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“Toward a Health-Promoting University: Embracing Student Well-Being, Workplace Excellence, and a Quality Mindset in University Health”
Introduction

This is a challenging moment. Much of the world is still reeling from the COVID-19 global pandemic, and concurrently, Americans address with renewed intention and vigor, anti-Blackness, and race-based inequities. The unavoidable reality of enormous disparities in health, economic, other well-being indices across different groups must be confronted. These challenges affect all institutions and higher education—including its health programs and all departments and offices that partner to support the health and well-being of its students, staff, and faculty.

Campus health programs adjust their structures, missions, processes, and services in order to anticipate and respond to emerging student needs, institutional priorities and societal trends. More now than ever, such evolution requires institutional will and agility. With respect to will, there is considerable evidence that the University has made a commitment and taken new steps toward making diversity, equity, and inclusion, along with combatting racism, key institutional priorities, both now and in years to come. Achieving necessary organizational agility involves self-studies and environmental scans: continual assessments of essential functions, needs, direction, and alignment among the health program, departmental units, campus partners, and the University’s priorities.

Effective collaborations and organizational learning require a shared sense of purpose, good communications, and a positive interpersonal climate in which we address the insidious effects of conscious and unconscious racism and related adverse outcomes, and recognize intolerance of differences among us and the oppression that results. Princeton’s UHS excels in many areas. However, sustaining excellence is challenging even under the best of circumstances. In the context of the cultural upheaval, social transformation, and polarized points of view, now more than ever our organization must navigate the press of immediate and evolving day-to-day demands, and must see beyond short-term, tactical approaches to decision-making. The future must always be in our sights, and this entails clear-eyed and intentional reviews of current practices through the lens of emerging and future trends. A strategic perspective is essential and even amplified during such time; UHS embraces this imperative.

This current planning effort builds on the work of UHS’s second Strategic Initiative (“SIv2”), which covered the period 2015 through 2018. Calendar 2019 had been a planning year for our third strategic initiative, Strategic Initiative v3.0 (“SIv3”) and its Calendar 2020 roll-out was postponed due to COVID-19. Strategic Initiative v3.0 has been renamed Strategic Initiative v3.1 as an acknowledgement of its modifications amidst more recent cultural, social, and public health trends.

From Strategic Initiative v2.0 (2015-2018) to Strategic Initiative v3.1 (2021-2025)

Although Princeton’s UHS operates within a terrain common to many college and university health services, it is committed to forging its own unique path, pursuing its particular aspirations, and building on the University’s strengths. As referenced above, UHS’ planning considers and seeks alignment with the Campus Life Division’s direction and the University’s priorities. Both the Office for
the Vice President for Campus Life and the University’s senior leadership have completed strategic planning efforts. Alongside the Vice-President for Campus Life’s exhortation that diversity is the work of the entire Campus Life Division, President Eisgruber issued a call to action to the University to consider and act on ways to fight systemic racism. As its own planning effort developed, UHS’ strategic effort included the direction and implications of these directives and other strategic plans.4

Of note, Strategic Initiative v3.1 retains the mission statement developed for the SI and Slv2, offers a sharpened vision statement that articulates UHS’ aspirations and projects what UHS could look like in 2025, and includes adjustments to UHS’ value statements, which are consistent with insights gained during the implementation of Slv2 and planning for Slv3. Slv3.1 also retains two other strategic elements: Pillars and Strengths. Three goal areas have been identified for Slv3:

- **Prioritize** health and well-being University-wide
- **Build** an exceptional workplace climate, and
- **Advance** a quality mindset.

Together, they set Princeton on a path to being a true health-promoting University.

What follows is an outline of the new planning initiative’s Strategic Direction.

*An overarching strategic and operational dimension characterizes UHS’ role in the University’s COVID-19 response. This role is expansive, deep, evolving, and continues to the present day. Given that the pandemic and its demands still rage on, with considerable unknowns, UHS’ strategic direction must be viewed as largely directional and subject to continual modification in accordance with supporting the University’s response to the crisis while maintaining adherence to its mission.*

4. In addition to soliciting input from UHS staff and its many on and off-campus constituents, UHS sought external consultation by retaining Keeling & Associates, LLC, a strategy-focused higher education consulting firm based in New York City, to support and inform the strategic planning process.
Enable all members of our community to take full advantage of the promise that Princeton holds.

