

## 2020 REP Session 2

Good morning. Thank you for joining us for today's second series in our Regents Education Program webinars. I'm Kylie Smith, and I'm the vice chancellor for administration. Before we begin our program, I want to welcome you again to our annual Regents Education Program. As a reminder for those who are unable to join us for our first webinar session on October 5th, each newly appointed regent or trustee is required to complete 15 hours of continuing education in the first two years of their service. Today by participating in this webinar, you will receive three credit hours towards that requirement. We will also be sending out an electronic evaluation to each of you by email as well as the link to the presentations that you will see today. Please take a few moments to complete the survey when you receive it, your comments help us strengthen our Regents Education Program each year, and tailor it to the issues that you find most important. Finally, to maximize your opportunity to engage with our presenters, I sent all registered attendees this morning an email with instructions for using the webinar functions of raise hand and Q&A. The chat function has also been enabled in case you all need to communicate with either myself or another one of our staff regarding any issues you have in connections with the webinar. Now I would like to welcome Chancellor Johnson to introduce our first presenters.

Well, thank you, Kylie and good morning to all of our participants this morning. Today, we are starting off with a great panel from the University of Oklahoma, Oklahoma State University, and the Oklahoma State Department of Health. They will discuss campus responses to the COVID-19 pandemic and also best practices for institutions and governing boards to consider to mitigate the spread of COVID-19. Each panelist will have approximately 10 to 15 minutes for their specific presentation. And then we will conclude this segment with questions and answers. First, we have Dr. Dale Bratzler, the University of Oklahoma's chief COVID-19 officer, Chair of the Department of Health, Administration and Policy in the Hudson College of Public Health at OU. Dr. Bratzler has devoted nearly 25 years towards researching infection prevention and treatment in addition to advising healthcare leaders on public health topics. He is a faculty member in the Department of Internal Medicine at OU, and also serves as enterprise chief quality officer for the three-hospital health system and faculty practice at OU Medicine. Please help me welcome Dr. Dale Bratzler. Good morning, Dr. Bratzler.

Good morning, Chancellor Johnson. Thank you for the very kind introduction. I'm going to try to keep my comments relatively brief so we can more of a

conversation after it. I do have some data slides I'm going to share, but again, I'm going to roll through them fairly quickly and I have provided them to Kylie and they can be distributed later. So I'm doing -- I'm going to talk, try to answer the many, many questions that Kylie sent in advance of this -- this particular session today about mitigating spread on college campuses. Some of the things that I've learned through this process, some of the things we don't know very well yet and share with you some of the experiences that we've had with the spread. So here's where we're at in Oklahoma as of yesterday, 99,000 cases. I suspect if we don't today, by tomorrow, we'll go over 100,000 cases, confirmed cases in the state with almost 1,100 deaths in the state. And if you don't know it, we've hit the highest peak of the pandemic since the outset yesterday with more than 1,153 new cases per day on average when you look at the rolling average. So quite honestly, we're not doing really well as a state right now and continue to see a fairly substantial community spread of COVID-19. One of the points I've been making in many of the conversations I've been having is that this has -- this disease has definitely moved into rural communities, which as I'll talk about in a moment, has had quite a -- been a discussion point as we think about some of the things we're doing with our on-campus experience right now. Because when you look at many of the rural counties compared to Oklahoma County, Tulsa County, Cleveland County, which are the most populous counties in the state, the actual incidents per population is higher in many of the rural communities in the state. Clearly this disease is spread into rural Oklahoma. It's important that you know that because we know that many of our students, our college students, come into our campuses from these rural communities. So I think it's a really important thing to note. And again, you can look at it graphically. This is the Harvard Brown university map on the top. The bottom one is the Oklahoma State School Boards Association map. I don't care which one you use, but they give you some sense of the diverse infection rate now that we're seeing in Oklahoma with many, many rural counties seeing fairly substantial transmission in the community. And I think a lot of those communities are probably communities and counties where mask mandates have not been enforced or implemented. And so even simple things where you bring people together like worship services and other things can be places where people can become infected in rural Oklahoma. So let me get to some of the questions that Kylie asked us to address today and just highlight some of the things, and I wanted to highlight that when we first started thinking about bringing students back to campus, we started a kind of a working list of assumptions. So the first assumption was that we would have students, staff, or faculty that during the semester would acquire COVID-19. We just knew it was going to happen. We never kidded ourselves that we could keep COVID-19 out of our classes, out of the university, out of our faculty during the semester. We knew we would see COVID-19 cases.

The second important point that I'd been making even with our own clinic system is, I don't care how much screening you do of your students, I don't care if you take their temperatures every day, ask them all sorts of questions about symptoms and everything else, you cannot keep COVID-19 out of the classroom, because remember 40 to 45% of the people who get the infection will never have a symptom and look just fine. So they will answer no to every question about symptoms and they won't have a fever. Fever is not a very reliable indicator of infection. So quite honestly, in a lot of our clinic systems now, we have stopped doing some of those screenings because it was not helpful, and I think it gave a false sense of security. Well, we screened them at the door, so they're not positive. No, we've been highlighting for clinics; you have cases in your clinic. The rates of asymptomatic infection may be higher in college-aged students. That's the other thing to recognize. So again, you can't keep it out of the classroom. So that meant that we had to create classroom settings and lab settings that were safe, that people would not be transmitting the infection from person to person in that setting because we knew that they would be -- would get in there. The other thing we knew, an assumption was that some students would go off campus for testing. I suspect that's true of other universities. Now even though we offer free on-campus, walk up, you know, get a test anytime you want. We knew that some would not want the implications of quarantine isolation. And so they would go off campus to get testing. And some of those wouldn't tell us that their test was positive, even though they're required to as a part of being on campus. For us, I will tell you over and over again, the two riskiest aspects of campus life for us have been residential housing. Interestingly, we find more household contacts off campus than we are on campus, but we knew residential housing would be an important area of transmission. So the number one reason that a student reports being infected is a roommate being infected. And the second thing is off-campus activities where people aren't wearing masks. So restaurants, bars, house parties, you name it. One of them I heard was movie night, when a bunch of students got together for movie night and nobody wore a mask. And then the last of the assumptions that I think is well established now is virus transmission occurs when people are close together and breathe in the droplets and aerosols that come out of somebody else's mouth. Yes, we worry about mitigating things like contaminated surfaces and all those, but honestly, the data are very weak that that's much of a route of transmission of COVID-19. You get the virus because you breathe it in; it gets into your nose, it affects -- attaches to receptors in your nose, and that's how you get the infection. And masks have been clearly shown to mitigate this risk in a variety of different studies. So we had to keep the classroom safe because we knew what students, even those that were completely asymptomatic, might get into the classroom. So we had to maintain six feet of physical distancing with our students, all of our large

classes were moved online, mask mandate in all university facilities, we spent a ton of money. The president could do a much better job than I talking about the money that was spent around the HVAC systems, increasing outdoor air exchanges, high efficiency filters, all the things that CDC finally acknowledged this week that might be important to reduce transmission of the virus enhanced this infection of all the classrooms. They're all -- go through complete disinfection every day. So most of the time when a professor says, "Hey, I've had a positive student, I need to get my room cleaned." It's already been cleaned two or three times since that student was in the classroom. Touchless devices. We had to be able to accommodate students who are in isolation or quarantine; to make sure that they continue their educational efforts. And we had to have isolation beds available. Well, again, we knew students would not necessarily always come on campus to get testing. So this is the data that we track on student health center testing. These are largely students who seek a test. Either they've been told to come get a test because they were a contact or they have symptoms. And again, I'll show you repeatedly in our data that COVID-19 seemed to peak somewhere around the 1st of September for us and has fallen off steadily since, and we're down below 5% positive tests. These are the biased students who come and seek a test from us, but here's the voluntary testing. Again, any student can walk up, it's voluntary testing. You know, any student. We do it right by the residence hall so students can come and get a test. Again, peaked early September, rates have been very, very low. We did about 600 students the week of September 21st where we get a random sample from our residence halls and found very, very low rates of positive infections, down around 1.8%. And in fact, Friday only 26 students came by to get a test on Friday. None were positive last Friday. So again, here's the testing we knew about, we knew we would know about. But we knew students would go off campus too, and they have. So we tracked Cleveland County, the county we're in. Again, you see somewhat of a peak around the 1st of September and it's somewhat leveled off now, but it had been declining. Here's the city of Norman. Again, peak around the first week of September. It's leveled off since that time. And here are the three zip codes immediately around the University of Oklahoma. And again, peaked in early September and has plateaued now, but it had dropped off substantially. We watch all of these types of data, zip code, city, County data, because we think -- we're pretty convinced, picks up most of the students that go off campus to get tested. They at least get assigned in that type of data. Here's the thing though that's been most interesting to me. This is our wastewater testing on campus, stool doesn't lie. It doesn't rely on any student reporting. We just sample all the buildings. And again, I think you can see that there's been a steady decline in the colony counts, or not colony counts, but the viral load counts in stool specimens across all of our campuses. I know this is a very busy slide and difficult to see, so I pulled out just

one sampling site. We had a dormitory that we were concerned that there might be an outbreak. And indeed, what we've seen is progressive reduction in the number of copies of virus in the wastewater sampling from those buildings. We have this for multiple buildings across campus and the community, and we're seeing the same thing consistently now, a slow trend downward in viral counts in wastewater testing. So this is one that has been -- kind of reassured us that we're not missing something because you can't lie. You can't cheat on this test. It tells you where, what, you know, the colony counts are in the sampling. So what are the triggers to go remote? And we've had multiple conversations. One of the things is, do we see outbreaks on campus? Do we have classes where we have to cancel class or professors aren't available, or we see high absentee rates? I will tell you across the board, our absentee rates are higher than the number of positive cases on campus or students in isolation or quarantine. And honestly, we think students are just electing to use the remote options that many classes have put into place. And they, students, can be in the classroom where they can do an online. But we're seeing a lot more students that are absent from the classroom than actually we have confirmed cases, isolations, or quarantines on campus. Obviously, we've been very concerned about community impact. We work very, very closely with the Norman Emergency Operations Council. I participate in it and several other representatives from the university. We meet every single week. That also includes the Cleveland County Health Department because we want to be good stewards in the community. We're watching percent test positive, but as I've pointed out now in every day, the source that we have, that that has been declining. And of course, perhaps one of our biggest concerns at the moment is hospital capacity. We look at the entire Oklahoma City metropolitan area because Norman Regional, the one hospital system in Norman obviously has had very, very limited hospital capacity. So we keep track of the Oklahoma City metropolitan area when we're thinking about hospital capacity. And in fact, as you know, as of last Friday, we hit the highest peak of hospitalizations that we've seen since the start of the pandemic at 758. And while there are beds available, I know staffing is a problem in, in many hospitals. So my final thoughts are we had long discussions about Thanksgiving break and what the health implications were because we really tried to think about, you know, are we doing the right thing by not bringing the students back for the last couple two to three weeks of the semester? The County maps though helped us on some of that because we felt like for the Thanksgiving break, we were going to be sending students home to many counties, particularly for the Oklahoma students, where rates of transmission and number of active cases are higher than they were in Norman and Cleveland County. So they were going to counties where population incidence is higher and were mask court mandated. And it seemed very expensive and unreasonable to try to test every single student coming back after

Thanksgiving break. So it would have been almost impossible to do and to get the tests back before they re-arrived on campus. So one of the things that drove the decision around sending the students home at Thanksgiving. We've had tons of conversations about testing strategies. Right now we're doing mostly voluntary. We are doing wastewater all over campus and in the community. And now our research team is doing Oklahoma City, Anadarko. I believe they're doing testing in Tulsa now. They're doing testing all over the state. But you know, we've seen a lot of other universities that have put out plans, like testing everybody. Test everybody once a week or twice a week. University of Illinois testing every student twice a week, incredibly expensive, and quite honestly, my review of the literature and the experiences that some of those universities have had that have been doing that level of testing haven't found that it's mitigated transmission very much on their campus, because as one of the articles highlighted, you know, frequent testing can't overcome partying and having fun. So we've had long conversations about testing everyone. And indeed, if there becomes available a low cost, maybe not a sensitive, but a low cost testing, which you can do very frequently, then we would like to expand testing much more broadly. But right now, the expensive testing, the entire student body would be incredibly difficult to maintain. We will likely require testing of all residential housing students when they move back after the spring -- for the spring semester. That's been a big conversation and then we'll likely go forward. And then of course, we're starting to have conversations about vaccination, although I don't expect college students to be high on the priority list early in the vaccination efforts. But once vaccine does become available, how will we roll that out and get it distributed to students that are willing to take the vaccine? So I'm going to stop there, Chancellor Johnson and happy to answer any questions.

