

Introduction

The arrival of COVID-19 accelerates a number of pre-existing and long-term economic trends in higher education (Snyder 2020). As a result, campus-based health services have become increasingly unavailable in the wake of widespread campus closures and the abrupt transition to remote learning due to COVID-19. In August, the American College Health Association reported that 66.5% of campuses reported plans to continue providing medical care via telemedicine with “limited” face-to-face visits (2020b). However, only 4 HBCU’s and no TCU’s were part of this sample. This is concerning because members of African-American, American Indian, and Hispanic groups have been at greater risk for severe illness and death from COVID-19 as a result of longstanding health inequities in the U.S. (Braithwaite and Warren 2020, 2). The purpose of our study is to address this informational disparity by assessing student health access among HBCU’s and TCU’s.

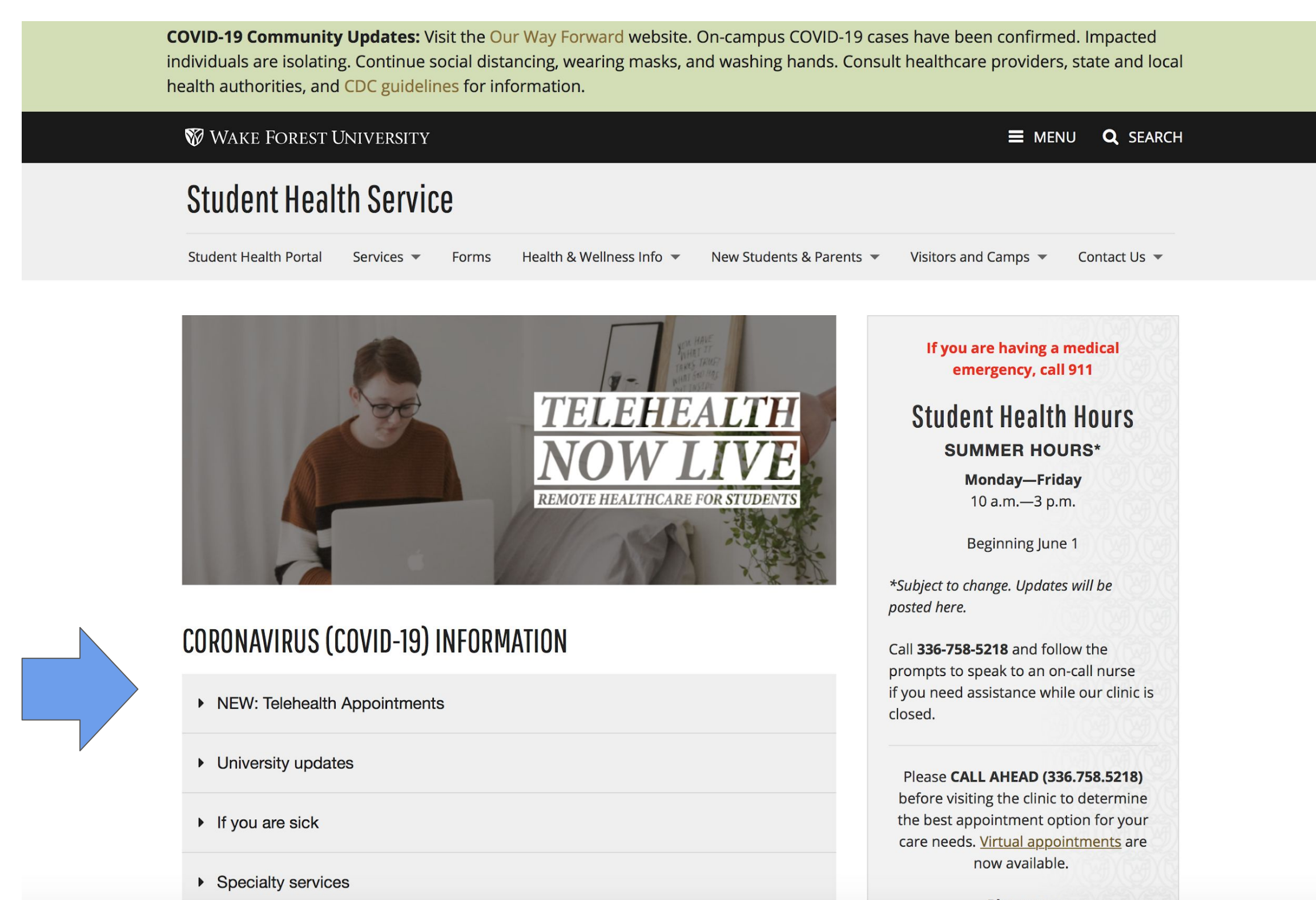
Evaluation Criteria

- 1) Availability of student health services
- 2) Telehealth access

Website Analysis Methods

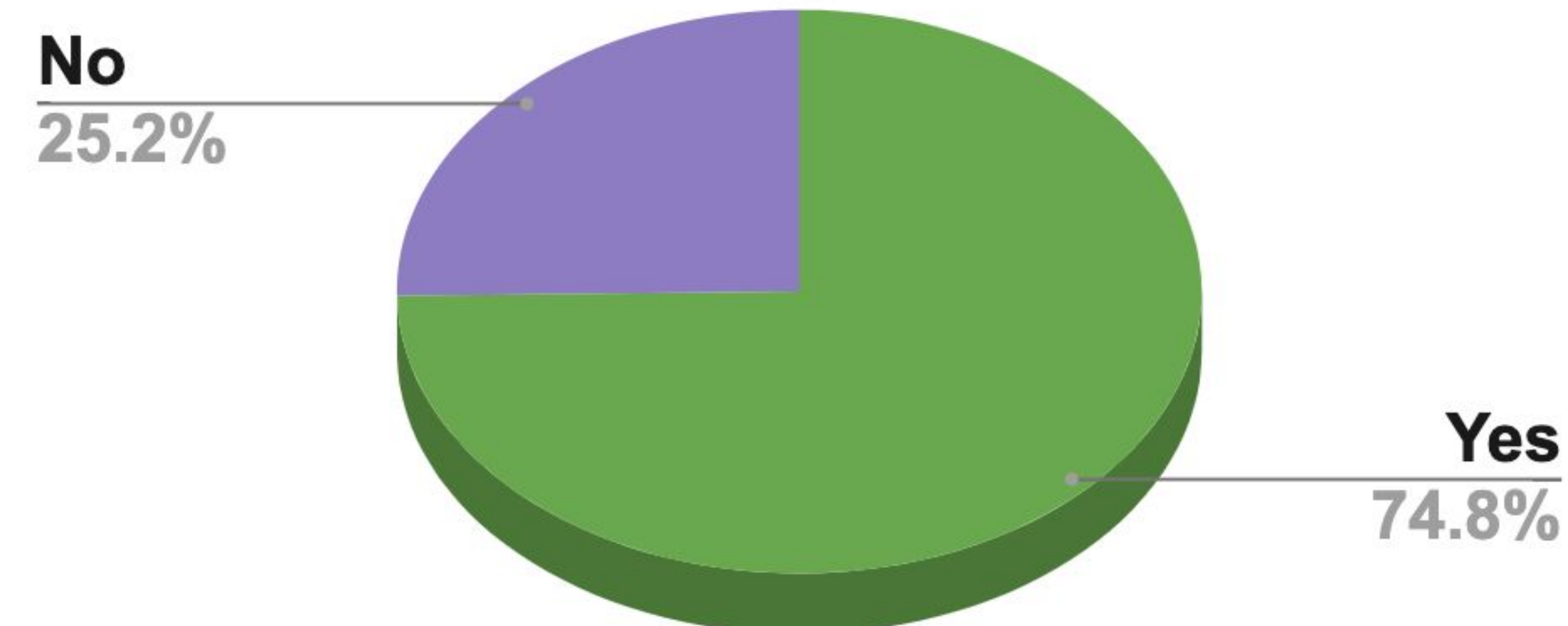
- Human coders using REDCap
- Each school is assigned to two coders to ensure reliability
- 87 HBCU’s analyzed, 16 TCU’s

*At the time of this presentation, some schools do not yet have data from two coders

