The mission of University Health Services is to enhance learning and student success.

We accomplish this by:

- Using current knowledge of health and human development to guide responsive, high-quality clinical, preventive and community-based solutions to health issues; and

- Advancing a healthy campus culture in which each person is prepared to thrive and participate fully in the University’s mission of teaching, research and public service.
TABLE OF CONTENTS

05  A Message from the Executive Director
06  Organizational Chart
08  Leadership Team
09  Strategic Initiative
11  Mission, Vision, Values
14  Highlights 2014-15
17  Department/Unit Reports 2014-15
26  Quality Improvement
27  Data Collection and Benchmarking
30  Client Satisfaction
32  Utilization
34  Stewardship
35  Future Challenges
37  Special Recognitions
40  Select Presentations and Publications

A Message from John Kolligian,
Executive Director, Princeton’s University Health Services (UHS)

I’m pleased to present the 2014-15 Annual Report of University Health Services. This report outlines a selection of our accomplishments and initiatives, and the exceptional work being done by UHS’ healthcare professionals and our many campus partners.

UHS staff are scientifically minded and deeply passionate about our work, and are committed to weaving the two in ways that best serve our community members. When we connect to the mind, we appeal to our logical, data-driven, evidence-seeking side. When we connect to the heart, we appeal to that passion and the values we bring to work every day (and night). While integrating these different yet complementary parts of the student health experience does not come easy, it’s what we strive to do.

Decades ago, most colleges and universities believed their only responsibility for student health was to set up a clinic to treat the sick and injured. Times have changed. Today, college health programs such as Princeton’s UHS provide a full range of services and are informed by a better understanding of health, development and learning.

Young adults are at a critical developmental juncture in which opportunities for health promotion and intervention are great. As they learn to manage their own health and health care, students are forming patterns of adult health that will affect well-being, learning and fulfillment over a lifetime. College health programs occupy a unique niche and offer a special opportunity to improve our students’ lives beyond the classroom.

Demands on health programs are more complex than ever. More students today come to campus with significant health needs, including mental health challenges. Students’ physical and mental health problems are being identified with greater precision and earlier, well before many students arrive at college or graduate school. Early identification combined with more effective treatments enables many to succeed in higher education who would otherwise be unable to do so. Health programs not only treat medical and psychological problems, but also manage chronic conditions and promote healthy habits. And health services do not stop there. College health programs often take on responsibilities that local public health departments cannot do alone. They serve as a hub, coordinating care provided by local specialists, by hometown providers and during study abroad as well as on campus.

Because our approach takes into account all socio-ecological levels — individuals, groups, community and even larger systems — it requires commitment, planning, coordination and resources. Yet this approach pays off in healthier students, enhanced learning, and in the longer term, a more successful and healthier adult population.

This year, we have engaged in an organization-wide strategic planning initiative that sets the tone for a proactive approach, enabling UHS to strengthen its commitments to supporting student learning and success. Building on previous planning efforts, our current three-year plan initiates projects to address three goals: 1) to ensure and promote the highest level of quality in all aspects of what we do; 2) to foster a culture characterized by compassion, engagement and teamwork; and 3) to advance the essential role of health and well-being in learning.

I invite you to explore the information contained in this report. It’s a snapshot of the ways in which we play our part to secure the promise that University life holds for all members of our campus community, both at Princeton and well after.
**LEADERSHIP GROUP**

The Directors Group — UHS’ senior leadership team — advises the executive director in overall leadership, management and governance of UHS. The Directors Group guides the clinical and administrative performance and direction of departments and the organization as a whole. In addition to its advisory purpose, the Directors Group has the key functions of oversight, coordination and education.

The Directors Group, which meets weekly, is chaired by the executive director and includes the director of UHS, the project manager for strategic initiatives, the manager of the Executive Director’s Office and the directors of the following UHS departments:

- Athletic Medicine
- Counseling and Psychological Services
- Employee Health
- Health Promotion and Prevention Services
- Medical Services
- Quality Improvement
- Sexual Harassment and Assault Advising, Resources, and Education

**STRATEGIC INITIATIVE**

Campus health programs must adjust their missions, processes and programs in response to emerging institutional priorities and societal needs. Achieving this level of responsiveness requires continual assessment of purpose and function, and alignment of the health service with campus partners and the University’s priorities. A strategic perspective is essential.

While Princeton’s UHS operates within a terrain common to many university health services, it is committed to forging its own unique path, taking advantage of its particular ambitions and assets and reinforcing the University’s historic strengths and culture.

Starting in 2011, UHS engaged in an organization-wide strategic planning process. UHS’ strategic initiative was a three year (2011-14) plan charting a way to sustain excellence, promote innovation and offer leadership in university health care systems, in the face of considerable change.

**Quality, Culture, Health for Learning**

The initiative included consultations with senior University leadership, reviews of current best practices in college health, analyses of internal and comparative data sources, discussions among staff task groups, focus groups with students, and interviews with other stakeholders and national healthcare leaders. In addition to input from the campus community, UHS retained Keeling and Associates, LLC, a strategy-focused higher education consulting firm, to assist in the strategic planning process.

The strategic initiative’s goals were ambitious and included: aligning services, practices and resources with each other and with anticipated changes; assessing and working to enhance workforce engagement through a shared sense of purpose; reviewing select work systems to make sure they are operationally and clinically effective; reviewing and strengthening our fiscal and other resource strategies; and developing leadership competencies while heightening our organization’s professional contributions.