Well, thank you very much, Dr. Bratzler for a very informative presentation. We will have all three presentations, then we'll have time for questions and answers. So next I'm very happy to introduce Dr. Jeff Stroup, the interim provost and vice president for strategy at the OSU Center for Health Sciences. Dr. Stroup serves as a professor of Internal Medicine, the senior associate Dean of operations and provost and vice president strategy at the OSU Center for Health Sciences. He is the Chief Operating Officer of the OSU Medical Authority and Trust, and oversees OSU Medical Center in Tulsa, received his Doctor of Pharmacy from Albany College of Pharmacy in Albany, New York. Completed his residency in adult medicine and endocrinology in the Department of Pharmacy Practice. He serves as an active researcher and frequent lecturer on many topics, so let's welcome Dr. Stroup this morning. Welcome, Dr. Stroup, and thank you again --

Thank you, Chancellor.

-- for always being available when we ask you to be.

Thank you, Chancellor Johnson. Let me pull up my slides here for you. Before I get started, I just want to thank Dr. Taylor and Dr. Bratzler for their leadership. I know it's been a challenging time for everybody, and I appreciate the leadership they've provided. I'm going to go a little different route today. I'm going to talk a little bit about the questions that I am receiving and how we're responding to those, and to be very forthright and say we don't have all the answers, but I'll try to give you the best data that I can. The most common question I get is what dashboards do you track on a daily basis? So on my first slide here, the Johns Hopkins Resource Center gives us some good data broken down by state, specifically Oklahoma, and it will track it on a weekly trend and on a daily basis. This last was updated on Saturday. Obviously, looking down at the bottom two graphs, looking at the state data. So every day when the state data comes out, tracking that, putting it into a spreadsheet and being able like Dr. Bratzler did to be able to make assessments. And then the top right-hand corner here is just a snapshot of what's going on throughout the country, because as you know it rolls on a daily basis to see what's happening around the country. And it helps give me a snapshot of what's going on, and I can't predict what's going to happen, but we can certainly see what's going on. The first slide is really talking about the guiding principles and supporting what Dr. Bratzler said is that, you know, really, there's no singular approach that's going to have this perfect protection for our faculty, staff, and students. And I think our ability to be flexible and reduce risk is our priority, and offering multiple teaching modalities, which I believe we've all done and just being flexible. Our second is to keep campus communities healthy, safe and well, and to do that, everybody has to move in the same direction. And I think personal responsibility is paramount. And I think that's what we have to focus on. We can put all the guidelines in place, but if people don't take that responsibility, it's not going to work. A public health expert that I had spoken to talked about, we're going through stages. I think in April, we had a virus fear where we all kind of saw this and we responded appropriately. We socially distanced, we tried to do the right things. Then as we got into June, we started to see this virus fatigue that was setting in, and now we've kind of reached this stage of what you call virus anger, that people are really tired, they're angry. And they're just deciding to do whatever they want to do. And I think that's reflective in what we're seeing in some of our communities spread and state numbers. You know, we have to have the university communities reduce restrictions as our state and local, you know, conditions allow. And this is going to be tough for us. I think things around the country are going to

get tougher as we move into November, December. I know we have a vaccine hopefully on the horizon, but I think the numbers we're going to start to see in the Northern parts of the country are going to go up. And I think it's going to be a challenge. I always go back to the definitions of what we're talking about, because there's always confusion, but isolation is something that people are a little bit confused about. But when people have symptoms or they have no symptoms, but they have tested positive, they really need to isolate themselves from other people, totally separate themselves. And I don't think people totally get this because of the ability of this virus to spread so easily. Take that with quarantine. Quarantine is totally different. It's a similar concept, but these are patients who, you know, might've been exposed to the virus. They don't have a positive test, they don't have symptoms, but they've been in close contact and they need to quarantine away for 14 days. And I think this is a challenge because, you know, as people, public figures develop the virus, they use the terms isolation and quarantine interchangeably. Remember, someone who has a positive test or is symptomatic, they really need to isolate from others. Close contact. So what is close contact? Within six feet of someone who's had COVID-19 for 15 minutes or more. That's regardless of whether or not a mask was worn. So CDC doesn't say, "Well, if you had a mask on, you know, you're not a close contact." We think that that lowers the risk, but it doesn't eliminate you as a close contact. So I think that's important to understand. You know, sitting in a large vehicle or a van and being six feet apart, that really doesn't work either, because the ventilation in there really isn't great. So six feet apart, total of 15 minutes or more. And then any of these other scenarios. Dr. Bratzler showed some of these maps. I don't know about you all, but I'm getting confused by the maps. Everybody has a map these days. And I think the important thing about looking at these color coding maps is understanding, you know, what are they saying? Is it cases per 100,000 per day? Is it cases per 100,000 per week? Is it cases per 1,000 per day? So as you can see here you've got the Oklahoma map that's released weekly. Here's the definitions that they use. Over here is the White House color-coding. Down in the bottom left-hand corner, Tulsa County has their own map. In the middle, you have the State Department of Education, they have a map and then down the bottom right-hand corner, you have a Cherokee nation map. So maps are good as long as we're speaking the same language, and I think it can sometimes get confusing when we look at these maps. So one of the most challenging things I think for all of us, certainly those in the healthcare field that's been following the data and following the information, information is very powerful, and you feel like you're going down a path where you have the answers, and then suddenly another article comes out and you don't. So these are some of the articles that have been, you know, brought up to me, and I've looked into. This one on the top left-hand corner here, the nature of this was



about the vaccines in development. This is a very complete article looking at all the vaccines scientifically, very effective. The bottom left-hand corner was an article that came out that people responded to and said, "You know, maybe the reason people don't get so sick is because they've had exposure to the cold virus." And people kind of thought, "Well, that makes sense." But then this article in the middle here came out and this actually looked at patients who had plasma from the pandemic. And they looked at immunoglobulins for cold virus and said, "You know, there is no neutralization from the cold virus historically." And then down in the bottom right-hand corner here, when you get coronavirus, how immune are you? How long does the immunity last? Really don't know the answer to that, but other coronavirus infections from the common cold, we think it may be up to a year. So, you know, these, all these things, there's a lot of data out there and not a lot of definitive answers that we can give. And that's what's making this so challenging and confusing. Like every other infectious disease outbreak, or pandemic, we will know all the answers, but it'll be about five years down the road. Some other thoughts, having up-to-date campus information regarding cases readily accessible. Dr. Bratzler showed some of their data, OSU has a similar dashboard, real-time data, if possible is the best, but having that dashboard available. Communication to faculty, staff, and students regularly, whether it be websites, weekly newsletters, whatever you can put out there to give them an update. You shouldn't be responding with every case, but maybe a weekly update just to say what's happening on campus. Having questions and answers and FAQs available. I think this is very effective. We've found that some of the common questions that come up if you have an FAQ available, that you can go on there and click on and get your answer is very helpful. Don't forget your wellness programs for faculty, staff, and students. You know, I said this probably a month ago, we're not on the home stretch. We're certainly not on the home stretch. And, you know, we need those wellness programs for mental health, behavioral. It's very important. Lead by example. The three W's; wash your hands, wear a mask, and watch your distance. I would say leading by example, not only while you're on campus, while you're off campus, and it's very important. Be informed. I talked about the color maps, knowing the definitions. Dr. Bratzler talked about the hospital capacity, which is what we're all looking at and we're all concerned about, specifically as we run into the fall. This concept of herd immunity. I hear that termed a lot. Herd immunity. We have to have about, depending on who you talk to, anywhere from 60 to 70% of the population exposed, infected with the virus. We got a long way to go if we want to get there. Vaccine status. Making sure, you know, number one, you're getting all the vaccines that you need regardless of the pandemic. So influenza and other vaccines for children. But when the vaccine comes along, we have to be ready to deploy that. Academic partnerships with local health

departments. I've talked about this before, but if you have a nursing program or you have any type of program and you have students, can they work with the local health department? Can they provide some support with an all hands-on deck approach? And I think that's something we should look at. What's the kind of point to close, remove the distance learning. Dr. Bratzler talked about this. I'm sure Dr. Taylor may mention this, but we don't have the answer. I can tell you if you look across the country, the different guidelines that have been set out by state. If we follow those, we would have been -- we would have never opened. So I think we are doing everything we can to protect our communities right now. My comment would be is that on campus, we're not seeing a lot of on-campus spread. It's when they're leaving the campus congregating in settings, parties, study groups, watching a ball game together, things where they're forgetting, you know, social distancing, masking, those types of things. Plans vary throughout the country, and some of them are extremely aggressive. Dr. Bratzler mentioned one in Illinois. There's others in other states where they're doing very aggressive testing on a daily basis, really not slowing the spread is what we're seeing. My last bullet, this may become more painful going forward, and I am concerned about that. As you know, our cases are the highest they've been, and our hospitalizations are up. You know, it may become more challenging as we go down the path. My final slide is looking at kind of some different things that I think are positive, and the negative. This top slide here, you know, if you look at the worldwide cases, the biggest one-day increase occurred last week, worldwide. You know, this isn't now, this is moving back to a worldwide scene again. And I think we're going to continue to see this cycling as we go through. I would say that we do understand the virus better, and the therapeutics are getting better, and the testing is much better. We have availability of testing. You know, one of the challenges that we had early on when patients came to the hospitals, we didn't really know if they had the virus. We were waiting 48 hours for testing. Now, I feel like with the rapid antigen tests, with the rap -- with the PCR availability, we are getting those tests back and able to make assessments very quickly. The vaccine, I'm sure Dr. Taylor will talk about this, but we're getting closer to a vaccine. We feel like we -- It's amazing the timeline that we've come through on the vaccines. The technology is really dramatic. I mean, it's just unbelievable, and I think that's really important. Now the question is once we deploy it, we've got to get the vaccine, we've got to take it. The last is the three W's, you know, wearing a mask, washing your hands, watching your distancing. Those are all very important. So I will pass it back and be available for questions.

Thank you again, Dr. Stroup, for a great presentation. We'll move to our final panelist for this segment, Dr. Jared Taylor, state epidemiologist from the State Department of Health. Dr. Taylor earned his Doctor of Veterinary Medicine from

the Virginia-Maryland Regional College of Veterinary Medicine. Following graduation, he practiced mixed animal medicine in Southwestern Missouri. He left his practice to join the Center for Food Security and Public Health at Iowa State University while concurrently pursuing his Masters in Public Health. Dr. Taylor joined OSU Center for Veterinary Health Sciences in January 2005 to complete a residency in Food Animal Medicine and Surgery, as well as a PhD in Veterinary Biomedical Sciences. He was hired as an assistant professor at OSU College of Veterinary Medicine in September of 2009 and was promoted to associate professor in June of 2015. His teaching responsibilities include epidemiology and public health, and at the veterinary curriculum, as well as leading or assisting in several food animal production electives. Please welcome Dr. Jared Taylor. Dr. Taylor, good morning? And Dr. Taylor, you're on mute.

Good morning.

Yeah, there you are.

Sorry. So yeah, I'm not quite as I think prepared as necessarily the other gentlemen were in terms of any specifically prepared remarks. I think a couple of things that I would just speak to, and I'm challenged with Zoom here this morning as well. I tried to get the share screen there. Is that showing?

Yes. It is.