**Vision**

**Values**
- Compassionate Care
- Service Excellence
- Collaborative Spirit
- Learning Orientation

**Goal 1:** Prioritize Health

**Goal 2:** Workplace Excellence

**Goal 3:** Quality Forward

**Pillars**
- Quality
- Service
- Engagement
- Stewardship
- Innovation

**Mission**
Service Excellence, Collaborative Spirit, and Learning Orientation

**Leadership Strengths**
- Creates Effective Teams
- Models Integrity & Courage
- Demonstrates Self-Awareness
- Embraces Change
- Seeks & Shares Knowledge
- Promotes Inclusivity
- Develops Talent
- Strategic Mindset
- Oprahs Work Processes
- Manage Complexity
- Creativity
- Drives Results
- Communicates Effectively
- Instills Trust
- Celebrates Diversity
- Compassion

**Core Strengths**
- Optimizes Work Processes
- Drives Results
- Creativity
- Manages Complexity
- Demonstrates Self-Awareness
- Embraces Change
- Seeks & Shares Knowledge
- Promotes Inclusivity
Part I  Strategic Direction: Mission, Vision, Values, Pillars, and Strengths

Mission: Why we are here

We enhance learning and student success.

We accomplish this by:

- Using current and emerging knowledge of health, well-being, and human development to guide high-quality inclusive, responsive, clinical, prevention, and population-based solutions to college health issues
- Promoting the perspective of health and well-being throughout University life

Vision: Where we are headed

We strive to enable all members of our dynamic learning communities, with special attention paid to those with marginalized identities, to take full advantage of the promise that Princeton holds and to flourish in ways that honor their best selves.

We will accomplish this by:

- Establishing UHS’ influence on the role that health and well-being play in higher education and in doing so,
- Advancing a health-promoting campus culture in which each person can participate equitably and fully in the University’s mission of teaching, research, and public service

Values: Principles that guide how we act

Compassionate care

- We listen closely, think holistically, and respond to our clients’ needs with understanding, patience, and kindness
- We hold that an inclusive approach strengthens care and advances healing and good-will

Service excellence

- We provide exceptional services and do so fairly, equitably, respectfully, and discreetly, upholding the highest ethical and professional standards
- We embrace our place as the University’s center for health and well-being practices and strive to anticipate and fully meet our community’s evolving health service needs
Collaborative Spirit

- We believe that true collaboration and partnership with clients and mentorship with colleagues contribute to our best work
- We meet emerging health challenges in higher education through intelligent information sharing, consulting across disciplines, partnerships with clients, and teamwork

Learning Orientation

- We thrive on learning and advance meaningful professional development through reflection, critical inquiry, education, and opportunities to both promote individual growth and expand our capacities to serve
- We advance organizational learning through quality improvement, evaluation, and research, efforts—aligning key practices and input from patients, employees, and many stakeholders to improve what we do and how we do it

Pillars: Foundational and measurable commitments that underlie our work

Quality

- Clinical, operational, health-enabling, and prevention services are designed to be safe, effective, client-centered, efficient, timely, and equitable; quality-driven excellence uses data and measurement to make us smarter about the decisions we make

Service

- A client-centered, compassion-based approach to our health services engenders trust and builds mutual understanding; a service ethic that places patients at the center of our work ensures that their needs, preferences, and experiences are paramount

Engagement

- Build and sustain a positive workplace climate that supports employee engagement, performance effectiveness, and fairness; this climate allows us to retain a diverse workforce and to be a stronger organization

Stewardship

- Responsible planning, optimal use, and sustainable approaches to the ethical management and development of human and other resources entrusted to us, including but not limited to identifying opportunities for growth

Innovation

- The process—supported by sharing knowledge, pursuing intelligent risks, and identifying strategic opportunities—of placing original ideas into practice, often leading to meaningful change to improve services, processes, or organizational effectiveness