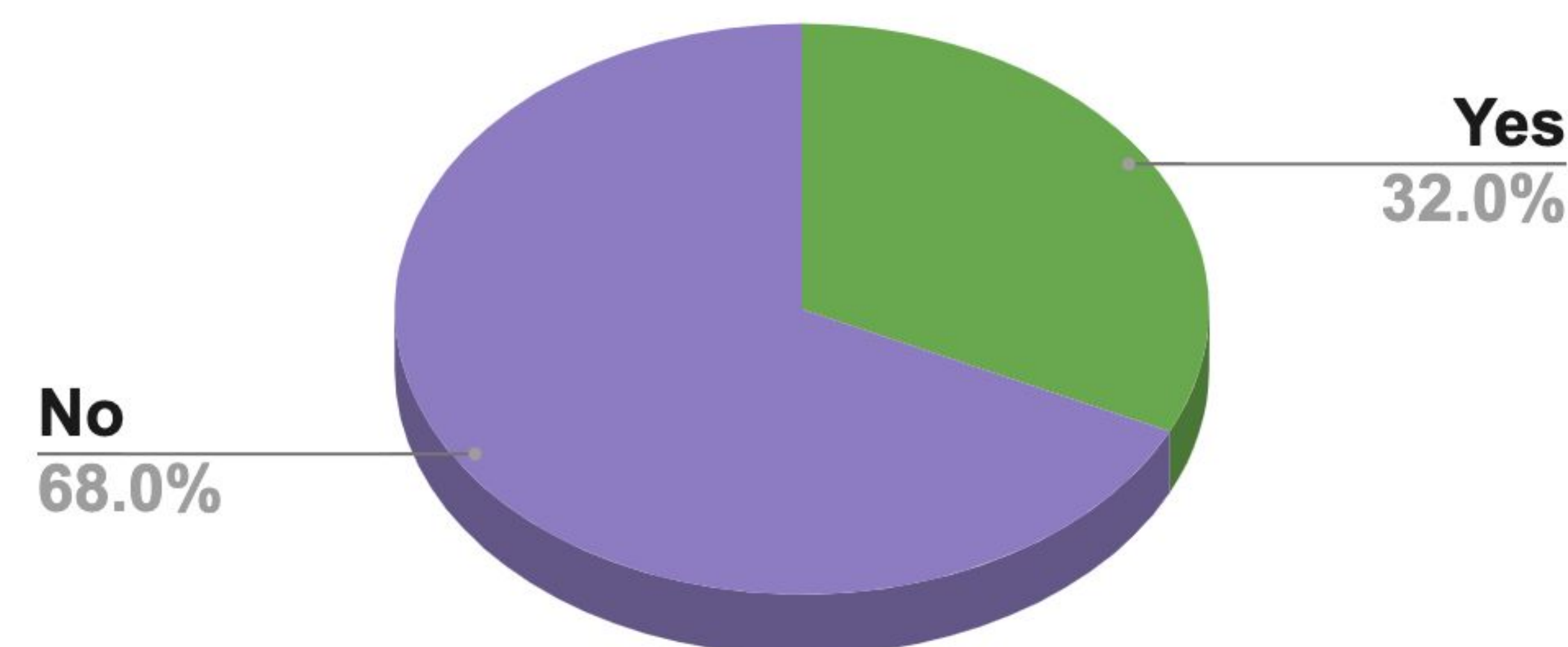


Website Analysis Initial Findings

Presence of a Student Health Center

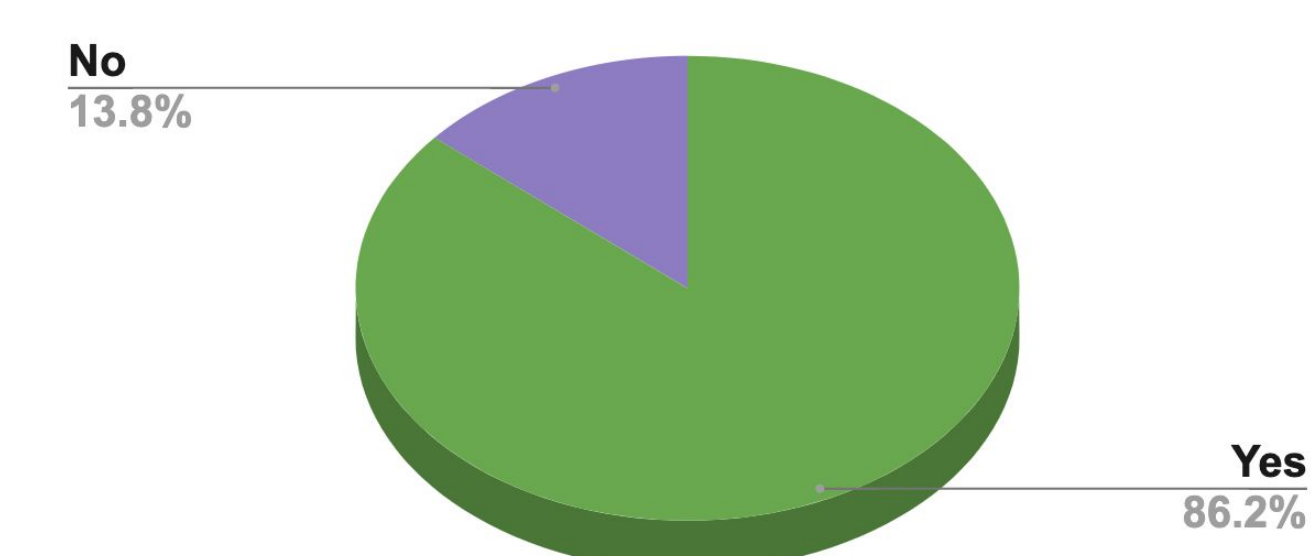


