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UCR Honors Capstones 2020-2021

Title

Campus Reopenings: Attitudes Towards Covid-19 Safety Precautions

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Publication Date

2021-08-23

Data Availability

The data associated with this publication are within the manuscript.

CAMPUS REOPENINGS: ATTITUDES TOWARDS COVID-19 SAFETY PRECAUTIONS

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A capstone project submitted for Graduation with University Honors

May 06, 2021

University Honors
University of California, Riverside

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ABSTRACT

This study aims to understand the best practices to support community members as campuses begin to re-open after the Covid-19 pandemic. Under UCR Healthy Campus, a student team moderated 9 focus groups comprised of students, faculty, and staff. The focus group questions were designed to understand the external and internal influences for practicing Covid-19 safety precautions, perceptions of the virus, and to receive recommendations on how to safely return to campus. Based on the findings from the focus groups, community members take safety measures to protect themselves and other people from the virus, to avoid conflict, and to make others feel comfortable. Others who do not follow recommended precautions may be due to politics, physical discomfort, mental health, lack of accessible resources, and overall fatigue. Overall, community members expressed the desire to feel valued by others, and to know that the institution cares about their health. Participants suggested providing visual reminders; necessary resources, such as Covid-19 tests, PPE; and consistent updates on Covid-19 related information. In addition, they suggested having a hybrid model during the transition back to campus, where students, staff, and faculty can choose to stay virtual if needed.

ACKNOWLEDGEMENTS

I would like to give a huge thank you to my faculty mentor, Professor Rich Yueh, for his continued support and guidance throughout not only this project, but my entire undergraduate career. I would not have gotten where I am not without his advice and inspirational speeches.

I would also like to give a thank you to Dr. Ann Cheney for taking the time to speak to me about her work, and for introducing me to the UCR Healthy Campus team. Also, a thank you to Dr. Evelyn Vázquez and Julie Chobdee for supervising and training me for the data analysis, and to the student team that worked on the data analysis with me: Julie Truong, Chrinesha Pereira, Nilofar Nasrollahzadeh, Salvador Olguin, Michelle Sheen, Marissa Charoensri, and Kate Neamsapaya.

Last but not least, I would like to give a big thank you to my family and friends who supported me along the way – you know who you are. I appreciate you all, and would not be where I am now without every one of you.

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1.0 Introduction

1.1. Background

In March 2020, colleges and universities in the United States closed down their campuses and transitioned to remote learning to limit the spread of the Covid-19 virus. Students, staff, and faculty were sent home, and campuses closed down. During this difficult time, higher education faced many challenges. For students, many faced challenges such as housing and food insecurity, family violence, lower quality of education due to lack of accessibility to technology or troubles adjusting, and mental health issues (Lederer, Hoban, et al., 2020). For faculty and staff, many also experienced similar troubles while adjusting to a virtual and isolated world. This is in addition to the health concerns and stress caused by the virus itself.

Because of these challenges, and because of financial concerns, many institutions have felt encouraged to re-open their campuses as soon as possible. In August 2020, over one-third of campuses in the United States re-opened without a federal control plan, leading to a spike in Covid-19 cases (Yamey,2020). This includes a spread of over 26,000 new cases at over 750 colleges and universities in the United States by the end of August, and more than 130,000 cases at 1,020 colleges by the end of September. (Walke, Honein, et al., 2020). These outbreaks proved that additional research was needed to open campuses safely, and most have chosen to transition back to a hybrid or remote school model.

One reason for the rapid spread is the contagious nature of the virus and how people may not show symptoms immediately or at all. As the vaccine for the virus begins to roll out to the general public, institutions can learn from past campus re-openings and plan the best ways to transition safely.

To limit the symptomatic and asymptomatic spread of Covid-19, campus communities can encourage the community wearing of face coverings. The coverings limits droplets, or the virus,

from being exhaled and spread to another person. In addition, it acts as an extra layer of protection for the person wearing the mask¹, as it controls the droplets from getting inhaled as easily (CDC, 2020). Other safety precautions include social distancing, or staying six feet apart, and frequent hand washing. Studies predict that following these precautions when re-opening campuses can reduce infections by 24%-26% and mortality rates by 36%-50% (Benneyan, Gehrke, et al., 2020).

1.2 Purpose

The purpose of this study under UCR Healthy Campus is to use focus groups to understand community attitudes towards Covid-19 and its safety precautions, and to provide recommendations to support community members as campuses begin to re-open.