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6. Pillars are essential to the achievement of our vision. Goals may change; pillars remain constant. Pillars resemble values in content, and because they are not expected to change significantly from plan to plan. Yet pillars are different from values in that they are meant to be measurable, often linked to benchmarks, and used to evaluate progress and success.
Strengths: Core qualities we value, possess, and cultivate

Core Strengths—apply to all UHS staff members

- Compassion
- Celebrates Difference and Diversity
- Instills Trust
- Communicates Effectively
- Drives Results
- Creativity
- Optimizes Work Processes
- Manages Complexity
- Demonstrates Self-Awareness
- Embraces Change
- Seeks and Shares Knowledge

Leadership Strengths—apply to UHS leaders, managers, and supervisors

- Creates Effective Teams
- Models Integrity and Courage
- Cultivates Innovation
- Strategic Mindset
- Develops Talent
- Promotes Inclusive Team Environments

7 UHS employees selected and value these qualities, which are possessed by many in different ways and at varying levels, often depending on the situation at hand. Employees also are expected to hold each other accountable for developing these qualities, which are reflected not only in our work as individual contributors, but also in the ways we work together.
Health and well-being must be woven into as many aspects of teaching and learning as possible, inside and outside of the classroom.
Part II  Strategic Direction: Goals, Objectives, and Projects

GOAL 1

Toward a Health-Promoting University: Support the University in Elevating Health and Well-Being as a Priority

This Goal supports Princeton’s efforts to become a health-promoting University, one in which health and well-being are adopted, embraced, and elevated as an institutional priority. University life offers enormous potential to promote health and generate capacity and capability both in the present and for the future. Creating a health promoting Princeton means infusing the perspectives of well-being into the culture, organization, and priorities of the University—into its built environment, policies and practices, learning environments, everyday operations, planning conversations, and other mission-critical practices. Justice is necessary for and central to well-being and health, and racism is antithetical to health and well-being: a health-promoting University repudiates racism. In addition, to achieve this Goal, health and well-being must be woven into as many aspects of teaching and learning as possible, inside and outside of the classroom. Health and well-being, defined on an institutional scale, are not just the responsibility of the University’s health service or the Office of the Vice President for Campus Life. What is needed is shared responsibility for attending to and embedding a focus on health and well-being across the institution. Informed by the Okanagan Charter, an international call to action for health-promoting colleges and universities, this Goal uses several initiatives as platforms to support the University in making health an institutional priority. And of course, in many ways the profound inequities exposed by the COVID-19 pandemic have brought into relief the importance of health and well-being in ways and to an extent that no one anticipated or imagined.

Objective 1.1: Integrate health and well-being concepts into the thinking, planning, and design processes for the University’s new health center

- The University’s “value proposition” for the new health center describes the five-year project as aspiring to promote physical and mental health, restoring well-being, and being a source of interpersonal connection, inspiration, and renewal to our students and employees. Designers will incorporate a sense of serenity in healthcare spaces by improving access to nature, creating positive distractions, encouraging social support, and providing a sense of control (for example, by allowing inhabitants to adjust lighting and temperature in spaces they occupy).

Project 1.1a: Identify research articles, readings and educational opportunities related to health and well-being in design to share with colleagues throughout the design process

- Examples of shared materials include research related to biophilic design, salutogenic design, and other approaches used to incorporate health and well-being into design projects.
**Project 1.1b:** Aligned with the Okanagan Charter, use participatory approaches and engage campus constituents, paying particular attention to underrepresented voices of students, staff, and others throughout the design process.

**Project 1.1c:** As a part of the project, create spaces that foster team-based care across UHS services and accommodate multidisciplinary collaboration among health professionals.

- Include informal meeting spaces to promote the sharing of ideas and information, support best practices, and enhance staff’s sense of purpose.
- Building design should include areas of respite and quiet throughout the facility, paying close attention to acoustics, ergonomics, and spaces that support human needs.
- Adjacencies will be considered, encouraging staff members to interact in circulation spaces throughout the course of the day to foster communication and connectedness. This must be done with attention to the importance and value to members of the University’s diverse student communities of certain forms, arrangements, and symbols.