Okay. So a couple of things from the OSDH side, and certainly respect Dr. Bratzler and Stroup and their perspective and what they're dealing with at the university side. What I will say from the OSDH side is what I'm pushing our organization and entity toward in terms of data, is we need to avoid overrating or over interpreting the data. And so Dr. Bratzler spoke to the wastewater detection approach. And I agree that, that doesn't lie. The challenge is we don't know what to do with that. If it's positive, it's positive and there's someone present in the building, but we're not able to link that to a specific number of people. We're not able to link it to infectivity. It's -- I've worked with the OSU Stillwater campus folks to try to figure out what to do with that, and it's an ideal tool when you're in a situation that there should be free of infection. It's a struggle to know what to do with that when you're not supposed to be free. And there may be something meaningful in it in terms of watching over time for a given building or a given location or situation. But we've just got to be careful with that. I also say the same thing about not over interpreting or reading into the data in terms of the daily data. You can look anywhere and you'll see the cyclical trend throughout the week that Sunday and Monday is

always low. Tuesday goes up. Wednesday, Thursday, and Friday are kind of your sustained numbers. And it -- even, you know, even knowing that expectation, you never know what to do with a given Tuesday or a given Monday, and how to compare that to a previous Monday, because there's so much that goes into that. And so I try to not as weird as it seems, as a state epidemiologist, I try not to look at the daily numbers much at all. The daily numbers really kind of need to go in and to a system that allows you to see what's happening over a long period of time, if we're doing anything in response to a daily value, a daily number, we've been doing something wrong for a really, really long time. We need to be looking at those numbers over a more sustained period of time and trying to account for what may be contributing to changes, alterations, and that sort of thing. So that's one thing that I say for my situation of having a lot of data, having a lot of people ask for a lot of data, having a lot of people expect that we can produce data that's going to tell us, you know, what's going to happen tomorrow. My key message at this point is to not over-read or over-interpret the data. The next point is that no one exists in a vacuum and that's neither the students themselves, or the campus, or the state of Oklahoma, or the towns of Stillwater, Tulsa, Norman, Langston, or anywhere else. And so I think Dr. Bratzler spoke appropriately that we are seeing this infection spread throughout the state. We're seeing it in different states throughout the country and different from where it was previously and yet it's right here too, right? It's in our backyard, it's all around us. And so when you play the probabilities game, if you're looking at a student having the probability of interacting with an infection, I personally don't know that it's -- that the probability looks notably different if they go home or stay in Norman. It depends on their personal behavior. It's not a matter that they can go anywhere really in the country at this point, that's, quote unquote, safe. There are some places that are more hotspots than others, and Oklahoma is neither the best nor the worst. But you know, I think we've got to recognize that as both of my predecessor speakers pointed to, you know, we've got to do things right. We've got to do them right over and over and over again all the time, every day. We've seen places that had success by using the tools that are at our disposal, and yet when we get less vigilant with that, we see a recurrence and a flare up. And if you're, whether you're talking, you know, about states in the United States, whether you're talking about Europe or even China, that that's not a situation where those individuals necessarily had to have it introduced back into their population from somewhere that was much worse off. It's really a matter of unless you do eradicate it from your geographic location, it can just flare back up from a night as in your community, the same as it can be brought in. And so we've got to have those mitigation steps practiced nearly absolute, and nearly all of the time. I appreciate Dr. Stroup going through the discussion of isolation and quarantine, and the significance of those activities and

what they do, and how we can use them. Testing, isolation, and quarantine have the capability to work, but they really require manageable numbers. The way we need those interventions to succeed is that we need to detect the case, and we need ideally, and we've really struggled with this and almost have not had this successfully take place in the state of Oklahoma ever at all with this pandemic. What we need to do is be able to, once you detect a case, go back and figure out when that person acquired that infection and where, and just as important, who else was there and is also in their infectious period at the same time as this person that we detected. If we can't do that, then detecting that one individual is only breaking off one tiny limb or one tiny branch off of a tree that is permeating out into the entire community. And so we can do that effectively with isolation and quarantine of those individuals who've been in contact with the infected person. But if, again, that's only one tiny branch out of this much larger system, this tree, or even a forest, then we're not going to accomplish anything. We really need to be able to go backwards with our case investigations, as well as going forward. And when we're at the point that we are with 11, 12, 1,300 cases per day, every day, there's not an opportunity to do that effectively and successfully. And most importantly, even if we inquired of a person, you know, have you been in a high risk situation? Do you know, you know, an infected person you've been in contact with? We're potentially introducing some biases there. And where we ascribe transmission to a person or a location, that could be erroneous because there's not only those 1,300 cases in the state, there's any number of undiagnosed cases in the state that this person they have acquired their infection from, and we don't really know where it came from. So those tools will work, but they require manageable numbers in order to make that work. What we are seeing in the state; while the numbers are not good, they're not good. And I want to reinforce what Dr. Bratzler said, it is most assuredly a statewide condition at this point. And we are seeing this into rural communities as well as the urban areas. What we are seeing at the state level is that test uptake has not exhausted quite as much as I feared it had been. And I think as many people assume that it has been, I would certainly agree with Dr. Stroup in terms of, we're sort of at virus anger point. I deal with angry Oklahomans on a reoccurring basis, frustrated with us quarantining children out of school, frustrated with us interrupting businesses, even high school football, all of those kinds of things. We're certainly at virus anger situations for many people. But I've been pleased when I actually look at the data and the numbers, that our testing is going up, and our percent positivity, both at the state level and to a lesser extent, and to a lesser reliable extent, unfortunately, in terms of our data. But it is there and it does look to be true, that overall, we're seeing a reduction in percent positivity as well. What percent positivity tells us is it gives us an idea of what proportion of the cases we're actually catching and detecting. Dr. Bratzler talked about the on-

campus testing and who's showing up there, and it's a biased sample as opposed to doing the random sample. We're never going to look at doing random sampling at the state level, and so we're going to rely on people voluntarily seeking out testing. If we're only getting people who are symptomatic and/or know they've been exposed, if those are the only individuals coming to be tested, then a relatively high proportion of them are going to be positive for the infection. And we're going to have what we term high percent positivity on our diagnostics. If we get more people seeking to testing without having known that they've been exposed and without symptoms, then we're going to get more negative test results. But the key there is we're still getting some positives. That's what we care about, is that we're now picking up more positives because we're finding people who didn't know they were infected, didn't have a strong suspicion that they were infected. We're only finding maybe four of those out of 100 when you have that categorization, versus if you're only selecting those individuals who are symptomatic or know they've been exposed, or both, you're going to have 10 or 12 or 15 out of 100 of those individuals who test positive. And so we want to mix, we want to catch all of the people who have symptoms, and know they've been exposed. And we'd like to catch all of the people who know they've been exposed with or without symptoms, but we also want to catch as many people as possible who don't know that they have the infection, who don't have symptoms and who don't know that they were exposed. And so we want broad scale testing. And again, at the statewide level, we are seeing some improvement of that. I'll jump to that last bullet with that comment of what do we do with the rapid test results, because that's been the real conundrum that we're dealing with here in the state, and at the health department, is that COVID-19 is a reportable disease. Anyone who tests for COVID, those results need to be reported to us at the state health department, and we need to do a case investigation for anyone who tests positive. And that includes ordering that individual to become -- go into isolation, doing contact tracing, and identifying any persons that they've come into contact with, and putting them into quarantine. And we do know that as we move to rapid tests that have lower sensitivity for sure, but we can deal with the lower sensitivity. We also have some degree of lower specificity with these tests. And we also have to worry about potentially detecting infections that are not currently infectious. And our standard protocol is, well, it doesn't matter. If they test positive, we're going to call them a case and we're going to put them into isolation and do a case investigation. Well, the more widespread we do that, the more disruptive our interventions are being, and the more widespread we're doing that, and the more our percent positivity goes down, the larger proportion of those tests results that are false positives. That's just the way the math works. It's the way the epidemiology works. It's a dirty little secret that we don't ever like to acknowledge that we make a mistake. And then we say

someone was infected when they weren't, but that is the case. And again, the more zealous we are in testing and the lower specificity that test platform is, the more positives we have. And that then feeds into that test -- that virus anger that Dr. Stroup talked about; the people resenting the interventions that we're trying to take, and the control efforts we're trying to implement. And so we're really struggling with what do we do with those rapid test results? Do we allow those individuals to try to test out of being a case? Do we just ask them to take one for the team and go ahead and isolate, but the impacts and implications of that can sometimes be quite large for the given individual. And so that's a dilemma that we're facing, and that I think that the universities could face as they roll out more broad scale testing as well. Unfortunately for the universities, that's not a decision that they get to make in terms of, if they're doing individual diagnostic testing, they have to report that to the state and the state will make the policies of how those case results are done. But the wastewater treatment or the wastewater testing is one example of surveillance testing. When you do that that way, there's not -- the results are not tied to a given individual. And so there is no individual necessarily that ends up getting isolated and going through the case investigation process. That's good for that individual. That may be acceptable for the community because we're getting increased testing and we're getting information for it. It may ultimately be not great for the population because we're not determining who the cases truly are, and truly quarantining them, or isolating them and quarantining their contacts. So those are the trade-offs that we have to make. And as has been alluded to by the others, there are no right answers. We don't know what is the right way to go. The final thing that I want to touch on here is the recognition that indoor transmission is the greatest risk that we have. And I am gravely concerned as we move into the winter months where we're going to have more indoor activities, where we're going to have, you know, inhibitions on being able to have outdoor activities and events. And again, we struggle to do the trace back, or even if we do the trace back, how do you deal with that? How do you handle? Do you shut the whole class down? Do you just go around to the six feet within them, those six feet, 15-minute rules, those are operational definitions; they're not hard and fast. That's a real struggle that we've had with people, and I would encourage the universities as they think about case management, case investigation, if you see a circumstance where you have multiple cases in a classroom, it probably becomes of limited utility to do isolation only of those individuals, and quarantining only of those people who are six feet around them. Unless you have a very vigorous and very aggressive and effective air filtration system, we probably need to be looking at doing a larger quarantine, and that's not been something we've wanted to do at the state level. And in terms of smaller school systems and whatnot, we've tried to be very targeted, but I'm worried as we move into the winter, that that's going to become harder and harder,

particularly as we get larger groups, right? When we're talking about the public school systems, we're talking about smaller groups. When you get to a university, even in a classroom, you may be talking, you know, 50 or 100 or several hundred, but when you start talking about other events with basketball or wrestling or graduation, or whatever that you may have going on, then you have the run -- have to have concerns of a super spreader event taking place at much higher levels and making it very difficult to respond to at all in terms of real world and the horse really being out of the barn before we figure out how bad it had the opportunity to be. All right, with that, I know we're running low on time. I'm going to go ahead and stop, and we'll see if anyone has any questions that I can answer.

Kylie, do you want to go over the procedure for asking a question?

Certainly keen, sir. If you have a question that you would like to ask one of our panelists, Dr. Bratzler, Dr. Stroup, or Dr. Taylor, please use either the raise hand function by clicking the little hand icon to ask the question out loud, or you can use the Q&A function, which is a little -- it looks like two little talking boxes next to each other, click on that and then you can type your question out.

Okay. Regents, we've got a great group of resource professionals here, so let's get to the questions. And I would ask our panelists as you respond, our audience today are the governing board, regents of our 25 colleges and universities in the state region. So again, looking on this as responses from a regent's perspective on what each regent can do to help mitigate the spread of COVID-19. So let's just open it up for questions at this time from our audience. Well, let me kick it off with a question then for our panelists, for I think each of you touched on the spring semester. So my question would be, in looking at the spring semester, essentially it seems like we've got somewhat of a consensus that after Thanksgiving, students won't come back. Semester will even either end or we will transition to online courses for the balance of the fall semester. It looks like spring semester, there's been a consensus that it will start later than usual in spring 2021. Many have already opted, our two institutions that are on this panel today, University of Oklahoma and Oklahoma State University already have opted for no spring break and to start later. I believe Oklahoma State University is starting January 19th, OU starting January 25th. If you would go briefly into the rationale behind that, and the benefits of making that decision in terms of mitigating the spread of COVID, let's start with Dr. Bratzler, but the question will be for each of our panelists. Dr. Bratzler.