2.0 Methodology

2.1 Description

UCR Healthy Campus conducted 9 different focus group interviews in September 2020. These focus groups consist of students, staff, and faculty from University of California, Riverside, and were conducted to understand how to keep the community protected and feeling safe as campuses slowly reopen. Qualitative data was collected.

2.2 Objectives

The study was designed to address three main objectives:

1. Learn about the external and internal influences for practicing COVID-19 safety precautions;
2. Understand the perceptions about the risks of COVID-19 and the recommended safety precautions; and

¹ In this report, we will be using “masks” and “face-coverings” interchangeably.

3. Identify challenges and strategies to help reduce those challenges.

2.3. Recruitment

Focus group participants were chosen on a first-come, first-serve basis. Participants were offered a \$10 gift card for participation and signed up through a UCR exclusive survey sent through mailing lists, social media, and campus newsletters.

2.4. Participants

A total of 113 UCR community members participated in the study and were split into 9 focus groups of 3 different stakeholder groups: students, faculty, and staff. An equal total of 3 focus groups were conducted for each community affiliation type. The table below shows the breakdown of the focus groups.

#	Focus Group by Affiliation	Date Conducted	Total # of Participants
1.	Faculty #1	September 9, 2020	11
2.	Students #1	September 10, 2020	19
3.	Staff #1	September 15, 2020	19
4.	Student #2	September 16, 2020	14
5.	Faculty #2	September 17, 2020	10
6.	Staff #2	September 21, 2020	9
7.	Faculty #3	September 22, 2020	9
8.	Student #3	September 23, 2020	9
9.	Staff #3	September 24, 2020	13

2.5. Data Collection and Analysis

The student research team was trained to moderate and take notes during the focus group discussions and analyze the data. Each focus group was recorded via Zoom. The data analysis process was split into three steps: interview transcription, condensation of data with an analysis template, and cross-analysis through a matrix framework. The extracted insights from the data are outlined in this report.

3.0 Focus Group Findings

The findings from the focus group were split into seven main themes: the perceptions of the COVID-19 pandemic; awareness of safety precautions to take; safety measures taken by our community members; disagreements with other people over Covid-19 safety precautions; approaches to solve disagreements; challenges following recommended precautions; and recommendations on how to safely return to campus.

3.1 Perceptions of the Covid -19 Pandemic

3.1.1 The virus is politicized unnecessarily and has divided the nation.

Participants observed that following safety protocols, particularly for wearing face coverings, had become politicized. They believed that the virus and how it had been handled by the government divided the nation. A student said, “One side believes it's not real and you know, you're never going to get affected, and the other side maybe takes it too seriously.” Participants also believed that politics is unnecessary in this context, and that science should be trusted more. A student illustrated, “I think some people just genuinely don't understand why we're wearing masks...[T]hey think it's just a silly thing that the government is making us do when in reality, it's a lifesaving preventative.” A faculty member, who also happened to be a scientist, noted how

wearing a face mask is a small contribution, and expressed concern as to why people believed it would affect their freedom. There was overall disappointment and frustration in how different political views affected people's perceptions of the virus, and willingness to comply with safety measures.

3.1.2 There is a struggle to properly comply to mask regulations and social distancing.

Staff and students shared their observations of increased compliance to mask regulations and social distancing indoors versus outdoors. They believed people seem to care less about safety measures outdoors because people wear their masks to enter stores, and not necessarily to protect themselves or others. A student recalled their experience working at Starbucks:

So some people are acknowledging [the mask rules inside] and most of them want to follow the regulations in order to continue doing the things that they want to do. But there's still like a varying degree of like, you can't control what they do outside of the store.

They observed problems of improper mask-wearing such as not covering the nose, which they believed may be due to factors such as physical discomfort or lack of awareness. Overall, participants felt like they understood why there may be fatigue and non-compliance with safety measures, but felt frustrated over these inconsistencies.

3.1.3 How people receive their information about the virus and safety precautions correlates to how they behave in public.

Participants explained that the division and differences in people's attitudes to safety precautions are due to the information they receive. Students believed age is related to how individuals receive and interpret different sources of information (social media, television, news articles, etc.). Staff

mentioned a generational divide, while a student mentioned a cultural divide in the ways people interpret news. In addition, participants agreed that there is a lot of misinformation spreading about the virus, and how to properly protect yourself from it. For example, a faculty member mentioned seeing dental assistants wearing face shields without a mask, which is ineffective against a respiratory virus like Covid-19. Participants believed those who do not wear masks lack awareness of the virus or have not personally seen other people's struggles. A student shared their conversation with a peer, who expressed that they did not know anyone who had been affected by the virus, and therefore, was not worried.