**Sample progress Indicators for Objective 1.1.** Demonstrate impact and progress towards the integration of health and well-being concepts in the design process of a new health center.

- Research articles and other design resources identified and communicated to colleagues in UHS and across the University.
- Document inclusion of students and staff, and their respective identities, in design processes.
- Consider partnering with the University’s design consultants to develop “objective” assessment, or its equivalent, of the degree to which design has incorporated health and well-being promoting features.

**Objective 1.2:** Work in partnership with the Office of the Vice President for Campus Life to utilize the Elcan Family Fund for Wellness Innovation and its TigerWell initiative, which emphasizes social connectedness, well-being, health equity, and related UHS outreach, to infuse health and well-being into Princeton University’s policies and operations, wherever and whenever possible.

- **Project 1.2a:** Engage consultant(s) and leaders in the field to guide the development of TigerWell, including a social-ecological model and social justice perspectives.

- **Project 1.2b:** Hire and retain a team of ‘Outreach Counselors’ to expand students’ access to mental health supports outside of traditional healthcare spaces, with a particular focus on students with marginalized identities.

- **Project 1.2c:** Use a participatory approach that includes students, faculty and staff in creating infrastructure and initiatives that are encompassed by TigerWell.

- **Project 1.2d:** Create tools that increase the likelihood that others on campus will be able to develop policies and operations that advance health and well-being and, where possible, explicitly include the promotion of equity and justice in their offerings.
**Project 1.2e:** Increase the extent to which well-being promotion efforts are evidence-informed. Doing so by increasing the collection and use of specific data specific to well-being at Princeton, the use of research evidence in developing well-being promotion efforts, and the evaluation of well-being programs and practices

**Project 1.2f:** Secure funding for the TigerWell initiative for years 5 to 10 or in perpetuity

**Sample progress Indicators for Objective 1.2.**

- Produce a guiding document for TigerWell that articulates its strategy, guiding principles, and road map for implementation, including a “sustainability” plan
- Track numbers of students (and their respective identities) served by TigerWell Outreach Counsellors in drop-in and outreach programs
- Assess breadth of staff, faculty, and student partners awarded TigerWell Grants for well-being promotion efforts, as well as scale and success in achieving measurable outcomes for those grant projects
- Promote inclusion of staff in co-creating infrastructure and initiatives for TigerWell, though participation in a collaborative Campus Well-Being Partnership
- Develop and disseminate tools in multiple formats to promote the spread of equity and justice-informed health and well-being concepts and practices to new and existing partners, including:
  - Well-being in learning spaces toolkit for faculty and other instructors
  - Connecting well-being efforts with areas that promote health, such as social justice
  - Existing well-being data dashboard
  - Guidelines for evaluating the impact of well-being promotion programming
  - Professional development opportunities/trainings for staff on best practices in supporting students across identities
- Funded beyond the initiative’s 5-year plan

**Objective 1.3: Advance knowledge production about health and well-being and promote its spread through collaborations and partnerships, including guidance for policy decisions that involve health and well-being**

**Project 1.3a:** Provide support and resources to enable UHS to conduct research and scholarship on health and learning in higher educational settings

- Assess current capacity to perform research, identify gaps between current capacity and needs, and identify opportunities for closing gaps

**Project 1.3b:** Engage in scholarly activities (e.g., present on campus and professional conferences; publish papers related to our work) in the evolving field of college health and its analogues; such activities will strive to advance knowledge or provide relevant outcomes or recommendations for those in our population, including people with marginalized identities

- Share the results of this research with impacted participants and communities
**Project 1.3c**: Identify and act on opportunities to promote local and regional awareness of UHS’ scholarly efforts and accomplishments, usually through presentations in different venues

**Project 1.3d**: Identify and form select cross-campus partnerships with faculty, relevant academic centers, and other offices within Campus Life, as well as with faculty and centers outside of the University

- Consider the University’s Kahneman-Treisman Center for Behavioral Science and Public Policy and Center for Health and Well-Being (“CHW”)
- Consider the University of Virginia’s Contemplative Sciences Center, and the University of Texas at Austin’s “Texas Well-Being: Promoting Well-Being in UT Learning Environments,” and Simon Fraser University’s “Well-Being in Learning Environments” project
- Strengthen relationships with Office of Diversity and Inclusion and Centers, as well as with both graduate and undergraduate student groups focused on shared affinities and identities, so that research into student health includes measurement of and attention to intersecting identities in research design