Yeah, but just very briefly. I mean, we obviously we've had conversations with OSU also because we felt that we needed to have a coordinated strategy, but part of it was, again, the reasons for closing down at the end of Thanksgiving that we discussed, was sending a bunch of students home and then bringing them back to the university, you know, just the increased risk of possibly transmitting the infection. By the way, we've actually encouraged all of our students who are going home for Thanksgiving, come by and get a free test before they go. Because we don't want them taking home COVID-19 to parents and other families. For spring break, it gives us a little bit more time between the end of the semester, the fall semester, the start of the spring semester. Now, particularly since we will likely do testing involving residential students again before they can move into any of the residential housing to try to keep infected cases after at least the start of the semester. And that seemed to work pretty well when we started the fall semester. And then I think all of us remember spring break last year, we all shut down shortly after spring break. Spring break can limit -- can lend itself to a lot of those super spreader events that may happen. And so we felt that it was in the best interest of the students, faculty, and staff to not to have spring break this coming year.

Okay. Dr. Stroup.

Yeah. I think in light, I agree with what Dr. Bratzler said, and I think in line with what Dr. Taylor said. As we go into the winter months, there is some concern with the indoor gatherings. I think anytime the students, as I said before, are off-campus in activities, whether it be in their community environment, that the risk is going to be much higher. I would make a caveat that, you know, the main campuses that have residential housing. We are also looking at some of our, for instance, at the Center for Health Sciences, with our professional programs. We don't have residential housing here. So we are looking at how do we stay on schedule with some of their professional courses because, you know, with the professional students, with the doctoral students, we do have some concerns about their -- they do need that spring break as kind of a break. So what we're looking at doing is creating almost a little bit of a two week bubble where they don't come on campus, with in-person labs, but you know, try to keep them on schedule to make sure they graduate and have everything ready to go.

Thank you, Dr. Stroup. Dr. Taylor.

Yeah. And obviously I wasn't necessarily part of those decisions, but I concur with what they said, and I think I'll, to clarify a little bit of what I said in terms of

saying, you know, I don't think it's necessarily a huge risk for people to be traveling to other parts of the country and coming back here in terms of the, you know, there's a -- not like there's a lot more cases elsewhere in the country than are here in a greater probability. It really does come down to the students' activities. What are they doing during those time periods? And you know, I do think that there are, certainly for the spring break idea, the activities have the opportunity to present a much greater risk of transmission than if they are here. And you know, kind of staying with the routine that they've been working on previously. And so I think those were good decisions and a very rational and defensible from a number of perspectives.

Okay. questions from our regents this morning. I might then just close with a real - - this can be a lightning round answer just for any of our panelists who'd like to respond, and advice you would want to offer to regents as they continue to make those decisions with the administration, with their -- and as governing board trustees, in terms of anything in particular they should focus on as they're making these decisions going forward in an effort to mitigate the spread of COVID. Any one of you want to take a, just take a quick --

So the only thing I would mention, Chancellor Johnson, is that I'm sure OSU does too, but we have a large team of operational folks, epidemiologists, we have clinical experts. We have a large team of people that are meeting, reviewing all this data all the time. So for the regents, you know, rely on resources that you have on the ground that your university, our housing people, or, you know, it's just there's been so many aspects of all the work that we're doing to try to keep the campus safe for the students, staff, and faculty. So rely on the people that are on the front lines because they'll have the information that's needed.

Okay. Very good. Dr. Stroup.

Yeah.

Or Dr. Taylor.

Yeah. Sorry to jump in there. I would just say that -- reiterate what was said multiple times already. We have tools that work, we're going to get more tools. We're going to have vaccine. Although I don't, you know, we're not going to get vaccines into the college population before the end of spring semester. I mean, let's just be realistic about it. That's not going to happen. I'm not sure we'll get them into the college population before next fall. So let's use the tools that we have that we

know about that do work. We've got some data that we've been working on at OSDH, I didn't have time to present it, but masks work, all right? I mean, not work. They work. If you look at a controlled research situation, they most assuredly are effective. It's harder to look at it at a gross level, a large aggregate lateral level, particularly when those mask mandates have been implemented at different times, but we've got some new data that's tried to account for that. One version is in the weekly epi. I've got a different version that I'm actually a little more fond of, but masks work, social distancing works, keeping things outside work, increasing ventilation works. And I'm fully on board with Dr. Bratzler. You know, sanitation is good. Let's not ignore sanitation, but don't think that you're going to disinfect your way out of COVID. There's a lot of other things that are more critical.

Thank you. Final thoughts, Dr. Stroup?

Yeah, I would just leave; I talked about, you know, this population of students. They're watching every move that we make as administrators. If we don't lead by example, they're going to point that out and not follow. So we really need to encourage our administrators to lead by example, and I think that'll go a long way.

Appreciate it. I hope everyone agrees. This has been a great panel, a great way to start our second session of the Regents Education Program. So please join me in thanking Dr. Bratzler, Dr. Stroup, and Dr. Taylor for a great presentation this morning. Let's thank them virtually at this point. And thank each of you for participating today.

Glad to do it. Thank you for having us.

Are we ready to go to our next segment, Kylie?

I believe so, Chancellor.

All right. Our next topic this morning, regents is entitled, as you can see from your program, Top Issues Facing Boards for 2020, 2021 Facilitating Strategic Conversations. Our presenter and moderator for this segment will be Dr. Tom Meredith. I think many of you are familiar with Dr. Meredith. He's a senior fellow at AGB, the Association of Governing Boards. Prior to his work with AGB, Dr. Meredith served as the Mississippi commissioner of higher education, chancellor for the University of Alabama system, and chancellor for the university system of Georgia. He also served as president professor of education at Western Kentucky University. Dr. Meredith holds Bachelor's degrees from Kentucky Wesleyan

College, Masters from Western Kentucky and a PhD from the university of Mississippi. I have said earlier, he is one of our key thought leaders in higher education nationally. He has great insight into the role that regents fulfill in their effort to provide a top quality educational product for our students. Backed by popular demand again this year, please welcome for this segment, Dr. Tom Meredith. Good morning, Dr. Meredith?

Good morning, Glen. Good to be with you and always good to be in Oklahoma, so thank you.

Okay.

By the way, Glen, Thank you for all your good work. Not only in the state of Oklahoma, I know how the strong people feel about your good leadership, but also nationally, and what all you've done to lead in various positions, even the head of the state higher education executive officers, as their head. So thank you for your good work as well.

Thank you.

Okay. Let's talk about issues. And the next session we're going to talk about crisis and how we handle those kinds of crises, and the kind of leadership that regents should provide and so forth and so on. Kylie, let's go to the next slide. You know, it's not -- I don't know that there's been a tougher time to be a regent or a trustee. All the different things going on, and it seemed like there was a new one every day, and then the pandemic with just our great presentations from our three panelists, but it's a challenging time. And so I thought what we'd start doing is begin by going over some issues. I think I had a note from Thomas to do something, Kylie. I'm not sure what he wanted me to do. I couldn't see.

Okay. Start your video, Dr. Meredith, is what he's trying -- and we cannot see you. There we go. Perfect.

Okay, good. Let's talk about free speech. That's always an issue for campuses. You know, we've got into the habit in the last few years of banning speakers from coming to campus; whether or not they're a distraction or whether it's another expression that students should hear is an age-old debate. But we've always allowed speakers to come. And as long as they were not stirring up the campus to a frenzy and having problems arise as a result of their speech. But we've gotten into the deal now of where is free speech, what are the limits on those? And that's going

to come to regents more and more as it goes forward. As you back a few weeks ago, there were kind of a national movement. I'm not sure that there were great numbers involved, but a national movement to strike for two days among faculty members and staff members, to shut it down for a couple of days. And a lot of people took part in that. Not as many as I think they'd hoped, but part of that protest was just not teach your classes, not do whatever you're needed to do or was supposed to do. Some professors got in trouble over that, some not so much. One professor at Ole Miss where I'm now in Oxford, Mississippi, one professor at Ole Miss was challenged by the state auditor that in our state it's against the law to strike. And so they took him to task with that, and the state auditor said that -- encouraged the university to not pay him for those two days, because that was against the law. Of course, he protested that. That'll be unresolved for quite some time I'm sure, but it's the same professor who said that his free speech allowed him to say things that he tweeted that caused a national stir, that if you run across some individuals out there who are members of Congress, disrupt their meals, stick your hands in their salad, pick up their desserts and walk off and cause them a problem. So free speech is a dicey issue. We strongly support it on campus, but what are the limits? And those are the kinds of things you're going to have to deal with as a regent as these things come forward. Protests. A lot of us talked about this several years ago, that we could see a rumbling kind of under the ground of students becoming more active again as they were several years ago. And that's certainly started to happen now as they challenge this and challenge that. And those protests are critical, and how you handle them is critical. I don't know how many of you have ever had a protest. In my career, I've only had one protest, thank goodness. That protest showed -- came back to the administration building and found a lobby full of students sitting down, and they wanted the institution to be more involved in providing minority scholarships and so forth. Strangely, I had just met the day before with the leader of that group, telling her how many new scholarships we were creating. So I'm not quite sure how that followed up, but we ended that in a very positive way and ended it, but protests can be very disruptive. Tuition ceilings. That's just something we saw a lot of over the last three or four years, but now not -- we're not hearing so much about that. I think as the money has fallen off and they can't give us any money, it seems like any increases in funding, that their complaints about the rise in tuition has fallen off somewhat. Tuition and fees, to give you some idea of 1989, the average tuition and fee at a public university was \$9,700. And in 2019, that was \$21,950. So quite a jump, but over quite a long period of time, we've slowed down our tuition increases. But every time that's going to come up now, it's going to be a concern and a problem, and get quite a bit of publicity. So you ought to be ready for what happens with that. I don't need to go into all that now, but we all know that as that increase or as a decrease in state

funding, which we'll talk about in a moment, has occurred, we've had to have money somewhere. And unfortunately for students and their families, that's where we've had to go. Enrollment competition is another major issue. We know that the number of students available for higher education is declining. As a matter of fact, one of the studies being quoted now says about 2026, there will be a major decline in the number of students that are available. We're seeing some of that now. I'm not sure, Glen, but you might help with that; what enrollment looked like in Oklahoma for the fall. I know the bigger institutions typically have not had a decrease.

We've had a -- and we're still frankly, Tom, we're still looking at preliminary numbers, but systemwide, right at a 3% decline.

Yeah.

Which frankly was less than we thought it was going to be about 2-2.5 three months ago. So that's -- but our numbers are still preliminary. We'll have a report in our October board meeting.