3.1.4 These differences in opinions cause an increase in stress and anxiety.

Participants believed people wear masks because they either want to protect themselves; avoid conflict and do what they are told; or help make others feel safe and comfortable. Between all three stakeholder groups, each expressed that interactions with others who do not feel the same way, and who do not properly follow safety precautions can cause discomfort that can increase stress, anxiety, and other mental health issues.

3.2 Awareness of Safety Precautions to Take

3.2.1 Participants know about the safety measures, but changes in recommendations lead to confusion and hesitance in their effectiveness.

Participants shared that they are aware and confident in their actions to take the necessary precautions for Covid-19 including social distancing, wearing face coverings, and regular hand washing. However, students and staff brought up a concern with the inconsistencies in CDC recommendations and facts. Although participants feel generally aware, these changes cause less confidence in the effectiveness of safety measures. A faculty member sums up the sentiment:

“Sometimes those recommendations may evolve and change. But I think that a lot of it comes from this belief that if the recommendations changed, then none of the recommendations are valid.”

3.3 Safety Measures Followed by UCR Community Members

3.3.1 Participants shift to using virtual communication platforms and delivery services.

Participants replaced in-person events with virtual socialization, such as “Zoom parties” and FaceTime. Some chose to strictly isolate themselves with only virtual communication unless necessary. Participants also increased their usage of delivery apps and services to limit outside contact.

3.3.2 Participants observe social distancing and safety measures but are less strict within small groups that they trust.

Others chose to meet friends and family outdoors in small groups or “isolation bubbles,” and or continued to meet others while socially distancing and wearing a mask. These “bubbles” are a group of people that see each other and only each other. Participants shared that they get tested before and after a larger event, with some also isolating themselves for two weeks for certainty. Participants tended to not follow these measures around family and close friends because they trust them to follow precautions. A faculty member shared, “I do socialize with my biking friends a lot. I guess I feel comfortable around them because I've been around them so much that they are like family.”

3.3.3 Participants change routines to avoid crowds and increase hygiene practices in public.

In addition, participants tended to bring Lysol wipes and hand sanitizer when they went out and washed their hands more frequently. They mentioned going to grocery stores or running at different hours compared to pre-Covid-19 to avoid crowds of people. A staff member shared,

I get to the store right when it opens to go in... grab my Lysol and, um, pretty much all the people in line have their mask on because of course, they can't get in the store without it, but I haven't been to anything public.

3.4 Disagreements Over Covid-19 Safety Precautions

3.4.1 There are disagreements within families, friend groups, and work.

Within their personal lives, participants have had disagreements with their families and close friends on the extent of the virus, and the importance of safety precautions. Staff experienced similar at work, with one expressing a disagreement with his boss for unnecessary in-person meetings and lack of safety precautions. These disagreements tended to be more personal, and therefore the issues tended to be more passionate compared to disagreements with strangers.

3.4.2 There are disagreements in public on the lack of proper social distancing and proper mask-wearing that make people feel uncomfortable.

In public, participants often have disagreements with the lack of social distancing and proper mask-wearing, especially in grocery stores. A faculty member expressed, "I go to the grocery store in - person and I've noticed that social distancing is hard [because] you can't control what other people are doing." Having other people make choices that can potentially hurt them made participants feel uncomfortable and unsafe.

3.4.3 There tends to be a generational divide and cultural divide.

Many staff and faculty members believed the younger population is more careless with precautions because of the belief that younger people can recover faster. Other staff and faculty members observed that it is the older generations in their families who do not understand the risks because of past epidemics and mindsets. Students pointed out there may be a cultural divide, especially in

underrepresented and historically marginalized groups because science has not always been on their side.

3.5 Approaches to Solve Disagreements

3.5.1 People communicate clearly with close relationships.

Within significant relationships, participants communicated their expectations. If expectations were not met, such as wearing a mask or social distancing, participants would strictly avoid seeing them in person. Other times, they reached a compromise, such as instead of wearing a mask, each would be tested or quarantined for two weeks before meeting in person.

3.5.2 They tend to avoid confrontation in public.

Generally, participants addressed disagreements by avoiding those who do not take necessary precautions and getting tested if they had an interaction with someone without a face mask. Participants tend to avoid confrontation in fear of escalating the situation.