Student Telemedicine Access

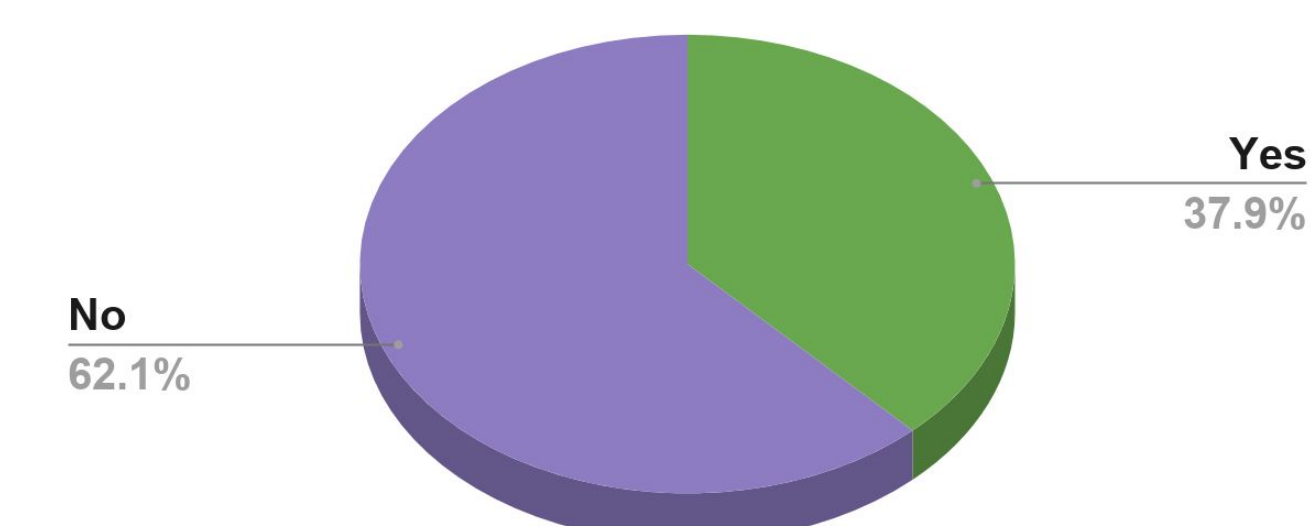


HBCU’s

Presence of a Student Health Center (HBCU)