Excellent. Well, the fact of the matter is the pandemic has impacted that of course with the fall out, the recession that we're sort of teetering on the edge of from time to time here in the last few years is going to impact that. And what we've run across a lot this year, students who are stopping out; that if I can't go to the university this year, because -- and I have to be online, I'll just take a year off and then I'll start up next year when hopefully everything will be in person. So we're running into lots of factors for that. We know enrollments are dropping. And in 2010, there were 21 million students nationwide in higher education and 2019 -- or I'm sorry, 2010. That number now fell under 20 million. So we've gone, we've lost a million already. And we think more now going to come with this big dip that starts in 2026. You may be asking; how do we know there's going to be a dip? We track them through elementary school, junior high, high school, and we know how many are going to be available. But it's going to be important for institutions to devise new ways to keep a market share. And we know that the larger universities are going to have less of a problem with this than the smaller institutions. There are ways we can deal with that. One is retention. We have a big effort on that in the state of Oklahoma. And retention rates now, generally are up to 30 -- are up to 70% on the public side. Graduation rates are up a little bit to 60% nationally. Public universities are up to 67%. And you have your whole graduation initiative, Glen, that is having a big impact on -- positively in the state of Oklahoma. The average -- -- Okay. Let's move on to student debt. We won't dwell on that. Student debt has been a high publicity issue for the last several years. The average student

debt for this pa -- in 2018, two thirds of the graduates had an average of \$29,200 when they graduated. There are some that say that's just way too high. Others would say to get a full university or community college education, and then a university education, \$29,000 to do for the rest of your life is probably not that amount of money, but it is an awful lot of people. It's over \$35,000 for private institutions, by the way. Twenty percent of the students are behind on their payments as of this year. So you can see that not only borrowing money has become a real problem and it's easy money, it's easy to get to by the way. But 20% of them are now behind on their payments. Is college worth it? Glen and his report talked about all the advantages of having a college degree. We all know those. I've got a whole presentation on that with sheets full of information that most people now know. And what's telling out of that, I think is the fact that you live longer if you have a college degree, so we're all kind of excited about that. But it's, college is worth it. There's tons of data to back that up, and so that shouldn't be a question, but unfortunately it is a question. Another issue is sexual harassment. We know that you should know as a regent what are your policies on sexual harassment? What are the number of cases that your institution has to deal with on a yearly basis pertaining to sexual harassment? What are the processes involved when a sexual harassment case comes up on campus? And hopefully there won't be many, but we know better than that now, and courts are ruling on it and changing that in a lot of different ways. We know that there've been some period high profile cases, sexual harassment. Michigan state, of course, and the doctor there that took care of female athletes, the same doctor who helped look after the Olympic gymnast in the last Olympics was found to have been extraordinarily guilty of sexual harassment with those athletes. Much damage done emotionally, as well as physically, and that was a high profile case. Michigan state obviously seems to be now from the reports, knew about it, didn't take action. And so until it was already out and about. So you as a regent need to be on top of this and know what's going on, and not let it get away from you. Open meetings, open records is always a topic of conversation. Bottom line is what's the law? Follow the law. You can't get around it. If you try to circumvent the law and do something that's in contrast to that law, bad publicity, bad loss of trust, loss of faith in the board and its willingness to do the right thing. There is a problem, we all know when trustees want to ask questions, and there are a lot of questions to ask. But when you're an open meeting and everything has to go into the news, everything that you say, then it's time -- it stifles conversation. But just follow the law. Funding. We've seen dramatic losses. I don't know of an institution yet that has received funding equal to what they had prior to 2008 with the recession. So funding now is not even back to that point where it was in 2008. So institutions are having to be very creative in order to find ways to make it. Washington state this year had a 15% cut, Georgia, a 10% cut.

The state of New Jersey is borrowing \$9.9 billion just to try to stay ahead of the game; 45 states out of our 50 had cuts for this for the current year. Twenty percent of the institutions are depending on layoffs, 33% have furloughed individuals, and 10%, money came from executive pay cuts. So there's lots of things going on and lots of information and data about that for you to find out as a regent, to see what you can do. Racial tensions. We've seen that from one side of the country to the other. The Black Lives Matter movement. If you're not in touch with all of that, you need to be. You need to have educational programs for you that lets you know exactly what all that's about. If you don't know the source of those tensions, you need to learn about all of that. It's a very important educational piece for you as a regent or a trustee, so make sure that you're -- find out from your precedent, at a board meeting information piece, and that you know about this, and that you know what the attentions are like on your particular campus. Accessibility. It became a mainstay in the 60's and the 70's to make higher education more accessible. And institutions have worked at that over the years, and it's paid off. Our Black enrollment particularly has increased dramatically, but we've lost ground with black males. They are not coming to college like they should, or like we would hope they would. But it is not true for Black females. They are coming. Tuition has become a factor now in terms of accessibility, just reading a Kipling juror report talking about the impact of high tuition and financial aid that is not kept up with all of that rise. And what impact that's had on accessibility. So be informed about that issue. Another issue is mental health. And you may say what's that have to do with us? But I can tell you that institutions across the country are struggling with how to deal with the mental health of students who are coming to them. These students are coming loaded with problems. And it's not -- counseling does not just involve your academic path, but counseling now in terms of your mental health. A few figures for you, pre -- pre-pandemic, this is for the general population. Eight -- 8.5% showed signs of depression. March and April of 2020, that figure was 28%. Eight percent typically in pre-pandemic, and now 28%. Women are more likely to be depressed than men, 27% to 10%. Single individuals are much more likely to be depressed than married. Fifty percent more likely to be depressed, and these are very depressed numbers, if you have less than \$5,000 in savings. So the point of me giving you all that is to say these -- your students are coming from homes where the mental part of this is very difficult to get through all the things that we're going through now, particularly in terms of family income, and so forth. So be aware that your students are dealing with that if they can come at all, and make sure that you've got the resources set aside in order to help them. Let's go to the next one. Online competition. My goodness, if you're not in the game now in online education, you're really out of the game. The out of state students may not be coming to your campus now because of the pandemic, and they're having to go



online. The important point for you is, can you hold them with your campus being online? If you're charging an exorbitant fee for your online courses, or if you are charging students from out of state an out of state fee for taking your online courses, they can take them much cheaper from an institution close to their home. Or from institutions that don't charge all of that. So know what your policies are, and see what you need to do in order to increase that activity. One third of the students in 2017 took an online course. One third took an online course. So it's there. Now that's 2017 and that's much, much higher now. You might be interested to know that 70% of the online courses are offered by public colleges and universities. So that's the big area. Fiscal sustainability, it's often hard to make ends meet in your institution and in institutions across this country. University funding - - I mean sorry, state funding is down, it's going to be down. I can't see where that's going to change at all with the pandemic and the unemployment that's going on, and so forth. And parents out of work, and they won't be able to afford to send their -- their kids on to campus. Part of the rationale is that people are trying to use is hold on, keep on doing what we've been doing. It'll pass and we'll get back to normal. We can't have that mentality. That's -- it's part of the old molasses example that you may have heard before, if you have a vat of molasses. Now I assume a lot of you know what molasses is. If you have a vat of molasses and it's -- it's still standing outside, it's cold and you try to stir that vat molasses it will not move. But if you heat up that big pot with all that molasses in it, becomes much more pliable and you can make some changes and get your molasses out of there. Same thing with -- with higher education. This is an opportunity to do some things differently, because we're low on money, our students are going to be in decline which is a tuition decline. And so it's a chance now to make some differences in our business model and so forth, as we're struggling with fiscal sustainability. Deferred maintenance, probably not getting a lot of conversation on your campus, you should be. Deferred maintenance is a major, major problem across the country. Billions upon billions of dollars are deferred maintenance, because we need the dollars to support our instruction and our greater needs that we have on campus. We're getting by, but sooner or later that's all going to come back to haunt us in a major way. So ask where you are in terms of deferred maintenance, and what you need to be doing about it. High risk areas, we'll talk some more about that in a moment under crisis leadership. But know what you should know as a regent. This is part of your fiduciary responsibility. You should know what your high risk areas are at your campus. You know the old quadrant, where we had four squares and the top right was most likely to happen and the most damaging. And then you're on down the line till you get the lowest probability of happening and the least damage. But you ought to know what those are. And then what are the plans to address those high risk areas? Do you know that what we're -- what our plans are to deal

with it if it does happen, something goes awry in that high risk area? Or do you just -- are there no plans, and everybody is just hoping that it doesn't happen? You should know and you should make sure your institution is prepared. Work force versus lifetime, there's a growing movement to get a certificate and go to work. There's nothing wrong with that. There's a -- we think that -- we know that that's a long term loss to a society if you encourage everyone to do that. The higher education is going to provide you greater flexibility in the long run. But there's also a place for certificates and associate's degrees. So both are important, but it's become very politically -- -- positive, I guess, for them to talk about how many new jobs they got, and how many new people went to work this year. And they're not talking about encouraging, as we see by the funding, people to get a four-year degree or more. It's talking about the level of readiness that would be happening with a certificate and so forth. So keep the -- and that's where your advocacy comes in, by the way. For people to be educated and to be educated even more. So let's jump to quality. You don't need to be in the classrooms evaluating the professors. But certainly, you need to know what the quality of your academic offerings are to your institution. What's the enrollment in different programs? What are our real strengths in terms of programs? Do our students graduate on time or is there some sort of bottleneck? I worked at one institution and when we looked at the data, we found that somewhere around 70% of their seniors were bottlenecking their last year because of strenuous and quite frankly, unfair requirements put on by the institution. So see what's happening if they're not graduating on time? Do your students get jobs? When they leave your two-year school to four-year school, are there jobs available to them? And if not, why not? Are you not preparing them in the right way? Are jobs just not available? So forth and so on are lots of ways to approach that. Are your programs accredited? You should know that. That's one of the signals of a -- of a program that's in good stead is that it has accreditation. Not all programs have accreditation, by the way. And what's your faculty mix? You know, are your -- most of your faculty tenure? Most of your faculty older, younger? An awful lot of schools now are starting to get in trouble because they -- they couldn't afford to hire full time faculty to support their programs, because of lack of money. So they're hiring adjuncts, and I've been an adjunct before so we know there's good quality there. Just kidding. But they're hiring adjuncts and filling up their classes with people who are not doing this full time. And we know from the data that full time faculty are the ones who hold office hours, and are doing the advising and the counseling and so forth. So we need to have that in as part of our quality pieces. Strategic planning. Do you know what the mission is of your institution? What are the goals that your institution has been trying to accomplish? You should know those. You should be able to talk about those. If we have goals, and assuming you do, what's the success on reaching those goals? What kind of

timeline is placed on each goal? Is your budget that you're approving every year tied to your strategic plan? There are lots of pieces to that that are very, very important -- -- for you to deal with, but you should know those kinds of things about your strategic plan. Student mix, we have a major transition underway in terms of student mix. Brookings study says that by 2045, not very far away, 2045 White population in our country will be 49.7%. Hispanic population will be 24.6, the Black population will be 13.1, which is about where it is now. The Asian population 7.9. Native American 1.3 and multi -- those who declare themselves as multi-race will be 3.8. And by -- and by that time or even now, Whites are a minority for students -- for individuals under 15. So it's going to be a student mix coming forward that we're going to have to work with and find out what those needs are. And then also to address those needs. A third of our students now are below the poverty line. When you think about that kind of number and what we're dealing with -- with in terms of tuition and fees and so forth, and so on. And the cost that in terms of not being able to work and coming to school is just very distressing to me. We're also talking about the student mix in terms of the quality of students coming. ACT just reported that 36% of 2019 high school graduates, a third of the -- of the 2019 high school graduates did not meet the benchmarks for getting into institutions in English, Math, and so forth, and overall score. That's 1.8 million students who took the ACT did not meet the benchmarks we need in order to come to institutions. That's for college readiness and so forth. The scores are decreasing, by the way. As bad as that sounds, they're getting even worse. So we have a major shift in our student mix that we need to look at. And of course, many are predicting that the student mix for the future will not be primarily those who want to get their education in-person on campus. That all that would be transitioning to other ways. So let's go to the next one, Kylie. This cartoon kind of leads us into the next one. The guy -- let's go back, let's go back to the cartoon. The guy is saying, "What happened to your ears?" And a little kid is saying, "I sneezed with my mask on." Which sort of leads us into the next issue, which is the pandemic. The number of cases as you heard from the three experts, so I'm not going to try to give you a lot of figures on pandemic. But from August the 2nd to September the 5th, the 18- to 20-year-old -- 22-year old population, the COVID cases increased 55%. Just from August, one month, it increased 55%. Of course, that's when school started. In the East and the Northeast, the figure is that they went up over 100% increase, new COVID cases. And the fact is that we -- we just don't know what to do. You heard our experts say it's -- it's evolving. It's fluid, and we're doing our best to keep up with it. But the fact of the matter is we just don't know where all this is going. Our higher education institutions deserve a gold star for what they did last spring. Over spring break, they had to totally revamp how they were providing higher education and they pulled it off. All the online that