**Progress Indicators for Objective 1.3:**

- Document gaps, if any, in the capacity of UHS research and scholarship enterprise and plan for addressing gaps
- Plan longitudinal study and set launch date
- Conduct research and engage in other scholarship activities
- Disseminate results of UHS’ research and scholarship, internally (e.g., UHS all staff, across Campus Life) and to others externally (e.g., conferences, publications, campus stakeholders)
- Identify opportunities to apply research and scholarly finding to practice
- Complete UHS’ next “Biennial” report

**Objective 1.4: Maintain organizational agility and use this capacity to support the University’s public health efforts**

**Project 1.4a**: Participate in and provide consultations to many University committees, work groups, and projects involved in the response to the COVID-19 pandemic

**Project 1.4b**: Provide consultations to campus leadership on the intersecting relationships of active bystandership, health areas of concern, and diversity, equity and inclusion via the UMatter initiative and UHS’ Diversity, Equity, and Inclusion Committee, among others

**Project 1.4c**: Offer recommendations to policy- and decision-makers about student and campus needs, such as the Campus Life’s Student Health and Well-being Subcommittee

**Progress Indicators for Objective 1.4**

- Track number of committees that UHS staff lead and/or participate in the areas of public health
Engaged staff prosper from meaningful work, opportunities to learn and collaborate, knowledge sharing, intelligent risk-taking in the service of innovation, and a system of accountability for performance.
GOAL 2

Workplace Excellence: Build an Exceptional Workplace Climate in which Staff Thrive and Advance our Capacities to Serve

This Goal recognizes that the quality and effectiveness of our work are grounded on creating conditions for an exceptional workforce to thrive. Doing this requires fully engaging staff members as unique individuals and as part of a larger collaborative enterprise that cares for our increasingly diverse student body and for the University employees who depend on us. The Goal underscores the central importance of valuing members of the UHS workforce, which means committing to their engagement, organizational well-being, and meaningful diversity, equity, and inclusion efforts. Engaged staff prosper from meaningful work, opportunities to learn and collaborate, knowledge sharing, intelligent risk-taking in the service of innovation, understanding of team science, and a system of accountability for performance. Organizational well-being is critical to our ability to fulfill our charge to minister to the health and well-being of our students and community. Organizational well-being is composed of different aspects of work life, including the quality of the physical environment, and of support from others in the workplace, feelings about and reactions to the work environment, and the overall work climate. Meaningful diversity, equity, and inclusion (“DEI”) capacity-building and interventions are essential to improving workplace climate and service delivery. Thriving in an organization also requires a work environment that educates, welcomes, and uplifts the diverse backgrounds, characteristics, knowledge, skills, creativity, and motivation of its members. Engaged staff, a healthy organization, and an active DEI program all positively impact care delivery. Leadership is important as well. Workplace excellence then requires that senior leaders commit to self-reflection, and question assumptions about and be open to new and modified ways to support health service staff and those they serve.

Objective 2.1: Support capacity-building and meaningful gains in the area of diversity, equity, and inclusion at UHS’ workplace, including staff relations among each other and staff contacts with patients, clients, and students, as well as creating plans to address gaps

Project 2.1a: Establish a UHS committee (i.e., Diversity, Equity, and Inclusion Committee or “DEI” Committee) with a charge to assess needs and develop and implement a plan to enhance diversity, foster equity, and promote inclusion among UHS staff and direction in areas where change is needed.

- Develop a charge and approach for the Committee’s work in consultation with diversity, equity, and inclusion experts at the University (e.g., Campus Life’s Office of Diversity and Inclusion, and Provost’s Office of Institutional Diversity and Inclusion) and other experts nationally, external to the University.

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17 Team science refers to a growing body of research on the study of optimal team functioning and dynamics across disciplines, industry areas, and settings.