**UHS is committed to forging its own unique path, taking advantage of its particular ambitions and assets and reinforcing the University’s historic strengths and culture.**

During 2014-15, we have been planning for our second strategic initiative, which builds on the strategic work of the past three years. This second phase also considers other University planning efforts. UHS’ planning takes place in an evolving context and must be aligned with the Office of the Vice President for Campus Life’s direction and the University’s priorities. Both Campus Life and the University (i.e., President, Trustees) have been engaged in planning efforts. Over the past two years, Campus Life refined its goals and defined the distinctive characteristics of the Princeton experience. The University has engaged in a strategic planning process as well. UHS’ recent strategic effort has actively considered the direction and implications of these broader initiatives.

Of note, the second phase of the strategic initiative retains the mission statement developed for the first phase; offers a sharpened vision statement that articulates UHS’ aspirations and projects for the next three-plus years; and includes minor adjustments to UHS’ values statements based on insights gained during the first strategic initiative. The second strategic initiative also includes two other strategic elements: pillars and strengths. Pillars are foundational and measurable commitments that underlie our work. Derived from an organization-wide project as part of the first strategic initiative, strengths represent key qualities or competencies that UHS values, expects and develops in its workforce. Three goals have been identified for the second phase of the strategic initiative: quality, culture and health for learning.

We would like to express our gratitude for your participation in the recent Bridge Year orientation. We greatly appreciate the time and energy you devoted to providing on site staff with the support and information they need to ensure students have a safe and successful experience overseas.
MISSION: why we are here

University Health Services’ mission is to enhance learning and student success.

We accomplish this by using current knowledge of health and human development to guide responsive, high-quality clinical, preventive and community-based solutions to health issues; and by advancing a healthy campus culture in which each person is prepared to thrive and participate fully in the University’s mission of teaching, research and public service.

VISION: where we are headed

We aspire to enable all members of our dynamic learning communities to take full advantage of the promise the Princeton holds.

We strive to achieve this by serving as full partners in the student learning experience; improving our community members’ lives beyond the classroom and supporting them in making lifelong healthy choices; and establishing UHS as a leader in shaping the future of health and well-being in higher education.

VALUES: principles that guide how we act

Compassionate care
• We respond to our clients with sensitivity and care by: listening closely and empathetically; taking a holistic and integrated view of their health; and responding to their needs capably and with understanding, patience and kindness.

Service excellence
• We provide exceptional services, and take pride in doing so fairly, consistently, courteously, and discreetly, upholding the highest ethical and professional standards in all our actions.

We focus on being our campus’ center for health, which inspires us to be a results-oriented source of health information and education that addresses and anticipates our community’s diverse and evolving service needs.

Collaborative Spirit
• We embrace collaboration — with clients, staff and other partners — drawing on and fully leveraging the strengths of cross-disciplinary contributions and perspectives.

Through teamwork and innovation, we advance new ideas and effective solutions.

Learning Orientation
• We value continual learning and embrace opportunities for professional development and growth, using evidence, expertise and engagement with clients and colleagues to cultivate expertise and expand our capacities to serve.

We promote learning opportunities for students, staff and faculty, enriching our understanding of the social, economic and societal factors influencing health.

PILLARS: foundational and measurable commitments that underlie our work

While values guide our work, pillars provide benchmarks through which to measure our success. Progress in these areas must be measurable.

Quality
Clinical, operational and prevention services are designed to be safe, effective, patient-centered, efficient, timely and equitable. Quality-driven excellence uses data and measurement to get smarter about the decisions we make.

Service
A client-centered, compassion-based approach in all our services builds strong relationships and creates client trust and loyalty; a service ethic that we can and will do better in ways that meet client needs is paramount.
Thank you so very much for your efforts. I think that student health is by far the best functioning and most thoughtful administrative organ in the Princeton ecosystem.

STRENGTHS: core qualities we value, possess, and cultivate

We expect and hold each other accountable for these qualities, which are reflected not only in our work as individuals, but also in the ways we work together and toward common goals.

Leadership Strengths
• Creativity
• Drives Results
• Communicates Effectively
• Values Difference and Diversity
• Compassion

Core Strengths
• Compassion
• Values Difference and Diversity
• Instills Trust
• Communicates Effectively
• Drives Results
• Creativity

GOAL 1: QUALITY—ENSURE AND PROMOTE QUALITY IN OUR CARE, PROGRAMS, SERVICES, AND WORK PROCESSES.

This goal underscores the high value we place on measuring, addressing and improving the quality of our programs, services and processes, and doing so by applying established best practices. Health care organizations generally, and college health settings in particular, must make quality improvement a central business strategy. Quality improvement efforts enhance systems of care, mitigating any risks and identifying opportunities for innovation. This goal emphasizes the importance of the design and implementation of effective and efficient work systems to innovate and manage information flow, collect and utilize data to strengthen outcomes, improve care processes and ensure that all clients are well served.

Objectives:
• Determine the current levels of quality with which key care, programs, services, and work processes are delivered or performed.
• Define any gaps between the current level of quality and what is desired, and accordingly improve quality where needed.
• Engage all UHS staff in quality improvement.

GOAL 2: CULTURE—FOSTER A CULTURE CHARACTERIZED BY COMPASSION, ENGAGEMENT, AND TEAMWORK.