came online quickly and without much failure in there was just remarkable. That's not our -- our reputation to be able to do things quickly and transition, but we did. So what do we need to be dealing with in terms of issues with the pandemic, in terms of higher education alone? The primary thing is the safety of our and protection of our students. We have all kinds of things going on. You heard about some of those earlier that we're trying to -- trying to protect them if they'll let us. And is, as we all know, we'll mentioned down below in just a moment about 18- to 21-year-olds. Faculty, how can we protect our faculty? Yeah, the things that I'm reading about institutions across the country, the -- it's a great time to be invested in Plexiglas, because everyone seems to be utilizing those from K12 through higher education in some way. Our faculty need -- -- many don't like to do online education. They like that person to person. See the expressions on the faces just like we do, we make presentations, but they can't. And then they're worried about students who are coming into their class, even though they're social distancing with the chairs moved around, of a threat to their health from all those different students coming in. We talked about in our town here in Oxford, we were suddenly going to have 20,000 new students. Not new students, but students coming back on campus for the fall from all over the world. You know, every 50 states and 50 foreign countries and so forth, and all those are going to be descending on our town. And what would that mean in terms of our rate of infection? And the staff now are starting to -- not starting, they have been complaining and being concerned about what about them? They're in residence halls where the students live, trying to keep that going. There are places where they still have food available, or they're working in there in close proximity to students. The list just goes on and on for our staff. I saw where one chancellor the other day had a demand letter from staff members saying they needed the PPE, they needed all of the equipment necessary to keep them safe, which was not being provided. So I think we're going to hear more and more about that as we -- as we move forward. Pandemic impact enrollment, we've already talked about. It's down something like 2.6% nationally, and then you break that out. And you start to see that's different for public, different for private. Private schools are doing a little more in-person than the others. But enrollment generally speaking is down, except as we said, for a lot of larger institutions. And of course, then the dilemma, are you going to offer your courses online only or in-person only, or is there going to be a hybrid? Let may give you a breakdown to that on 3,000 colleges across the country. Ten percent are doing online only. In other words, there are no classes being offered. Four online -- in-person rather, 4% are offering all of their classes in-person. Twenty one percent are offering them in a hybrid. And then 23% primarily in-person, but some hybrid or some online. And 34% primarily online, with a few classes being held in person. So a big decision for each campus. The Cal State system, as well know with their 400 and some odd

thousand students went totally online for this fall, and have announced they'll do the same thing for the spring. Revenue, auxiliaries, sustainability. We know revenue is down. We know the pandemic has impacted that revenue. We know that our auxiliaries, because in many places where they're not allowing them to be in residence halls, they've closed their dining services. All of these auxiliaries depend on people being there in order to pay for them. Same thing in athletics, which we'll talk about in just a minute. And then sustainability. How can we keep our place going? One study that I read said that over the next three years, as many as 200 institutions will either merge or close. That's huge, and we see that happening now across the country. Pennsylvania is going through it. Georgia has been through it. Other states now are passing along that. And of course, the biggest ones to close or the ones most likely to close are the small institutions. Athletics, those funding groups for our athletics programs, at least for the larger ones. Smaller ones depend mostly on fees. And if we don't have students there charging them fees, then that'll be a shortfall. As well as shortfall on ticket sales, as in our state we're limited to 25% [inaudible] games. And so that's big for us, but it's really big for University of Tennessee with 107,000 seats and Alabama with 102,000 seats. And they can only have about 25% of their people in the stands and that's all. But those funding agency, whether it's NCAA with March Madness, which was called off. All that revenue that they distribute to the institutions, the different conferences. Now as they've eliminated a lot of their sports, are losing money that they could be giving to the institutions. Though television revenue, thank goodness is still there. But now I think almost everyone is back playing games, and so that's going to help revenue wise except for the small attendance. Anyway, the athletics are going to be struggling and you'll start to see more. If you're not getting those requests now to support your athletic programs, you'll get them soon. Testing, you heard our experts talk about that. Their reluctance to be tested is something I found fascinating. One large university in an article said that they sent out a survey to all faculty members and all the students, and said that would you please even if you're asymptomatic, would you come be tested so we can see where we are with all of this? For the faculty, 74% didn't respond. And of those who responded, another 11% opted out before the time came to go be tested. For students, 77% of the students didn't respond at all. And another 11% opted out after they said they would be there. Next issue deals with quarantine. What do you do with them? Do you quarantine them to their room? I saw one campus the other day quarantine a whole residence hall. Everybody there had to stay in their rooms, they brought them food. If they -- assumed that they had restrooms in their suites, and many residence halls have suites. But if not, had to work out some plan for people to use the restrooms and showers. Or do you send them home? Of course, Dr. Fauci says, "Please don't send them home." They're going to infect the parents and the

grandparents, and uncles and aunts and so forth. Do you house them on campus in their own rooms, or do you set aside another residence hall that maybe you cannot use this semester, and you could send to quarantine students to the residence hall? One campus had a major disruption when the campus took a dorm out of mothballs, tried to retrofit it very quickly and send students there. And evidently, it was just a terrible, dirty, not clean situation that the students revolted over. One institution I just read about, contracted with a local hotel and they bought out the rooms. And so if students got to be quarantined, they'll put them in that hotel and -- and try to take care of them there. And what do you do about your off-campus students? And you know now these students have tested positive, and they all live at this particular apartment complex? How are you handling that? And it's a question that you ought to be asking as a region. You ought to be asking these kind of questions. What are we doing about all these things? And the buy in from 18- to 21-year-olds, read an article recently a psychologist who said that we're taking the wrong approach if we're trying to convince 18- to 21-year-olds to go do these things. Wash your hands and use sanitizers and masks. That they mentally, brain wise are not prepared for that. That's not a capability. They have to forego all of the other things and do exactly what we're trying to get them to do, but we need a different approach. Talk to your campus about what that approach might be, and what you're doing and how cooperative your 18- to 21-year-olds are. Let's go to the next -- so big issues now, what's the timeline for next semester? When will you let them know whether you're going to be in-person, whether you're going to be online? A lot of institutions are just declaring that now. They have to know those things as soon as possible, because there's travel involved. There's contracts for off campus housing that has to be fulfilled, and entered into or not, depending on what you're going to do in terms of a campus. Residence halls, are you going to open those? Will I be able to get into the next semester based on what's going on on your campus now, or do I need to make to foster kinds of arrangements to live off campus somewhere. Then there are others, of course, the wellness programs and you heard one of our speakers talk about that today. And one that I think is probably the biggest challenge we have, or one of the biggest challenges we have is the whole conspiracy theory that runs across our country that this is really not real at all. That there's not really a problem, so we can go about our business as we want to. You don't have to wear a mask, you don't have to do a social distancing. It's okay to have a party. It's okay to do whatever you want to do, because this is all a hoax. And the people who are getting sick would be getting sick anyway from something. So that's pretty difficult to overcome, because a lot of those folks are -- are pretty embedded in that particular mindset. So there are lots and lots of other decisions. Who decides all of those things? What are the processes for deciding those? I don't know what your institution is doing, but I hope that these are all

discussion points for you as you move forward. So the takeaways, let's go to the next one. We'll wrap up with this, and then see what kind of questions you might have. The point of all of this, and that laborious list of issues, and that's not all the issues. But your role is more important than ever. I mean there's no note -- this is not a time for you to sit back and -- and be about your business of your own business. But this is a time to really make a commitment to be a part of this institution, to help the president, to be a support for the president as he or she deals with this. Make sure that you ask the questions about processes, and what's going on. Not that you need to be involved in them, but just make sure you know about them and that they are underway. All of this is a part of your fiduciary responsibility. You're beholding, the institution is depending on you to hold them in trust to make sure that everything is going well. Stay on top of all information. My goodness, don't -- don't shortchange your reading now. There are clips that you can use, and we talk about being informed about these issues and staying on top of information. Whether you use The Chronicle of Higher Education. I hope all of you are getting that publication or at least getting it online. Daily you'll get issues brought to your attention, and how people are dealing with those. Inside higher education is another online resource for you, I think it's inside [highereducation.org](http://highereducation.org). But be informed about the issues. Don't let these things run around you. In a recent survey by AGB, 29% of board members said they spend too little time on issues of consequence. It's almost a third of the institutions -- I'm sorry regents and trustees who say that they spend too little time talking about important things. So make sure your agenda is something that is of consequence. As I talked last week, make sure that your meeting is not all transactional. That it is meaningful and strategic. Ask the right questions. Partner with your president, this should be definitely a partnership. It's not something the president can solve by himself or herself, but it's something -- a knock in the board that you have professional expertise working with strong board members can solve these kinds of things, and deal with them appropriately. Communicate, communicate. That's not a typo. I wanted to say it twice for emphasis. Just be sure that you are continuing to communicate not only with each other, but with your president. And as a board and a president, with your campus community and local community as you deal with these issues. Be transparent. If you want to put yourself under the bus in a hurry, give someone the reason to think that you are hiding something. That you're really not telling them the truth. So be transparent, and part of that is preserving the trust. Trust is something that those of you were on last week know that I hold very strongly. You cannot lose the trust. Make sure that people can count on you, and you're not -- there's no deal going on, there's not something else going on where you lose the trust. Be sure to keep it because once you lose it, the chances of getting it back are pretty small. Be supportive. And that's be supportive of your president and his

administration. Unity need not be a question during the time of dealing with strong issues. And then of course, results not process. You should expect results that you've agreed to with your president, but you should not be involved in the process of getting there. You can have advice, nothing wrong with that. And don't get your feelings hurt if your advice is not used. But be involved with the results, but not the process. Hold your president accountable for producing the results. Policy, not management. Don't try to run the institution. Unless you're a former university president, that's going to be outside your expertise I suspect. Focus on policy, and then make sure that your president is making sure that the goals of the institution are being met. And last of all, during the time when you have lots of issues, be positive. Don't be -- don't be grouching around and being negative and all those kinds of things. It's a time to be positive and provide the kind of leadership that's needed. Kylie, I think we're ready for questions.

Okay. Kylie provided the instructions in our last segment for how to -- how to raise a question. So let's open it up for questions of Dr. Meredith.

Okay, Chancellor, it looks like we have a question from Regent Dennis Casey. I will go ahead and allow him the opportunity to ask his question.

Regent Casey, good morning.

Oh, Regent Casey, you're on mute.

Okay.

There we go.

Fire away?

Yes, we can hear you.

You can fire away.

I think my question, and I know that COVID has a lot to do with that but a concern that I've had is as -- as generation after generation goes to college and things change and speed up and the technology and stuff, the tech centers have done a wonderful job of certifying people for they can immediately go to work and not have the debt if they're going to higher ed. Do you see that higher ed is rethinking the process of -- from the cost standpoint, in that minimum of four years if not five



or six years? Do you -- is anybody forward thinking that or is it we're just plowing away?

Well, I think there's a lot of conversation now about what we're going to look like once all this comes to a conclusion. And we hope that's soon, of course. But if your institution is not involved now and having the kinds of conversations they should have about what will we look like once we get a hold of the pandemic, and once all of that sort of passes us, will we just go back to doing what we were doing when we were doing it? And I don't know that our constituents are going to let us do that. These are going to be that basic group of constituents. They're going to come for an in-person residential kind of experience, but an awful lot or not. I told someone the other day that we've been doing church online now for so long that I think maybe we're going to have to think hard about putting on a coat in time going to church on Sunday, when I can be in a recliner and listen to the preacher. Obviously, we should be going to church, but I think there's going to be some different mindsets about how I get my education in the future. If your institution is not talking about that, they should be.

Other questions, regents for Dr. Meredith? Tom, I have a question. You have given us a wealth of information here on a variety of topics for regents as they begin their -- their time as a regent for college and universities or as a State Regent. And of that whole list, I think the question might be, what would be the major issue or area where a new regent should provide their forecast in the first year, year and a half of their service as a regent? If you could boil all that down to maybe one or two areas where they should provide their major forecast coming into their service as a regent.

Of course, the main -- main thing for a new regent is to listen and learn. This is higher education as you probably already discover, and it's kind of a different world. The way we do things for the last several 100 years is just different than the business world in many ways. As one person said, its business world seemed to be more top-down even though a lot of that's changing now. But higher education is this thing called shared governance. So just listen and learn. Be aggressive in terms of your reading, and you're asking questions. You don't have to ask all the questions in the middle of a meeting, but you can talk to the president. Talk to the board chair, and start to get as much information as you possibly can. Focus on that and learn. And -- and then using your expertise, decide where you can best serve this board. Unfortunately, you're going to have to know about everything, but there'll be areas where you can focus. So for goodness sakes, listen and learn a great deal on your first year or two.

Great. Kylie, do we have any more questions from regents?

It does not look like we have any more questions at this moment.