19 This approach can be modeled on the charge of UHS’ Transgender Health team, a cross-departmental effort with commitments to data collection, engagement with relevant communities, and staff trainings.
This committee develops a work plan that includes, but is not necessarily limited to, strategies for improving climate, assessing progress, and evaluation outcomes.

- Explore opportunities to amplify DEI principles in the team structure and processes.
- Periodically present findings and recommendations to UHS’ Directors’ Group, UHS as whole, and other groups as appropriate.

**Project 2.1b:** In addition to staff relations, the DEI Committee will assess and suggest interventions to advance the delivery of culturally informed health care to our patients, clients, and students.

- It is understood that for such a focus to be successfully realized, some foundational work among UHS’ staff members and senior leadership must be undertaken and done so in a spirit of “cultural humility.”

**Project 2.1c:** Implement professional development opportunities related to diversity, equity, and inclusion to increase UHS staff’s knowledge and tolerance for working through these issues, both in interacting with each other and in working with clients, patients, and/or partners.

**Project 2.1d:** Strengthen partnerships with other parts of the campus community (e.g., campus identity centers; select, appropriate academic departments and programs) to develop and implement strategies to promote diversity, equity and inclusion, and confront systemic forms of bias, if any, in UHS’ programs and services.

- Seek feedback and recommendations for improvement from campus community partners.
- Consider partnering with University archives or historians to delve into UHS history to explore, recognize, and respond to any evidence of problematic practices and policies in UHS’ history.

**Progress Indicators for Objective 2.1** Demonstrate impact and progress towards an inclusive culture.

- Charge statement written and a committee formed.
- Assess UHS’ current status and needs in these areas.
- Design a Diversity, Equity, and Inclusion plan for UHS.
- Committee advances plan with recommendations to UHS leadership.
- Leadership considers plan and recommendations.
- New (or enhanced) partnerships with campus identity centers, academic departments, and student groups are developed and documented.
- Conduct pre- and post-evaluation of professional development opportunities related to DEI-related work.
- Staff across UHS are able to access DEI professional development opportunities.
- Develop mechanism(s) for staff to provide input to the DEI Committee about its efforts and about UHS’ workplace.
- Create a process for campus community stakeholders to submit feedback and recommendations for improvement.
Learning objectives for each professional development opportunity specified, assessed, and achieved

Share processes and outcomes of the Committee with UHS on a periodic basis

**Objective 2.2: Foster a culture of staff engagement**

**Project 2.2a:** Identify and prioritize drivers of engagement

- Utilize measures and/or empirically-based tools with strong psychometric properties that take into account differential response patterns for those of marginalized identities
- Measures may include qualitative measures of perceived departmental or organizational culture with regard to diversity, equity, inclusion across different identities and demographics

**Project 2.2b:** Develop impact plans to increase engagement across UHS

- Impact plans will consider engagement patterns across the organization, including objective and subjective data sources

**Project 2.2c:** Explore connections between employee engagement/job satisfaction measures and other organizational outcomes (within the UHS context)

- Organizational outcomes might include changes in service indicators (e.g., prioritize patient/client centered outcomes), employee turnover, QI Maturity, and Institute of Medicine (“IOM”) unit-based measures. These connections can reinforce the impact upon the health outcomes of our clients of continual culture change towards engagement

**Progress Indicators for Objective 2.2:** Demonstrate increased employee engagement and connect progress with organizational performance measures

- Increase engagement indices in selected units, and by selected demographic groups such as by race and gender
- Correlate improvements on engagement with whole system metrics, and with select unit-specific Institute of Medicine-based measures

**Objective 2.3: Support organizational well-being and thriving as employees at UHS**

**Project 2.3a:** Research and adopt evidence-informed models for staff thriving and organizational well-being so that they can be measured within UHS and benchmarked accordingly

- Comprehensive models that drive organizational well-being should be considered and, if adopted, will shape this Objective

- Consider linking to a campus-wide mentoring initiative to promote inclusivity and a sense of belonging

- Some literature suggests that employee well-being must take into account the construct of “belongingness”[^23]