This goal acknowledges the importance of a compassionate and inclusive work culture. Such a culture fully engages its workforce’s talents to support the distinctive needs of a diverse student body. Culture is also strengthened by a shared sense of purpose, an understanding of differences, as well as of our common humanity, all of which enhance the focus of UHS staff’s collaborative efforts. By embracing these essential elements, UHS helps students to find a place at Princeton while fully developing their capacities to learn and live healthy lives.

Objectives:
• Provide care, programs and services that recognize and respond to the needs of our diverse community.
• Provide and sustain equitable access to healthcare for all students.
• Strengthen the capacity of UHS staff to engage in and model effective, team-oriented collaborative work with others.

GOAL 3: HEALTH FOR LEARNING—ADVANCE THE ESSENTIAL ROLE OF HEALTH AND WELL-BEING IN LEARNING

This goal acknowledges the dual purpose of health care on campus: to prevent or treat illness and injury, and to preserve or strengthen students’ performance and potential as learners. Such a goal makes the work of college health different from that of other health systems. The readiness of our students to learn and participate fully in campus life is needed for their success. Challenging health issues, from mental health problems to chronic illnesses to communicable disease outbreaks, all directly influence students’ classroom learning. Certain health challenges can be mitigated and even overcome through attention to individual and environmental factors. For instance, individual factors to consider include the development and cultivation of certain personal capacities: positive mindsets, self-compassion and resilience. Health professionals may find new ways to help students succeed both in and out of the classroom.

Objectives:
• Provide support and resources to enable UHS to conduct research and scholarship on health and learning.
• Determine, clarify and communicate the ways in which health and well-being affect students’ capacities and learning.
• Strengthen student health and learning by supporting the development and cultivation of key personal capacities.

The number of UHS patient encounters in FY15

72,590

83% Of undergraduates used UHS’ services in FY15
1. Successful reaccreditation by the Accreditation Association for Ambulatory Health Care (AAAHC)
This year saw a focused effort to prepare UHS for the AAAHC tri-annual accreditation survey, which took place April 20-21, 2015. The AAAHC survey report announcing UHS’ reaccreditation noted that “UHS at Princeton is a clear example of competence and commitment at all levels of the organization and a tribute to the effectiveness of the UHS/Princeton University relationship, from which both parties benefit.”

2. Meningitis B outbreak addressed
An outbreak of meningitis type B began at the University in spring 2013. UHS collaborated with other University departments, the New Jersey Department of Health and the U.S. Centers for Disease Control and Prevention (CDC) to control the outbreak. A marketing campaign focused on prevention and promoted vaccination to prevent the spread of the illness. The campaign helped achieve a 98 percent coverage rate for undergraduates receiving the first vaccine dose, and a 91 percent coverage rate for undergraduates receiving the second dose. UHS’ approach to managing the meningitis B outbreak has influenced national discussion on the meningitis B vaccine.

3. UMatter launch
UHS launched a campus-wide prevention initiative called UMatter that seeks to empower all members of the Princeton community to demonstrate caring for self and others. The campaign is guided by principles of action-oriented behavior, and focuses on bystander intervention and healthy choices. Through education and campus engagement, UMatter addresses prominent health-risk issues, including interpersonal violence, high-risk drinking and mental health distress. The directors of the Sexual Harassment/Assault Advising, Resources and Education Office, Health Promotion and Prevention Services, and Counseling and Psychological Services collaborated to develop the UMatter initiative and website.

4. Redesign and launch of the new UHS website
A 2014 assessment of the UHS website identified several potential improvements, including a user-oriented website architecture, a robust search capability compatible with mobile devices, updated content and a more aesthetically compelling design. A project manager and work team within UHS completed this project ahead of schedule, launching the new website in June 2015. The new site offers improvements such as a shift in language and audience that is conversational and inclusive, the ability to filter staff profiles to locate a staff member of interest, embedded video and audio playlists, quick links and an events calendar.

5. New medical director
Jonathan Fletcher, M.D., whose career has focused on adolescent and young adult medicine, began as director of medical services in September 2015. Fletcher succeeds Dr. Peter Johnsen, who retired from the University this summer. Fletcher was previously the clinical director of the Division of Adolescent and Young Adult Medicine at the Children’s Hospital of Pittsburgh of UPMC (University of Pittsburgh Medical Center). He was also an associate professor of pediatrics at the University of Pittsburgh School of Medicine. He has served in many leadership roles to create, expand and improve hospital-based health services for adolescents and young adults. Fletcher oversees all medical areas at UHS.

6. Completion of the work of the Advisory Group on High Risk Drinking
Throughout the year, a High Risk Drinking Advisory Group, co-chaired by UHS Executive Director John Kolligian and Associate Dean of Undergraduate Students Michael Olin, worked in consultation with two national experts to review the University’s alcohol-related programming. The consultants reviewed Princeton’s data, policies, and interventions, participated in monthly conference calls with University administrators, and met with campus and community stakeholders. The review identified program strengths, challenges and opportunities to confront this important public health issue. Key strengths identified by the review included: UHS’ Brief Alcohol Screening and Intervention for College Students (BASICS) program; extensive data collection; and bystander training and programs for students. Recommendations include identifying evidence-based approaches across the student life cycle and utilizing injunctive norms (e.g., negative attitudes toward excessive drinking) in upcoming campaigns.