3.6 Challenges Following Recommended Precautions

3.6.1 Masks are inconvenient and irritable.

Participants found masks to be inconvenient to wear, causing problems such as:

- Foggy glasses
- Headaches
- Sore ears
- Difficulty breathing
- Constant face-touching to adjust poor-fitting masks
- Anxiety and Post-Traumatic Stress Disorder (PTSD)

- Difficulty communicating, especially for those hard-of-hearing

3.6.2 Many people do not follow the recommended precautions.

Also, participants expressed frustration because of others not respecting social distancing rules. Staff and students mention the difficulties of social distancing especially in grocery and retail stores when shoppers or employees do not always follow guidelines. In addition, students observed that many social distance methods in stores do not always mark six-foot distances in all directions (for example, six feet from the front and back, but 2 feet from the left and right). Participants seem confident in their own ability to respect the rules, but overall do not trust others. Because of this, participants feel stressed about their ability to socially distance themselves and their loved ones when they leave to go in public.

3.6.3 Social distancing and long periods of isolation hurt mental health.

Participants also expressed their challenges with social distancing due to the lack of social connections that come from social distancing and stay-at-home orders. Faculty mentioned the struggle with balancing work and kids while at home. The isolation and stress, especially during a pandemic where many are dying, can negatively affect their mental health. A staff member sums up the sentiment with their thoughts:

I'm a very social person. So not seeing people for two months was... really hard for me... [T]he news didn't really help. It was like kind of like doomsday to hear [about] people on ventilators and [the virus] spreading, not getting to see people in person, and just relying on social media and FaceTime and Zoom... and you can't replace ... personal human interaction with... social media and Zoom links.

3.6.4 Not everyone has access to necessary resources.

Students observed a lack of easy accessibility to personal protective equipment (PPE), such as masks, hand sanitizers, and disinfectants. A student expressed, “I think the biggest issue is accessibility. I know a lot of people in my area, [and] the main reason why they weren't wearing face coverings in the first place is because they couldn't actually acquire them.”

3.7 Recommendations on How to Safely Return to Campus

3.7.1 How to Encourage Mask Wearing

Participants expressed many different factors that go into encouraging more mask-wearing on-campus, including enforcements, visual reminders, engagement, and accessibility.

3.7.1.1 Those in higher positions must actively promote mask-wearing, and enforce rules.

Participants commonly emphasized the importance of a top-down approach, and that the institution should have strong rules and enforcements to wear a mask on campus. Those in higher positions most promote masks by acting as role models and actively wearing them in public. This includes not only the Chancellor but also anyone with any position of power. A staff member talked about the importance of professors and staff because they are the ones interacting with students the most, and how they will have to work together to build a culture of mask-wearing.

3.7.1.2 There should be mandatory modules to educate community members on the topic.

To educate community members and have everyone on the same page, participants suggested that the institution require community members to watch Covid-19 related modules and take a quiz at the end. The modules would go over topics such as proper mask etiquette; the importance of mask-wearing and the consequences of Covid-19 spread; and coping mechanisms for anxiety related to wearing masks.

3.7.1.3. Have disposable face masks be easily accessible across campus.

In addition, participants expressed the importance of accessibility. Students mentioned that face masks can be costly, and having free face masks can help students from choosing between a meal and protection. “If we see more people doing it, we are more likely to do so” – Student

3.7.2 How to Encourage Social Distancing

3.7.2.1 Add signs, floor markings, plexiglass, and other visual reminders to stay six feet apart.

Similar to how to encourage proper mask-wearing, participants suggested strong visuals that promote social distancing, especially near central areas such as the Highlander Union Building (HUB) and the libraries. This includes having lots of markers on the ground to indicate six feet apart; signs that encourage and enforce social distancing; plexiglass in offices, similar to many grocery stores; and crowd control.

3.7.2.2 Limit indoor areas to fewer people, and have one-directional hallways.

Participants suggested limiting in-person classes and lectures. Staff expressed concerns about the number of students coming to advising appointments every day and suggested implementing a hybrid advising model and adjusting schedules so fewer people are on campus at the same time. Other recommendations include limiting elevators to 1 person, or 1 group, at a time. Faculty suggested having one-direction stairways and hallways, so people are not entering and exiting in the same doorways.

3.7.2.3 Create more outdoor spaces and make sure rooms are ventilated.

Participants suggested adding more outdoor seating with coverings (e.g. umbrellas) that can encourage people to work outside even in the heat. Faculty recommended adding more outdoor

tables with solar-paneled outlets so more students have a safe place to work on their laptops for long periods. Other recommendations included: holding more outdoor meetings and increasing ventilation indoors by leaving windows and doors open.