[^22]: Of note, the Institute for Healthcare Improvement (IHI)’s Framework for Improving Joy in Work offers an intriguing approach that merits serious consideration here and jointly applies to the “Triple Aim” projects of Goal 3 (below). In addition, Gallup has a model and a valid/reliable measure like the Q12 engagement survey; however, other valid and reliable tools will be evaluated and implemented if indicated.
Project 2.3b: Implement selected measure(s) throughout the organization

- Demographics, professional grade level/salary band, and area within the organization are among the possible variables to be explored

Project 2.3c: Develop action/impact plans that improve organizational well-being scores based on the results of the measure(s)

Project 2.3d: Invest in leadership development to better position UHS’ senior leaders to meet the needs of direct reports and other staff

Progress Indicators for Objective 2.3: Demonstrate increased organizational well-being and connect progress with job satisfaction (overall and by department)

- Selection of model of organizational well-being and staff thriving that is also informed by key DEI principles
- Completion of baseline measurement of staff thriving and organizational well-being at UHS
- Implement action plans (leadership team, department, individual levels)
- Remeasure to evaluate change on organizational well-being and correlate with job satisfaction on Gallup Q12
GOAL 3

A Quality Forward Approach: Enhance Health and Well-Being Through Quality Improvement and Support of a “Triple Aim” Framework

This Goal recognizes and responds to the essential role of quality improvement (QI) and learning cycles in supporting students’ health, well-being, and success, with success defined as the attainment of personal and academic potential. \(^{24}\) This Goal prioritizes a patient- and client-centered, evidence-informed, and culturally conscious approach to measuring, addressing, and improving all elements of quality, and doing so as a core organizational function. The Goal builds on and expands the foundational work done in this area through UHS’ second strategic initiative (“SIv2”), which embedded QI and a culture of continuous improvement into our organizational DNA. This Goal’s innovation includes the adoption of the “Triple Aim,” a framework developed by the Institute for Healthcare Improvement (“IHI”). \(^{25}\) The pursuit of the Triple Aim—improved care, improved health, and greater value—and the translation of those principles to a university setting promise to strengthen quality improvement capabilities across UHS, as well as throughout the field of college health more widely. The Triple Aim framework explicitly recognizes the importance of equity in the delivery of healthcare, and is clear-eyed about the historical legacies of racism, which have negatively influenced the experience of and opportunities of people of color and those holding other marginalized identities (including LGBTQ+ people) within healthcare systems and public health approaches. The Triple Aim requires a commitment to improvement at all systemic levels and could serve as a road map for action for leaders across higher education. \(^{26}\) The Triple Aim positions the University to achieve better care, better health, and increased value in support of student well-being, learning, and success, all in alignment with the University’s guiding mission and purpose.

Objective 3.1: Deepen UHS’s culture of quality improvement, designing an organizational structure to support the simultaneous pursuit of the Institute for Health Care Improvement’s (IHI) Triple Aim Framework

**Project 3.1a:** Provide focused, inter-professional education and training to strengthen understanding of quality improvement, especially the Triple Aim framework

- The Triple Aim framework requires the simultaneous pursuit of better care for individuals, better health for populations, and better value overall. UHS will provide education through the IHI-Open School Curriculum (including core modules on health equity) and tailored lectures facilitated by those with expertise in these areas

**Project 3.1b:** Operationally define the Triple Aim and its dimensions within the context of college health and in alignment with UHS’ strategic direction

- Modify UHS’s Quality Improvement Committee’s (“QIC”) charter in relation to the Triple Aim, as needed

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23. For example, see McKinsey Quarterly (September 2018)
24. “Attainment of their personal and academic potential” should not be understood as limiting the scope, depth, or quality of students’ potential; the concept is holistic, and recognizes that “attainment” is an ongoing process not limited to the period of matriculation in college. “Academic” potential embraces not just achievement of certain institutionally defined metrics, such as a certain GPA or graduation, but also learning itself; learning and institutional metrics are not always correlated.
26. New York University, in partnership with IHI, has established a “Triple Aim Collaborative” to advance this purpose.
27. Although the third element of the Triple Aim is considered “cost,” for the purposes of this plan, this element will be conceptualized as “value,” which includes cost but also considers related dimensions that are especially pertinent to our setting, such as stewardship.
**Project 3.1c:** Assess and develop capacities to support the Triple Aim framework within UHS