7. Advancement of UHS diversity and inclusion efforts
Pursuant to recommendations from the Trustee Ad Hoc Committee on Diversity and the Campus Life Diversity and Inclusion Plan, UHS’ own Diversity and Inclusion Council developed and implemented a UHS-specific diversity and inclusion plan. The council organized a multi-pronged approach and issued a report in June 2015 with recommendations to advance UHS’ efforts in this critical area.

8. Participation in Concussion Assessment, Research and Education (CARE) Consortium’s longitudinal study core
The NCAA and the U.S. Department of Defense are embarking on a landmark $30 million initiative to enhance the safety of student athletes. This initiative is the most comprehensive study of concussion and head impact exposure ever conducted. Under the guidance of principal investigator Dr. Margot Putukian, director of athletic medicine at UHS, Princeton is one of the 13

---

Of class of 2018 received the first dose of meningitis B vaccine

---

September
The month with the highest number of alcohol-related admissions to the infirmary in FY15

---

Of travel visits, allergy shot, or immunization services scheduled online in FY15

---

47%
**DEPARTMENT/UNIT REPORTS 2014-15**

**MEDICAL SERVICES**

Medical Services includes the outpatient medical clinic and also offers more specialized services, such as athletic medicine, sexual health and wellness; travel medicine and immunization; clinical nutrition counseling; physical therapy; and radiological and laboratory services.

The 2014-15 year was a year of challenges and change for Medical Services, including the need to respond to the threat of a potential case of Ebola on campus. All medical providers, in collaboration with other University departments, participated in planning and executing drills and safety measures for Ebola. UHS was able to support academic departments and the Graduate School regarding decisions with medical implications, such as when students could continue research in Ebola-affected countries. Medical Services also continues to educate the campus community on meningitis B and the importance of receiving both doses of the vaccine.

---

**OUTPATIENT MEDICAL CLINIC**

The Outpatient Medical Clinic provides primary medical and urgent care. At UHS a team of college health professionals, including physicians, nurse practitioners, physician assistants, nurses, athletic trainers, physical therapists and a dietitian serve the student population. Students seek consultation for general health concerns, and same-day appointments are available for those in need of more immediate medical assistance.

This year, the addition of evening and Saturday appointment hours has enhanced access to medical care for students who are unable to be seen during regular business hours.

| Total number of medical clinic visits in FY15 | 22,739 |
| Number of weekend appointments in FY15 | 627 |

---

**ATHLETIC MEDICINE**

Athletic Medicine had 29,856 patient encounters (up 14 percent from the previous year), which included visits with sports medicine primary care providers, orthopedists, athletic trainers and physical therapists.

The mission of Athletic Medicine is to provide the highest quality of health care to student athletes. Athletic Medicine cares for the musculoskeletal and sports-related needs of all 38 varsity teams and two club teams. Athletic Medicine is composed of board-certified sports medicine specialists: an orthopedic consultant; physical therapists; a neuropsychologist consultant; a sports dietitian; and certified and licensed athletic trainers. Athletic Medicine provides on-site clinical care, practice and competition coverage, and travel support to the sports teams. All Princeton

---

You have such a caring and compassionate heart, and especially at McCosh where people go when they're not doing well, you make the day so much brighter. When I was a student, I always had peace of mind because I knew that even if something difficult happened, you would help me to get through it and do everything in your power to make the experience easier. I actually didn’t know about the meningitis outbreak on campus, but I am not surprised that you and the staff at McCosh worked effectively to contain what could have been a disastrous event.
students have access to sports medicine physicians and physical therapists to address sports-related injuries or health concerns. A range of medical and surgical specialists is available for consultation as well.

An external review of Athletic Medicine noted that the department “has achieved national and international recognition, raised millions of dollars for research, published scientific articles, led national committees, raised millions of dollars for research, and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities. A range of medical and surgical specialists is available for consultation as well.

An external review of Athletic Medicine noted that the department “has achieved national and international recognition, raised millions of dollars for research, published scientific articles, led national committees, raised millions of dollars for research, and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities. A range of medical and surgical specialists is available for consultation as well.

An external review of Athletic Medicine noted that the department “has achieved national and international recognition, raised millions of dollars for research, published scientific articles, led national committees, raised millions of dollars for research, and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities; and the capacity to meet the needs of multiple campus communities. A range of medical and surgical specialists is available for consultation as well.
of care when needed, and to provide students with care following discharge from an acute care setting for medical, surgical or psychiatric treatment, allowing for a smooth and effective transition back to campus and academic life.

Registered nurses, assisted by nurses’ aides, provide 24 hours a day; physicians and mental health providers make daily rounds and are on call 24/7. The staff utilizes a holistic approach to nursing, providing highly skilled, compassionate, convenient and comprehensive nursing care to students with medical and psychological concerns. Key achievements this year include hiring professional nursing assistant staff, and revising and updating nursing staff orientation processes as well as policy and procedure manuals.

Adjacent to the infirmary is the parents’ suite, which includes two bedrooms and a common bathroom, available for use by parents of ill or injured students. The parents’ suite is maintained through the generosity of the Auxiliary to the Isabella McCosh Infirmary.

...What a relief it is knowing that a resource as wonderful as this one exists. Last autumn I was on my way up to Princeton for parents’ weekend when I got a call from my son… saying that he was in the hospital. I was worried and upset to find out [he] was having severe abdominal pain...I was far from home and the Infirmary offered the respite I needed --- in addition to a caring and wonderful staff. Thank you for providing stellar care to all Princeton students as well as peace of mind for parents and the entire University community.