Okay. Well, we are staying right on time. So let's take this opportunity through our wave to thank Dr. Meredith for a great second year. We will now take a five minute break, and we'll continue with our next session also hosted by Dr. Meredith in five minutes. So we'll have a five minute break, and then we'll be back for our final segment this morning. So I thank everybody for their attendance and attention to this point. Five minute break. Okay looks like we're back. I hope everybody is back. Looks like our numbers on the screen show that everyone is tuning back in. So we will now continue with our last hour of our Regents Education Program Conference session number two. For this hour, we will again welcome back Dr. Meredith to discuss crisis management and leadership from a regent's perspective. So again, please help me welcome Dr. Tom Meredith. Dr. Meredith. Good morning.

Thank you, Glen. It's good to be back with you. Let's talk about crisis management leadership. It's -- let's go to the next slide. That tells it all, I guess. Crisis leadership, let me read this to you, is a disruption to the stature, reputation, operations and competitive position of a college, university or a system. Crises often ignite public scorn and call into question leaders' competence and integrity due to failures to anticipate, address and lead through the crisis to a more positive outcome. That's self-explanatory. They're going to happen, they can do things very -- in a very negative way for your institution, and it all depends on how you handle it. And whether or not the public is going to go crazy. So next. If you haven't already had a crisis, you will. So just lineup for it. Usually when we're working with new presidents, we try not to scare them to death, but help them understand that one is going to come along sometime during their tenure. And so there are steps to take, and things to do when you -- when that happens. Same thing for regents. Something is probably going to happen sometime during your tenure, and you just have to be ready for it. Next. Most issues can turn into a crisis. All those things we were just talking about, they can turn into a crisis even if they shouldn't. And so let me tell you why I think that is. One, society is more critical now. Maybe it's 2020 that has captured all of us now into a negative kind of eyebrows down situation. But it's -- it's a tough time. And when things are tough, people are more critical. And so we fall into that, where society is more critical at us now. There's an effort, it seems like in -- from every direction to place blame. Who caused this? What did they do about it? What did they not do about it? But blame is just

necessary now, even more important than what happened is who is to blame? Social media spreads bad news at warp speed. Unbelievable how fast it can go from coast to coast, and around the world. Good news, not so much. They just doesn't make the rounds like bad news does. But we've got to be able to know that all of that's there, and something is not going to be kept local very long. And I think also my other question -- our other concern is about the media. They're more about editorializing now than reporting. They are spending more time picking things apart and being negative. And we all know that negative news sells better than positive news. And I'm not talking about every newspaper and every journalist. But across the country, this is a major concern. I saw a piece recently written by a journalism professor that was asking what had happened to his profession. That had they done this or had society done this to those new journalists they were turning out, but they were more intent on being a Bob Woodward and uncovering something. And they were reporting the news in a factual sort of way. Several years ago, some of you may remember a number of years ago, a journalist by the name of Terry Waite, was captured and kidnapped by Iran and kept in captivity for several years. And when he came out, he was debriefed of course, by everyone. But one of the groups was a group of journalists, big time journalists who came together to say tell us about what you see now compared to what you saw before, and all those kinds of things. And I had dinner with one of those journalists and he said, "First thing Terry Waite said is what has happened to my profession?" He said, "I read the paper now that I'm back, and the front page looks like an editorial page." So many opinions and judgments and so forth. Very distressed about it. So a lot of that is to blame. And of course, we can't walk away from having some of that responsibility ourselves. Next. The higher education has enjoyed a long tenure with little criticism. I mean we had the Ivory Tower, everybody looked up to higher education. We were doing lots of good things, and we still are across the country. And so people like higher education. We, a lot of the people who were in important positions across the country were our alums. And so they were saying good things about us. Our athletic programs were extraordinary and still are, even though equity has entered into it now. But athletics provided a positive kind of role, if you will, for higher education, particularly if you are winning. Next. Then came a loss of confidence that started to hit higher education a few years ago. There were fewer jobs for graduates coming out, and suddenly we started hearing people talk about people who couldn't get jobs or graduates who couldn't get those jobs. There was extraordinary tuition increases when the state income fell behind, and suddenly they were funding lots of things but us. And there was suddenly kind of a -- not kind of, there was an era of the fact that students going to higher education, it was a personal benefit for them. And so therefore, charge them more. We believe, I believe that as we all do I

think that higher education is a societal benefit. And so many good things come out of that. We talked about is college worth a while ago, and all the benefits that come to society as a result of someone with a college degree. But all of that started to build up. There was a new level of student debt that we talked about. That became big news, high news in terms of what higher education was doing. And then it was sort of a loss of trust, if you will. There was a -- they couldn't feel comfortable with everything we were trying to do. They -- there were items coming out about particular institutions and problems going on there. And so people just weren't as -- as comfortable. College was divided -- devalued rather. Took a long time, it was expensive. Everyone knew a college graduate who didn't have a job. So all of those things started to play into getting us down out of that Ivory Tower. Let me give you some examples of big crises that have occurred across the country over the last few years that you'll know about. University of Missouri had all the racial unrest. Remember the football team said they wouldn't play. They were protesting, and it became quite an issue. The president lost his job, the chancellor lost his job. All that really went right off the chart. Penn State as we all know, the assistant coach and with young boys that just drew anger across the country about what was going on there. The long-term coach was out. The athletic director was out. The president lost his job. That time recognized as one of the top presidents in the country. And UNC Chapel Hill had Silent Sam. That controversy that you're either on one side of that or the other, there's no neutral position you can take. And there was also at that same school, academic athletic fraud where people were taking classes for athletes and on and on and on. A very difficult time for Chapel Hill, still going on. At the University of Southern California, just recently, the admission scandal that involved [inaudible]. People going to jail, people who were paying money to get -- make sure their students got in. USC is still trying to recover from all of that, but a new one keeps popping up. One of their Heisman Trophy winners few years ago found -- it was found out that he was being paid while he was in school. And they had always been previously super clean, University of Southern California had a problem. And now they've got a sexual harassment on one of their doctors there that just popped up, and they're going to have to start dealing with that. So it seems like one thing after another. The interesting part is the lady who was at UNC Chapel Hill, who went through all of that controversy left to take the job as the president of USC, Southern California. And somebody said frying pan into the fire. Michigan State, we talked about that a few minutes ago, sexual harassment by the doctor there. Who knew? When did -- when did they know it? And obviously, too many people knew about it ahead of time for anyone to escape bearing responsibility. President was out. Put in an interim president, didn't take long for that interim president to be out with the charge of being insensitive. University of Virginia had the White supremacist march there, and someone was killed. Terrible

thing for them to try to deal with and overcome as a crisis. Ohio State has now come to light. Has a problem -- had a problem with the team doctor on the male athletes. The team doctor now it's gender on gender sexual harassment on the male athletes. So now that's starting to all come to the forefront, and they're going to have a problem on their hands dealing with all of that. University of Central Florida, one of the largest institutions in the country, mishandling of state funds. Strong president, good friend of mine. Great guy and a good person, but very strong and he had a passive board. And so they had state funds rolling in for buildings and all those kinds of things, and they diverted them to other kinds of projects that they wanted, not the ones the money came for. So president is out. And so all that goes along. And then the last one, there are so many to give you, but the last one University of Maryland where a player died. Athletic participant died. People didn't take things seriously and suddenly, that happens and everybody is out of a job. And that's still going on. So there are lots of examples of crises that you can deal with in addition to the list that we got during the last session. Next, resources. I want to point out these two for you, just so you can go do some reading. A friend, Terry MacTaggart, a friend of mine and Glen's as well, AGB Senior Fellow, has done a lot of writing on crisis leadership for boards and presidents. He has a book out by that title, and it's by -- he found it with AGB [inaudible]. He's also done a couple of trusteeship articles. I've read all of those now as well as the book. Got lots and lots of good information for you, kind of down to earth. You'll find it very helpful. It goes into far more detail than we're going to go into today. Janice Abraham has an article on April 2019 Trusteeship Magazine. I'm assuming all of you are getting that if you're members of AGB, addressing crises on our campuses. So those are a couple of resources for you that may be helpful as you seek out further reading. So let's go to the next one. Try to answer four questions today. What should we be doing before a crisis? How do we get ready for a crisis, if you will? What do we do when we first learn about it? How do we handle a crisis? And then it's over, now what? So let's try to deal with those. Let's go to the next slide. Before the crisis ever hits, any crisis, create a crisis team. Crisis team needs to have diverse members on it. It needs to be people who would have some administrative authority, so that they can pull together all the pieces to deal with that. It's okay to have someone from the outside on this committee, but they need to meet on a regular basis. And they need to do a lot of practice with what ifs. What if this were to happen? What if that were to happen? And start laying all those kinds of things out. Identify their high-risk areas. The fiduciary duty of the board to know what your high-risk areas are, and your crisis team can put that together for you. And then you as a board should add to that, what your concerns are in terms of high-risk areas where something bad could go wrong. And we just talked about high-risk areas on the quadrant, and higher risk

and so forth. So I won't go through all that again. But they need to anticipate crises, and then plan for them. What all could happen? I mean there are shooters, they are on your campus, what do you do? What are the plans? What's the structure? What about if a pandemic hits? I'm not sure we thought much about that before this pandemic hit. What about a major fire on campus? How is that handled? What about fiscal decline, which we -- everybody is dealing with now. But if it really gets bad, then what? And embezzlements. You know, it's pretty tough when it hits the paper that your chief financial officer or someone who can handle the money, embezzled a million dollars or half a million dollars, or whatever it happens to be. Why and people are asking, why weren't things in place to prevent that? How could you let this happen with the students' money? And then the bottom one that seems to be off the chart here, but that's research fraud. There's a lot of that going on now, where people are being discovered that they got federal research dollars or state dollars for research or private corporation, and they were mishandled. Or that they didn't produce the product they said they could produce. And a big one now, of course, has been going on for the last maybe three years, a cyber-attack. And they demand a ransom. And some institutions have been hit with this already. Corporations have been hit with it, private organizations. But it's where they put a shield, if you will, around your data, you can't get to it. You can't use it, and they block you from it. And they say if you don't pay the ransom, you're never going to see this. And the ransom can be a million dollars. It can be several million dollars, whatever it happens to be. And no -- no one wants to pay that, but I've noticed recently that payment seems to be pretty quickly done so they can get back to their data. And of course, there's a promise about the cyber attackers that they'll never do that again to you. And I read just the other day about a place that had paid the ransom, and they still can't get their data. So it's not a sure thing. Or if you have an explosion on campus, you know, it's at Western Kentucky University we had a train track ran right along beside the campus. And so we had never thought about before, what do we do if they're carrying chemicals and there's a major explosion? It ran right behind three residence halls. What -- what do you do about that? What should we do about that? And we finally had to put together a plan, and then that came into a bigger plan and so forth. When I was a vice chancellor at Ole Miss, we had a terrible tragedy. We had a group of Chi Os who were doing a walk -- a walk marathon to raise money for the Kidney Association. They had a car behind them with the blinking lights, but they were on a four-lane road. And some young man late in the day, kind of asleep at the wheel driving a big truck with a hay baler on the back. And he slams into the car, it slams into the Chi Os. We lose five of them, a number of them are critically injured, lost limbs and so forth. What do you do about that? We weren't prepared at all. And we started trying to contact parents and tell them the names of the daughters. But we didn't have a quick list name of all the