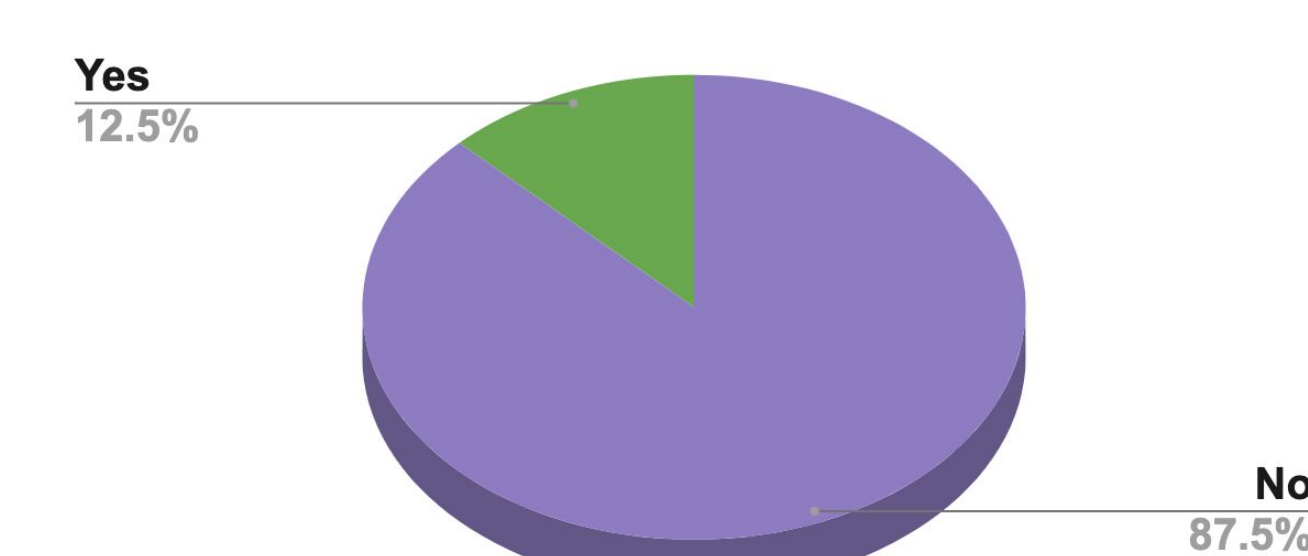


Student Telemedicine Access (HBCU)

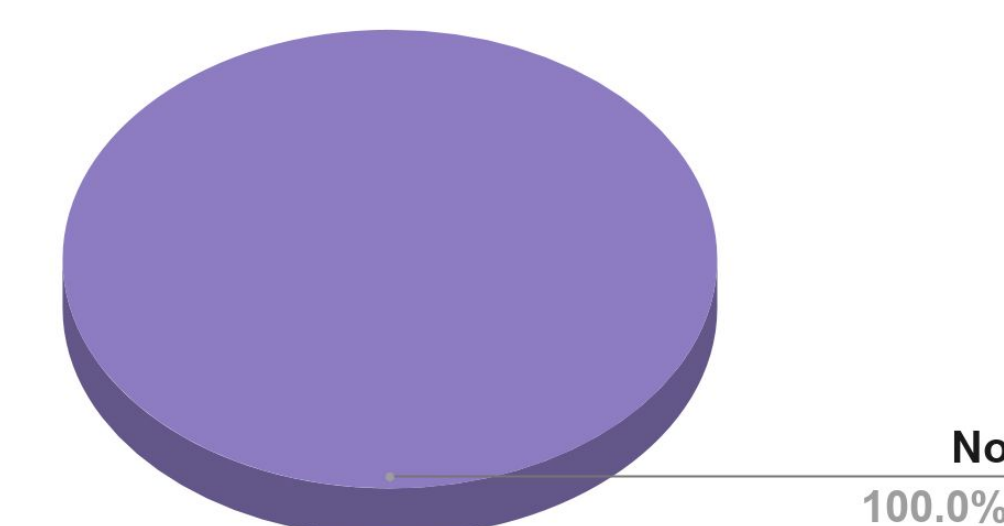


TCU’s

Presence of a Student Health Center (TCU)



Student Telemedicine Access (TCU)



Changes in Sexual Health

This project team’s second main objective was to identify changes in sexual activity and contraceptive use and access among undergraduate, graduate and professional students in North Carolina due to the COVID-19 pandemic. To accomplish this, our team spent this semester designing an extensive survey probing demographic information, sexual history, past and current sexual activity, contraceptive access, and multiple other criteria.

Sample Questions

COVID Changes in Digital Sex

ACCORDION FORMAT WITH SINGLE PROMPT - Y/N/Not sure
Comparing this month to the same month one year ago, are you more likely, the same or less likely to have done the following?
(Someone please review our literature on how these queries were done in the past and make sure our questions align)

1. Used a digital sex or dating app (e.g. Bumble, Tinder, Hinge, Grindr, etc)?
2. Connected/Matched (digitally) with someone on a sex or dating app?
3. Gone on a video date?
4. Met someone in person who you matched/messaged with on an app?
5. Met someone in person after having had a video date?
6. Had phone or video sex?
7. Sent explicit or sexual images of yourself to someone?
8. Viewed pornography?
9. Masturbated?

Survey Design Challenges

- 1) Order of items
- 2) Gender-inclusive and sexual orientation-inclusive language
- 3) Incentives for participants
- 4) Marketing and distribution
- 5) Balancing brevity while obtaining all necessary information

References

Braithwaite, Ronald, and Rueben Warren. 2020. “The African American Petri Dish.” *Journal of Health Care for the Poor and Underserved*. <https://doi.org/10.1353/hpu.0.0026>.
Snyder, Jeffrey Aaron. 2020. “Higher Education in the Age of Coronavirus.” *Text*. Boston Review. April 23, 2020. Accessed May 20, 2020.