COUNSELING & PSYCHOLOGICAL SERVICES (CPS)

CPS provides a wide range of services to address students’ mental health concerns and psychological needs. CPS staff — psychiatrists, psychologists, clinical social workers and post-graduate psychology residents — provide expert mental health services to Princeton undergraduate and graduate students and their dependents. Interdisciplinary teams work closely together to treat students with special needs, including eating concerns, alcohol and other drug problems, trauma and mind-body health issues. CPS staff members also provide consultation to deans, residential college staff, athletic team coaches, faculty, parents and friends or teammates who may be concerned about a student.

CPS collects outcome data on the effectiveness of its counseling services. Students complete the Behavioral Health Measure-20 (BHM-20), a standardized clinical symptom inventory, at every counseling visit. Comparing scores over time enables CPS to determine a student’s level of improvement and recovery. The BHM-20 also permits CPS to compare its student outcome to a national benchmark sample of 22,465 counseling center clients from 23 different college counseling centers.

CPS positive outcomes are significantly higher than national benchmarks. At CPS, 66 percent of students have improved or fully recovered in their “well-being” scores, as compared to 28 percent in the national benchmark sample. In a “psychological symptoms” measure, 64 percent of CPS students have improved or recovered, compared with 38 percent of those in the national benchmark sample. Likewise, 54 percent of students seen at CPS have improved or recovered in their “life functioning,” as compared to 22 percent of their counterparts in the national sample.

Quality improvements in clinical processes and documentation this year have enabled CPS to deliver more efficient and effective services to students. CPS instituted a peak demand protocol, allowing CPS to intake more urgent care appointments during periods of highest demand. In the past year CPS also streamlined the urgent care process and strengthened protocols governing communication with deans regarding student hospitalizations, resulting in improved treatment planning as well as strengthened collaboration with the Office of the Dean of Undergraduate Students.

CPS implemented several improvements to documentation processes this year, including entering clinical information as an electronic progress note, and transitioning from paper to electronic versions of intake forms. The expansion of electronic documentation opens up reporting abilities and provides a wealth of data for future quality improvement studies. The electronic intake form shares questions with the standardized intake form used by the Center for Collegiate Mental Health (CCMH), enabling CPS to analyze intake data and benchmark it against data collected through the CCMH.

“...thank you for facilitating a very interactive, engaging and effective stress management session yesterday. You made everyone feel comfortable, and you did an excellent job in letting us experience the concept of mindfulness. In addition, the feedback I received from all the… participants were all positive. More importantly, almost everyone agreed that a follow-up session in May would be most beneficial. Again, we truly appreciate your time and your commitment to share your expertise in stress management.
SHARE is a confidential resource available to all Princeton students who are survivors of interpersonal violence and/or abuse, and well as students who have been directly impacted as a first responder, friend, sibling or roommate to a survivor.

SHARE provides crisis response, support, advocacy, education and referral services to those who are dealing with incidents of violence and abuse, including sexual harassment, sexual assault, dating/domestic violence, and well as incidents of violence and abuse including sexual assault, stalking, and harassment based on gender identity or sexual orientation.

SHARE has been an overwhelmingly positive and supportive experience and a resource I will definitely recommend should I ever hear of others struggling with these types of issues as you guys really go above and beyond....I just wanted to say thank you for everything you have done and making me comfortable talking about some difficult subjects. Working with SHARE has far exceeded my expectations, and I'm very glad I took this step....I can't thank you enough for everything that you've done for me, and at the very least I hope I can express how much it is appreciated.

SHARE offers:
• Confidential consultations enabling victims/survivors to make informed decisions about which, if any, resources they would like to access.
• A comprehensive range of services, including crisis intervention; clinically-informed advocacy; case management; accompaniment to on- and off-campus resources.
• Referrals to treatment providers in the community; and awareness-raising and primary prevention programs facilitated by students in the SHARE Peer Program.

SHARE accomplishments this year include the re-envisioning and expansion of the Men Against Violence Resources and Interventions Committee (MAVRIC) project. The expansion includes a newly developed infrastructure (student steering committee and advisory board) and new campus-wide alliances with varsity athletic coaches and the Princeton Women’s Mentorship program, among others.

SHARE also developed and piloted the program Strength and Development: Resources, Education, Advocacy, & Life Skills (SCORE) for the varsity athletic community; instituted the Community Integrity Program as a mandated “educational refresher” for students found responsible for violating University sexual misconduct policy; and, with key partners, co-developed and co-implemented the Princeton University Health Behaviors and Attitudes Survey to obtain baseline data for campus initiatives addressing sexual violence at Princeton.

For these and other achievements this year the work of SHARE has been recognized as innovative practice both on a national level by the National Sexual Violence Resource Center and by the University’s Task Force on Diversity, Equity and Inclusion, whose May 2015 report named SHARE as a model related to peer education programming and curriculum development.

This year, HPPS collaborated with SHARE and CPS to develop UMatter, a campus-wide prevention initiative that promotes care for self and others through action-oriented behavior, with a focus on bystander intervention and healthy choices. UMatter, which launched in September 2015, addresses prominent health-risk issues on our campus, including interpersonal violence and abuse, high-risk drinking, and mental health distress. Other key achievements of the past year include helping address the Meningitis B outbreak on campus to reach a 98 percent first dose vaccine rate for the Class of 2018; developing and administering the Princeton University Student Health Behaviors and Attitudes Survey; and designing and launching the new UHS website.