children, and how do you get in contact? That was not readily available, even at the Chi O house. So we had to gather all that, and time now is critical for parents to know about this. So we start calling the parents and as would happen, some contractors cut a major trunk line coming out of Oxford for the whole telephone deal. So suddenly, we're stuck now not being able to get a hold of parents. And they work that out, we got them and they were all rushing to Oxford to -- to take care of their children. But that's a crisis you don't anticipate, and you're not prepared for. So after that, what do we do as an institution? Put together a crisis team. They dreamed up everything possible that seemed that could happen, and what all we would do about it. And by the way, I would share with you that if you do have a major crisis and there is loss of life and so forth, there's a group out of Washington that deals -- that you can call. They're volunteers, and they will send a team immediately to your campus to start counseling with people. Because the fallout is just overly dramatic, and what can happen in terms of the psyche of your campus. We had one last story, I'll share on that. But we had one math professor who was absolutely gone off his rocker. I mean he was just a basket case. And we found out that the last two institutions he had been to, he had -- there had been a major crisis like that. And he came to our institution, and there was a crisis like that. So he was, of course personalizing that, that he was the cause of all that. So a lot of stuff goes on with all that. Just be ready for it, and do your planning ahead of time. Next. Stay informed about other institutions and states. The kinds of things that are happening there. You'll find that what happens in other states, if they discover a major research fraud or whatever, suddenly your governor and your legislators will hear about that and they'll start asking hard questions. Are we ready for -- to defend this? Are we ready to make sure this doesn't happen here? So make sure you get your plans in place. You know, state funds, admissions, e-card, whatever you happen to be using. Be careful about optimism bias. Optimism bias is what we talked about a while ago. Don't change anything, it will pass and we can get back to normal. Soon that it won't pass, whether it's a fiscal crisis or sexual harassment. Whatever it happens to be. Whatever that crisis happens to be. Assume that we're not going to get back to normal, what changes do we need to make? Another term is problem blindness. Don't deny impending problems. Don't act like they're not there. Don't dodge unpleasant realities. And with that, I'll follow up with a very important point for our presidents. Be honest with your boards. Some presidents I've worked with are hesitant to tell their boards about problems, because the board will immediately jump on the president and wonder why they haven't taken care of things and they're responsible. And so the president just doesn't want that. So they just hold on to that problem, and -- and try to solve it themselves. And that usually ends in disaster. One of the things to remember is a problem is not just any one person or any one group. That the problem belongs to

the president, the problem belongs to the board. Not to one or the other. So be sure that you are honest with your board and will keep them informed about things going on. Next. So the crisis hits, what do we do? We can count on four questions from reporters. What do you know? What -- when did you know about it? And that's part of the -- the blame game. You know, did you know about it and you didn't do anything about it, now you've got a problem. What are you doing about it? And what are you going to do to make sure it doesn't happen again? Those are just automatic that you can expect them to happen. So next. One of the things that becomes real in terms of dealing with the crisis is that some things are okay until they are not. You know, I watched a governor go to jail, because it was always appropriate for the head of the highest health operation in the state to suggest names to the governor that he might want to put on committees dealing with healthcare, like a certificate of need. And that just was kind of the way things were done. And then someone found out that that was going on, and it couldn't -- it shouldn't be done, because there was a conflict of interest and a buddy system and so forth. So it was okay until it wasn't, and they ended up both the governor and that person went to jail, and became a very dicey situation. So look for those kinds of things in your institution. The board and the president need to take ownership if something happens. Don't try to put it someplace else, but you take ownership of it and say we've got a problem, and we're trying to find out all we can. Be as transparent as possible. Don't hide, don't avoid the press. Don't dodge anybody, and just tell the truth. Yeah, we have discovered that there -- there seems to be a problem, and we're working on that. We've got a team together, so forth and so on. Communicate, communicate, communicate. It's important, because when it looks like you're hiding something and you're afraid to talk about it, that people then become even more suspicious. Here's an important point. Initial reports when there's a crisis, initial reports are seldom accurate. So be careful. Things are never -- are seldom I should say, as they seem. It's an old political line that you see something happening, you hear about something, but that's not really the problem. It's things are seldom as they seem. It's really something else that's causing -- that are causing someone to cause a problem. Next. Gather the facts before you say too much. That's because a lot of things are inaccurate to start with. I've watched board chairs get up and start talking, and they just speculate all these kinds of things going on. And they don't have the information yet. They don't have the facts yet, but they're actually speculating. So for goodness sakes, don't speculate. Just say what you know, and then get out as fast as you can. Last piece on that is clarify inaccuracies reported in the media. And the reason for that, a lot of people say well just -- if they say something wrong, just don't get into it. Just don't say anything. I totally disagree with that. When someone writes an article, they've got inaccuracies in it. As the next article they write about this, they're going to go back to that first



article and pull information out of there. If it's a -- if it's a TV show or TV news, they're going to go back to that and find that whatever they said in there, and pull some of that up into the current article or news items they're sending. So make sure that inaccuracies are clarified. And that can be your PR person going to the newspaper reporter to say, "Look, this is absolutely wrong and we'd like to change that." Be flexible. Different situations may require different approaches. And that approach may change right in the middle of things as new facts come -- come out. So be careful about that. Okay, next. How do we handle the crisis? Well, first of all safe right up front, only the board chair and the president are going to be the spokespersons. Don't -- no individual board members should say anything. It's all up to -- refer them to the board chair. On campus, no one says anything about the president, unless the president specifically delegates someone to talk about it. But make sure that the board chair and the president are the only spokespersons. Gather information as quickly as possible. Don't let this sit around and fester without trying to find out as much as you can. If you need to, use outside auditors or investigators. Sometimes we get our eyes a little clouded if we're inside the organization, and we're trying to look up something. We'll have some bias in there that should not be available. So use outside auditors or investigators to help you with that. Utilize legal authorities where required. If someone is -- appear to -- appears to have clearly broken the law, then call in legal authorities to help you investigate this. And all kinds of things then happen. We had a guy one time that worked in procurement and distribution. Well, it came to our attention after a while that he was buying lots of tires and then selling those tires out the back door for himself. And no one was catching it, because he was keeping all the records on both sides of this things. So just make sure you cover your bases when you're trying to find out what happened. Understand the social and political context. If the governor has been the one that has called this -- caused this problem, then that takes a certain approach. You're going to have to deal with this. So make sure that you understand the context in which all of this has happened. Give updates as necessary. Don't have your first press conference, and then from then on your PR person has to say "Well, it's -- there's no new news. Nothing else to report." Have communications as often necessary. Next. Craft meaningful remedies and put them in place. Now it's happened, you've had it investigated. You've looked at it thoroughly. You think you know everything you need to know, then put some remedies in place. Make sure everyone knows what those remedies are. And that they're going to be followed to make sure this kind of thing doesn't happen again. Don't play the blame game. You know, one of the basic tenants of being a great coach is you always take the blame in a loss. You never say well, my defensive guys didn't produce or whatever you might say. But the head coach always takes the blame. We all know they didn't -- it wasn't their fault. But we appreciate the

fact that you take the blame. So don't do that here, because it looks like a cover up. Don't say, "Well, my finance people let me down." You just can't do that. So just say we've got a problem, we're going to put remedies in place to make sure that that does not happen again. Because it makes you sound weak, and it makes you sound as a board like you're dodging this and trying to pass the blame on. What if a board member is the cause of this crisis? The board handles it. You take care of it, don't ask your president to handle it. The president works for the board, don't ask the president to go take care of something with his employers. That's the board -- the board handles that and particularly the board chair. Make sure that that is handled by the board. Always have talking points. Don't go out for a press conference and wing it. Don't ever do that, and don't get off script. Stick to your talking points no matter the question. There's an old saying that says I'm going to -- and teachers sometimes will use this. I'm going to tell you what I'm going to tell you, then I'm going to tell you, and then I'm going to tell you what I've already told you. And that just make sure that the message you want gets there. No matter what the reporters ask you, make sure that you stick to your talking points and don't be drawn into whatever it is that they may have to say. And I want to also emphasize to you, board should have media training particularly the board chair. But the full board should have media training so that they're not pulled in by a very good reporter, who will craft questions in a way that will cause you to want to answer even you didn't want to answer. So board should have media training on how to handle the press. And so the next slide is, now what? Well, now you come to the task of rebuilding trust. If your trust has been damaged, then figure out the strategy that you must have to rebuild your trust, to rebuild the reputation of the institution and the board. That will take some strategy. There are people who can help you do that. But you should make sure that that's a big part of what you're doing now that you've reached this particular point in the whole crisis situation. Make sure that you have a very thorough debriefing on what happened, and how it happened. If you don't understand what happened, then you can't fix it for the future. And of course, the president, the board chair needs to demonstrate their partnership. As I said earlier, this is not a time for disunity. It's a time for people working together to get somewhere. And then make sure measures are in place to prevent a reoccurrence. That all comes out of the debriefing and -- and discovering how something happened. So make sure that you do that as well. So with that, Glen, let's go to this last slide and then we'll wrap it up for questions.

Okay.

Obtain outside views of how the crisis was handled, and what should be done next. If the only people talking are just the board and the president, and so forth, that

really won't get you the full picture. Someone from the community or the state that you highly respect, make sure that they give you their views on how you handled all this and what should be done. Make sure the crisis team is still at work. Just because you had a crisis, the crisis team doesn't now go away. Crisis team has been at work through this whole thing, and they should still be at work preventing another crisis. Warren Buffet says it can take 20 years to build a reputation, and it can be lost in five minutes. And he says if you think about that, you'll probably do things differently. So Glen, with that, let's go to questions.

Okay, let's -- Kylie previously had given you the procedure to ask a question. So let's open it up for questions of Dr. Meredith.

As a reminder, if you want to ask the question out loud, please click the raise your hand function. And if you'd like to type your question, use the Q&A function.

You know, Glen, it might be interesting if we, I don't know if presidents are on this or not, or just [multiple speakers] crisis. They could share that and tell kind of what they did about it might be helpful.

We can certainly open it up if we have presidents on the Zoom call this morning. If any would want to share a situation on their campus that falls under the category of a crisis. I might -- I might start off then with a question. I think one thing I took away from this, Dr. Meredith, is the importance immediately -- when the crisis occurs of having your team -- your team in place and relying on them to get you started and to execute. From there, it seemed like you emphasized the engagement, the boards and the engagement of all regents with particular emphasis on that engagement between the president and the board chair.

Yes.

Does -- do you have any -- any thoughts on that just in terms of -- I would assume then from there should the communications on an ongoing basis with the other regents be from the board chair, from the president or a combination of both?

Yeah, I think one of the real dangers is if you have an A personality, really aggressive chair, and I saw this happen at one institution. It was almost pushing the president aside, and the board chair taking over. It wasn't about the president, which would be appropriate if it's about the president. But pushed the president aside and just kind of took over. Made a lot of mistakes in terms of information and accuracy, and so forth. But seemed to have a really strong desire to show they

were in charge. Who was it? General Haig that came on after the crisis in the White House and said, "People do not need to worry, I'm in charge." You know, and he wasn't in charge at all. But you have to be careful about jumping out in front and being in charge. It needs to be a partnership, you know, that this happened to the institution, and now the president and the -- and the board chair and the full board are on this, are working on it trying to find out exactly what happened and what they can do about it. That message has to be very clear.

And then on it from an -- on an ongoing basis then in terms of as those decisions are being made, is it advisable for the chair of the board and the -- and the president to jointly inform other regents or what's the best process there?

Well, you know, what -- as presidents what we always hope for is we can tell the board chair and board chair will tell the board members. I've found that not to be true over the years. So I think that the president informs the board chair, and make sure through copying in an email or whatever, make sure the rest of the board knows what the president knows about this. Everyone needs to know. And the same thing back with the board chair, if he has information and so forth, he's got to make sure that his full board gets that and knows about it. And without question, the president needs to know about it. You know, and a basic responsibility here is that typically, if there are things to be told and said about the institution and the president does that to the institution. And things then that need to be said outside of that to the community and whatever, then the board chair is responsible there.

Okay. Any other questions on this topic of Dr. Meredith?

I am not seeing anyone raising their hand.

Okay, do we have any -- any questions? Well, if not, let's thank Dr. Meredith for another very informative session on crisis management leadership. This will close out session two of our Regents Education Program Virtual Annual Conference. I will remind you that we will have two more sessions over the next three-week period. Session three will be held on Monday, October 26 at 9:00 AM. Session four, which will be the last session on Monday, November 2nd. And Governor Stitt will be scheduled to provide keynote remarks during the November 2nd session. By completing all of these sessions, regents will receive up to 12 of the 15 statutory required hours needed to complete the Regents Education Program that must be completed within the first two years of your service as a regent. So if you haven't registered for our other sessions, then we would encourage you to do so as soon as you can. This will conclude our day. Dr. Meredith, thank you for being

with us again for our second session, and he will be with us for session three and four as well. So to everyone on the Zoom call today, please stay well and stay safe. And we will see you again on Monday, October 26 at 9:00 AM. Thank you, and this concludes our session today.

Good job, Glen.

Thanks.