- Such capacities will include the capture of essential data, corresponding electronic health record requirements, quality metrics to assess progress at macro/systems levels, and the integration of Triple Aim elements into key UHS policies, procedures, and practices

**Progress Indicators for Objective 3.1:** Demonstrate progress toward building a QI culture within UHS that can support Triple Aim initiatives and projects

- Percentage of UHS staff who successfully complete the IHI Open School curriculum, including certification in the Quality and Safety curriculum. High completion rate by all regular (temporary or per diem staff are exempt from training) UHS staff
- Degree of improvement in QI proficiency within UHS; achieve high proficiency scores overall by end of Slv3.1
- Degree of improvement in QI growth and maturity within UHS; achieve high overall maturity/growth scores by end of Slv3.1
- Attain and maintain the high percentile (across all UHS departments) on Commitment to Quality Indicator on Gallup Employee Engagement Survey (or the equivalent) by end of Slv3.1
- Develop meaningful and practical measures to support and monitor the Triple Aim at the whole system/population level

**Objective 3.2: Develop and implement improvement projects that support the Triple Aim framework**

**Project 3.2a:** Build on success in previous improvement projects by scaling up and broadening these and other evidence-informed projects so that they support the Triple Aim framework

- “Scaled up” projects would consider cost savings and/or value-added as well as opportunities for collaboration with other institutions so that projects support the health of larger and diverse student populations’ health

**Project 3.2b:** Develop a portfolio of Triple Aim “pilot” projects that can be tested and implemented locally within the Princeton subpopulation

- The UHS’s leadership team, departments usually involved in project areas, and the QIC will together determine Triple Aim projects, with priority given to projects that support UHS’s mission and apply to all three dimensions of the Triple Aim
- Craft a “tool kit” to guide for project development
- Identify and assemble project teams for projects within the portfolio
- After demonstrating success locally, such projects may eventually be tested on a larger and more generalizable scale (e.g., collaboration with peer institutions—scaling up) supporting Project 3.2a
Consider meaningful opportunities for engagement with student populations at the center of these pilot projects so that underrepresented voices shape and inform projects that impact them.

**Progress Indicators for Objective 3.2:** Demonstrate progress toward the development of Triple Aim projects

- Submit one or more project proposals per fiscal year (through strategy 3.2a and 3.2b) to the Directors’ Group or Quality Improvement Committee, as appropriate
- Identify and institute an inclusive methodology for assessing the completion and efficacy of these projects; for instance, this might include demonstration of student buy-in and engagement with pilot projects, to the extent applicable
- Consider engaging in a Baldrige *collaborative assessment* to evaluate the organization’s relative adherence to Baldrige performance excellence framework and preparedness for Baldrige-level recognition

**Objective 3.3:** Evaluate the performance of Triple Aim projects to determine if specified goals are being met

- **Project 3.3a:** Monitor Triple Aim measures regularly

**Project 3.3b:** Regular reports of teams’ progress to the QIC or other pertinent UHS area, with the portfolio manager/integrator(s) delivering progress reports to UHS’ Directors’ Group[^30]

**Project 3.3c:** Deliver an annual Triple Aim (health) status report to pertinent stakeholders, and consider ways to communicate and be accountable to target populations, including marginalized groups

**Progress Indicators for Objective 3.3:** Demonstrate improvement within the portfolio of Triple Aim projects and measures

- Percentage (out of total) of projects successfully achieving targets/milestones each measurement period
- Percentage (out of total) of projects completed, partially completed, unsuccessful or terminated
- Percentage (out of total) of projects focused on improving outcomes for marginalized populations
- Present programs and/or studies at national conferences and/or publish in appropriate journals
- Engagement in the Baldrige *collaborative assessment* and relative preparedness for an application for a Baldrige National Quality Award (also a Progress Indicator for Objective 3.2)

[^30]: If no improvement has occurred or projects are no longer feasible to complete, then the Directors’ Group will consider rebalancing the portfolio of projects and their investments. Unproductive projects may be disbanded and resources repurposed. Successful projects may have their life cycle extended through additional resource allocation.
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