

**Public-spirited behavior/ solidarity**

Cooperation and solidarity in following health and safety policies, eg, maintaining social distancing, complying with PPE and isolation requirements

Most driven by clear and frequent communication from leaders and peers in daily interactions, strong group identity, and social disapproval of noncompliers

Changing behaviors at this time is critical, and it is possible to deploy evidence from behavioral science to do this effectively.

# 8C: Data tracking: Setting up a mechanism for data tracking and monitoring across workstreams can enable analytical decision making

**Not exhaustive**

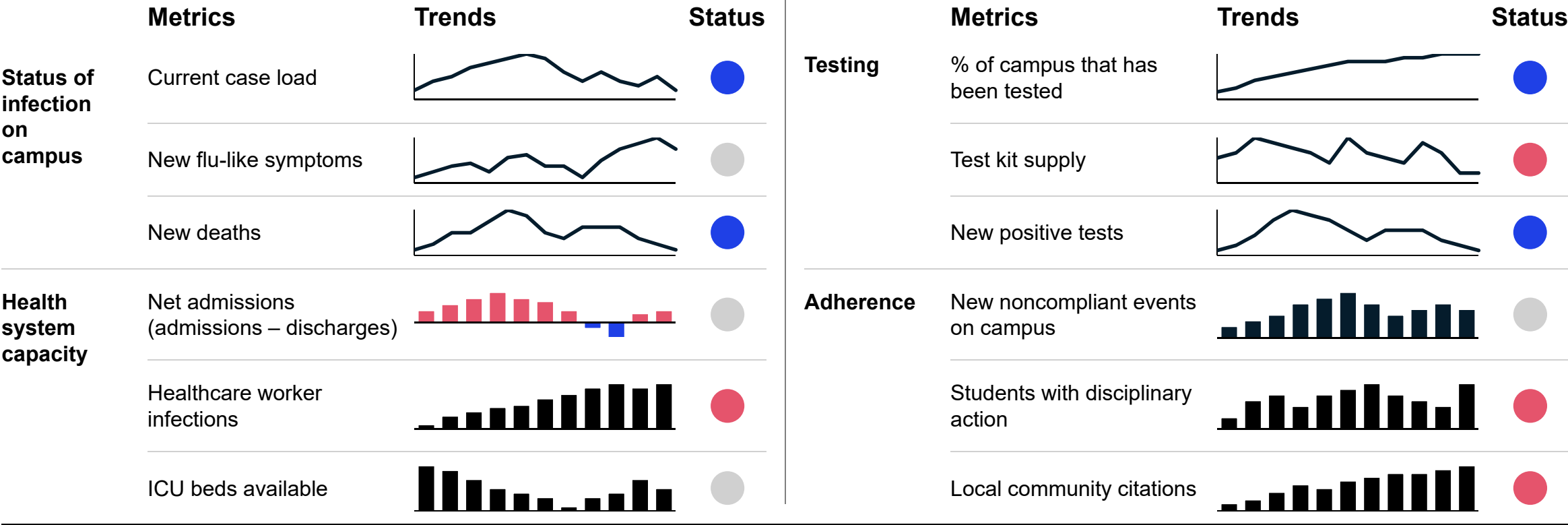## Potential metrics to track across different stages of reopening

| Workstream | Developing plan pre-announcement | Implementing plan preopening | After reopening |
|---|---|---|---|
| **Governance** | External conditions (e.g., contagion metrics, health-system capacity, testing distribution, contact tracing capabilities—*see Section 1 for comprehensive list*) | Progress per work stream toward key milestones and stage gates outlined in detailed operational plan | Regulatory guidelines, infection status, health-system capacity, and adherence on campus (*see Section 4C for KPIs to track*)<br><br>Updates by work stream across KPIs and milestones (e.g., additional initiatives, adjusting policies) |
| **Adherence/ change management** | Progress towards completing development of trainings, communications, and detailed adherence plan | Participation rates in virtual and on-site trainings and results from any safeguards and policy/procedure tests administered as part of training | Hospital admittance rates from within university community<br><br>Campus video footage<br><br>On-campus disciplinary rates (e.g., suspensions, arrests) |

Data tracking and monitoring should be done in compliance with data security and privacy standards (e.g., Health Insurance Portability and Accountability Act [HIPAA]).

# 8C: Data tracking: After reopening, campuses are encouraged to monitor infection status and campus adherence via a 'campus health dashboard'

**Illustrative—sample data**

## On-campus health dashboard



| | Metrics | Trends | Status |
|---|---|---|---|
| **Status of infection on campus** | Current case load | | 🔵 |
| | New flu-like symptoms | | ⚪ |
| | New deaths | | 🔵 |
| **Health system capacity** | Net admissions (admissions – discharges) | | ⚪ |
| | Healthcare worker infections | | 🔴 |
| | ICU beds available | | ⚪ |

| | Metrics | Trends | Status |
|---|---|---|---|
| **Testing** | % of campus that has been tested | | 🔵 |
| | Test kit supply | | 🔴 |
| | New positive tests | | 🔵 |
| **Adherence** | New noncompliant events on campus | | ⚪ |
| | Students with disciplinary action | | 🔴 |
| | Local community citations | | 🔴 |

**Note: Dashboard is not exhaustive. Universities can track metrics on dashboards across the various different reopening workstreams (eg, academics).**