3.7.3 How to Encourage a Safe and Comfortable Space on Campus

3.7.3.1. Have a transitional hybrid period with optional remote classes and work.

Participants expressed the need for a transitional hybrid period where remote work and learning coexists with in-person options. In-person attendance should be optional, and lecture halls should enforce social distancing measures. Participants expressed that an optional return to in-person work and learning makes them feel valued and trusted, especially at work. Staff felt the need for supervisors to limit micromanagement, and to trust they can work efficiently in either location. If remote options are not provided, participants expressed refusal to return to campus because they want to know the school prioritizes their safety and well-being.

3.7.3.2 Educate all community members on Covid-19 and the safety precautions.

In addition, participants expressed that they would feel more comfortable if all community members are educated with the same facts about rules, regulations, and how the virus affects others. Doing helps closes the gaps in the differing perceptions

3.7.3.3 Make sure all resources are available and kept clean.

A student commuter expressed concerns with using the bus and suggested working with RTA to make sure the buses are clean and operational. Faculty also mentioned opening back up water fountains in a safe manner, as they were shut down during the pandemic.

3.7.3.4 Stay transparent with new plans and related information.

An important part of what the school should do is be transparent with what is going on so community members feel they are included, valued, and safe. Participants commonly wanted to feel trusted and valued. A faculty member mentioned back in the first months of the pandemic in 2020, the school was not transparent with who and how many community members were affected, and where. This made people feel more unsafe than if the school were transparent. One student said they wanted to know that the institution values its community members and is not just about performative activism. The student said, as a message to administration:

If this focus group recording reaches those admin folks, [I want] to ask that, the university, you know, consider losing some profit for once and valuing human life, instead of [just] asking us what would make us feel better about returning to campus.

3.7.4 Increase Adoption of Safety Measures in Campus Communities

Participants had many opinions on creative ways to increase the adoption of safety measures across campus. They felt the importance to encourage compliance with a top-down approach. They want to see significant role models, such as the Chancellor and the Deans, actively following the rules and effectively communicating these enforcements. Participants believe it is to have proper visuals to remind and encourage community members to wear a mask. Ideas to have this include:

- Sell university branded masks
- Put up posters that encourage and show proper mask etiquette, especially near dining areas
- Add a mask on the ‘Scotty’ statue near the UCR sign

Participants also believe it is important to have engagement. Ideas to keep the community engaged include:

- Hold a mask design competition
- Create rewards or add additional incentives for overall mask compliance
- Hold regulated outdoor, social activities that promote fun while following necessary precautions

Other suggestions include:

- Have a saliva-based testing station
- Increase the amounts of sanitizer stations
- Testing the wastewater to check for the presence of the virus in buildings

4.0 Discussion

4.1 General Findings

These focus group findings highlighted a large spectrum on how people view the virus, and how serious they take suggested safety precautions. Where people stand in this spectrum may be due to challenges such as politics, fear of confrontation, mental health, lack of accessible resources, and overall fatigue. Community members expressed the desire to feel valued by others, and to know that the institution prioritizes their community members over financial goals. Participants' suggestions highlighted the importance of providing community members visual reminders; necessary resources, such as Covid-19 tests, PPE; and consistent updates on Covid-19 related information. In addition, they suggested different ways to stay safe but remain productive during the transition, such as options to remote work or learning, and holding moderated and safe in-person gatherings.

4.2 Limitations

The focus groups were conducted before the vaccine was released to the general public. Therefore, there is not much data on participants' concerns about the vaccines, and how strongly they feel about each addressed topic with the vaccine as a factor. Furthermore, participants were able to express diverse perspectives and showed a high understanding of why others may have differing views than their own. Still, there may have been participants with opinions that have not been addressed for fear of going against the majority.

4.3 Further Research

Further research can be done to understand the needs of more specific groups on campus by reaching out and working with different departments, student programs, and on-campus organizations. For example, commuters, researchers, and members of historically marginalized groups may have unique concerns. In addition, this pandemic and the quarantine is the first of its kind, and there can be further research conducted to understand more about the issues it may have raised, the impact on the students' studies and mental health, and how institutions can help. For example, there may be more students feeling less ready to join the job force due to the effects of online learning, and community members who will have anxiety and other difficulties transitioning back into society. With the struggles of the Black Lives Matter Movement and the rise in Asian hate crimes during the pandemic, members of their respective communities may also need additional action steps taken by the school to feel safe and valued.

5.0 Conclusion

We hope that the insights given by the focus group participants provide the University of California, Riverside and other institutions valuable insights on how to re-open their campuses effectively and safely for everyone. Even with a lack of opinions on the requirement of Covid-19

vaccines, we believe that this study can help institutions transition back into in-person learning after this unprecedented pandemic.

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