Other key achievements of the past year include addressing the Meningitis B outbreak to reach a 98% first dose vaccine rate for the Class of 2018.

"educational refresher" for students found responsible for violating University sexual misconduct policy and; with key partners, co-developed and co-implemented

SHARE offers:
• Confidential consultations enabling victims/survivors to make informed decisions about which, if any, resources they would like to access.
• A comprehensive range of services, including crisis intervention; clinically-informed advocacy; case management; accompaniment to on- and off-campus resources.
• Referrals to treatment providers in the community; and awareness-raising and primary prevention programs facilitated by students in the SHARE Peer Program.

SHARE accomplishments this year include the re-envisioning and expansion of the Men Against Violence Resources and Interventions Committee (MAVRIC) project. The expansion includes a newly developed infrastructure (student steering committee and advisory board) and new campus-wide alliances with varsity athletic coaches and the Princeton Women’s Mentorship program, among others.

SHARE also developed and piloted the program Strength and Development: Resources, Education, Advocacy, & Life Skills (SCORE) for the varsity athletic community; instituted the Community Integrity Program as a mandated "educational refresher" for students found responsible for violating University sexual misconduct policy; and, with key partners, co-developed and co-implemented the Princeton University Health Behaviors and Attitudes Survey to obtain baseline data for campus initiatives addressing sexual violence at Princeton.

For these and other achievements this year the work of SHARE has been recognized as innovative practice both on a national level by the National Sexual Violence Resource Center and by the University’s Task Force on Diversity, Equity and Inclusion, whose May 2015 report named SHARE as a model related to peer education programming and curriculum development.

This year, HPPS collaborated with SHARE and CPS to develop UMatter, a campus-wide prevention initiative that promotes care for self and others through action-oriented behavior, with a focus on bystander intervention and healthy choices. UMatter, which launched in September 2015, addresses prominent health-risk issues on our campus, including interpersonal violence and abuse, high-risk drinking, and mental health distress. Other key achievements of the past year include helping address the Meningitis B outbreak on campus to reach a 98 percent first dose vaccine rate for the Class of 2018; developing and administering the Princeton University Student Health Behaviors and Attitudes Survey; and designing and launching the new UHS website.

Other key achievements of the past year include addressing the Meningitis B outbreak to reach a 98% first dose vaccine rate for the Class of 2018.

This year, HPPS collaborated with SHARE and CPS to develop UMatter, a campus-wide prevention initiative that promotes care for self and others through action-oriented behavior, with a focus on bystander intervention and healthy choices. UMatter, which launched in September 2015, addresses prominent health-risk issues on our campus, including interpersonal violence and abuse, high-risk drinking, and mental health distress. Other key achievements of the past year include helping address the Meningitis B outbreak on campus to reach a 98 percent first dose vaccine rate for the Class of 2018; developing and administering the Princeton University Student Health Behaviors and Attitudes Survey; and designing and launching the new UHS website.

Other key achievements of the past year include addressing the Meningitis B outbreak to reach a 98% first dose vaccine rate for the Class of 2018.
employees at the University has grown. Employee Health supports Human Resources and the Office of the Dean of the Faculty by consulting regarding disability accommodations for faculty and staff. As the University becomes more proactive in addressing the employment of disabled individuals, the need for reviewing accommodation requests will continue to grow. Likewise, the responsibilities of Employee Health for medical surveillance—the systematic assessment of employees exposed or potentially exposed to occupational hazards—have grown in recent years. Several factors, among them more stringent monitoring guidelines, have contributed to an increase in research-related clinical visits.

Key accomplishments this year include: developing procedures and providing training on Ebola prevention and treatment; measles screening and follow-up for over 950 staff and faculty members as a precaution recommended by the New Jersey Department of Health, following the diagnosis of a student on campus with measles; and meeting increased needs for medical surveillance of laboratory research participants (students as well as faculty and staff).

Employee Health had 4,885 visits in FY15 (up 14% from the previous year).

The percent of days the Infirmary was open 24 hours a day in FY15 was 93%.

The percent of days the Infirmary was open 24 hours a day in FY15 was 93%.

STUDENT HEALTH PLAN (SHP)

Princeton University provides health insurance coverage through the Student Health Plan for enrolled undergraduate students, graduate students and their eligible dependents. Undergraduates may opt out of the SHP by providing private insurance information, while graduate students are automatically enrolled in the SHP. Overall, 54 percent of all graduate and undergraduate students are on the SHP. The SHP is administered by Aetna Student Health.

Key departmental achievements this year included the implementation of new Affordable Care Act benefits to the SHP Plan, the addition of coverage for gender confirmation surgery to the plan and completion of the Student Health Plan Summary Benefit Document. Surveillance of laboratory research participants at Princeton University provides health insurance coverage.

54% Of all graduate and undergraduate students are on the SHP.

INFORMATION TECHNOLOGY (IT)

The Information Technology unit provides services related to UHS business applications, infrastructure, IT processes, support services, professional services/consulting and program management. Our business applications include two electronic health record installations and ancillary systems such as digital radiology. Infrastructure includes the computers, peripherals (printers, scanners, etc.), and servers required by UHS. IT also manages the movement of data in and out of UHS electronic systems.

IT consulting is required throughout the organization to guide improvements to work processes through project management, systems development, data reports and support for clinical studies. In addition, IT performs program management to support UHS services. IT’s programs are based on policies and procedures developed by UHS, the Office of Information Technology, and other University departments.

IT also supports UHS through Business Intelligence project. Completed this year, Business Intelligence project unites technology, data, analytics and human knowledge to optimize strategic decisions at UHS, providing a “dashboard” system of department-specific and UHS-wide metrics that inform and guide utilization, efficiency and diagnostic trends. Among other uses, the system will support UHS in identifying trends in utilization; health trends and outbreaks; underserved populations; and productivity. In addition, the project will inform benchmarking with other student health services as well as decisions regarding resource allocation.

IT also supports UHS through Business Intelligence project. Completed this year, Business Intelligence project unites technology, data, analytics and human knowledge to optimize strategic decisions at UHS, providing a “dashboard” system of department-specific and UHS-wide metrics that inform and guide utilization, efficiency and diagnostic trends. Among other uses, the system will support UHS in identifying trends in utilization; health trends and outbreaks; underserved populations; and productivity. In addition, the project will inform benchmarking with other student health services as well as decisions regarding resource allocation.

Are There Underserved Populations?

(Screen shot of Business Intelligence)
QUALITY IMPROVEMENT

The establishment of a Department of Quality and Performance Improvement in 2014 represents a major expansion in UHS’ ability to employ a systematic approach to quality improvement, using valid and reliable techniques to attain superior outcomes. Quality improvement is broad in scope and addresses client service and satisfaction, employee engagement, cost-of-care, and quality and safety performance issues and outcomes. As patient care is a coordinated effort, UHS’ approach to quality improvement involves multiple departments and disciplines to establish plans, processes and mechanisms that comprise quality improvement activities at the organization.

Quality Improvement highlights of the past year include greater proactive use of data to drive decisions at UHS related to performance improvement.

The Quality Improvement Program (QIP) coordinates projects and activities that support quality improvement initiatives at UHS. The QIP monitors patient care and service – from the time the patient enters the facility through diagnosis, treatment, recovery and discharge – to identify and resolve any breakdown that may result in suboptimal patient care, while also striving to achieve positive patient outcomes. The QIP has developed a new policy that adapts the framework established by the Institute of Medicine to meet the needs of UHS. Quality improvement at UHS emphasizes multiple approaches to improvement. In addition, UHS has developed a quantitative approach to prioritize potential quality improvement studies against the needs of the organization. The goal is to promote high-impact studies that will lead to meaningful change within the organization and the field of college health.

UHS’ quality improvement efforts are led by Pasquale Frisina, Ph.D., who started in spring 2014 as the director of quality performance and improvement. Prior to coming to Princeton, Frisina was the director of quality performance and improvement at the Kessler Institute for Rehabilitation. Frisina also has served as an assistant professor of psychology at Iona College in New York, as well as scientific director of the Parkinson’s Dementia Research Project at Mount Sinai School of Medicine. In addition to his extensive work in quality initiatives, he has numerous publications in areas that pertain to cognitive neuroscience, quality outcomes, along with psycho-social determinants of health and disease.

The department’s mission is supported by the UHS Quality Improvement Committee (QIC), which is staffed by clinicians and administrative staff from across the organization. The QIC oversees and coordinates UHS’ organization-wide and area-specific quality improvement efforts, including quality improvement studies, peer review studies, quality assurance reviews, process improvement, risk management assessments, client satisfaction surveys, continuing education seminars, and external and internal benchmarking studies.

Highlights of the past year include more proactive use of data to drive decisions at UHS related to performance improvement. In addition, QI is now better linked to other University committees and processes (e.g., infection control, risk management, peer review).

DATA COLLECTION AND BENCHMARKING

UHS uses information and data from multiple sources to guide its clinical, prevention and consultation services under the aegis of the Department of Quality and Performance Improvement. These data enable us to enhance and continually improve our services and programs. UHS also shares data with colleagues about health in our community, correcting misperceptions where they exist and supporting the use of data for other educational purposes.

As a community-wide health needs assessment, Princeton University employs the American College Health Association’s National College Health Assessment II (ACHA-NCHA II), a web-based survey designed to gather a broad range of information about the health and wellness of undergraduate and graduate students. Areas of focus include health and its academic impacts, alcohol, tobacco and other drug use; weight, nutrition and exercise; sexual health; mental health; preventive behaviors; interpersonal violence; and sleep and stress. The national scope of the ACHA-NCHA II provides for comparison of Princeton data with a national reference group from more than 550 institutions that serves as a benchmark. For example, data from ACHA-NCHA II suggests that binge drinking among Princeton students has declined and is also slightly lower than national trends, as shown in the graph below.

<table>
<thead>
<tr>
<th>% Who Binge Drink in a 2 Week Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
</tr>
<tr>
<td>1998</td>
</tr>
<tr>
<td>2001</td>
</tr>
<tr>
<td>2002</td>
</tr>
<tr>
<td>2003</td>
</tr>
<tr>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>2009</td>
</tr>
<tr>
<td>2010</td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
</tr>
<tr>
<td>2014</td>
</tr>
</tbody>
</table>

Why the Concept of Employee Engagement for UHS?

Engaged employees lead to...
- higher service, quality, and productivity, which leads to...
- higher client satisfaction, which leads to...
- increase utilization (repeat visits and referrals), which leads to...
- better student outcomes in health and learning.

~P. Frisina
HS’ Quality Improvement Program (QIP) includes several other benchmarking activities, including the online course for students “AlcoholEdu for College,” the ACHA Clinical Benchmarking Survey and CelestHealth (see below for more information). Participation in benchmarking activities allows for comparison of key performance measures with other similar institutions and/or with recognized best practices.

The results from benchmarking activities are routinely reviewed and can lead to quality improvement studies if outcomes are out of variance. For instance, UHS recently completed a study based on the results of the ACHA-clinical benchmarking survey for bronchitis treatment compliance.

CelestHealth is a behavioral mental health and treatment outcomes measure that is used in the college counseling setting. Featuring the “Behavioral Health Measure-20,” it can be used to assess mental health across psychotherapy sessions. UHS is able to generate an outcome report and examine the number and percentage of clients recovered, improved, deteriorated and showing no change. UHS’ Counseling and Psychological Services clients experience better treatment outcomes across all four mental health domains on the CelestHealth metric relative to a published benchmarking sample (N = 9821).

Data collection and quality improvement efforts extend to employee satisfaction and organizational climate issues as well. UHS has made significant progress toward improving its organizational climate over the past two years.

The 2014 UHS Organizational Climate Survey indicates that UHS has an engaged and satisfied workforce when compared to the Baldrige Best Practice Benchmark—the “gold standard” of organizational quality.

Employee engagement is an important concept because of its close association with many quality indicators. Extensive research has shown that when employees are actively engaged they are more focused on their work. Engaged employees are safer, more productive and efficient, and tend to stay with an employer longer. Engaged employees lead to higher client satisfaction and increased utilization. Greater employee engagement translates into better outcomes for our students and staff alike.
CLIENT SATISFACTION

UHS seeks feedback from its patients with the goal of improving quality of care. Medical Services utilizes the American College Health Association—Patient Satisfaction Assessment Service (ACHA-PSAS) to assess patient satisfaction. The ACHA-PSAS provides the ability to benchmark UHS’ results against those of other institutions. Measures of satisfaction, for UHS overall as well as for each individual UHS service department, are higher than those for the ACHA-PSAS benchmark.

Counseling and Psychological Services (CPS) utilizes an email survey sent at the end of each year to students who have visited CPS during the academic year. This survey focuses on three aspects of students’ experience at CPS: interactions with administrative staff and general satisfaction with the experience; interactions with a primary therapist; and interactions with a primary psychiatrist. Results from the last survey show 91 percent of students who had received counseling at CPS indicated that they would be likely to recommend CPS to another student.

In 2014-2015, UHS’ Department of Quality and Performance Improvement worked closely with key areas of the organization (CPS, SHARE, Infirmary Services) to refine their patient satisfaction instruments and to develop standardized questions that can be compared across the organization and with the ACHA-PSAS benchmark to serve as a whole-system metric for the UHS service pillar of excellence.

Of students who received counseling at CPS indicated that they would be likely to recommend CPS to another student.
Utilization of University Health Services - 30 Year History
Annual Visits by Undergraduate/Graduate students and Employees

Patient Encounters

<table>
<thead>
<tr>
<th>Service</th>
<th>FY14</th>
<th>FY15</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Medical</td>
<td>21,972</td>
<td>22,739</td>
<td>767</td>
<td>3%</td>
</tr>
<tr>
<td>Sexual Health &amp; Wellness</td>
<td>2,937</td>
<td>3,173</td>
<td>236</td>
<td>8%</td>
</tr>
<tr>
<td>Athletic Medicine</td>
<td>26,121</td>
<td>29,854</td>
<td>3,735</td>
<td>14%</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>8,437</td>
<td>9,340</td>
<td>903</td>
<td>11%</td>
</tr>
<tr>
<td>Employee Health</td>
<td>4,280</td>
<td>4,885</td>
<td>605</td>
<td>14%</td>
</tr>
<tr>
<td>Radiology Services</td>
<td>2,412</td>
<td>2,351</td>
<td>-61</td>
<td>-3%</td>
</tr>
<tr>
<td>Infirmary Admissions</td>
<td>1,084</td>
<td>1,125</td>
<td>41</td>
<td>4%</td>
</tr>
</tbody>
</table>
UHS’ overall budget is funded by Princeton University general funds. Most of these funds go to employ UHS staff who serve students: 130 unique staff members (85 FTEs). Most UHS services are provided for free to students. UHS also brings in grant funding in the area of concussion research.

The Auxiliary to the Isabella McCosh Infirmary: Since 1902, the Auxiliary to the Isabella McCosh Infirmary has played a key role in furthering the growth and quality of health care services provided at Princeton University. In 1919 the Auxiliary hired an architect to design a new building and raised the money to build the existing McCosh Health Center. The Auxiliary has responded to students many health care needs by soliciting dues and donations from parents and friends. Auxiliary members have established several endowment funds, which allow UHS to purchase equipment, support educational programs, renovate and pay for medical expenses that students cannot afford and insurance does not cover.

This year, the Auxiliary supported UHS by stewarding and raising funds to maintain high quality student care and to increase awareness of health services; by volunteering for administrative activities; and by making the environment in McCosh Health Center more welcoming and cheerful for the students, parents and staff. The Auxiliary approved $161,469 in requests from UHS to improve the health and well-being of the students. These funds supported vital areas such as the Special Needs Fund (covering medical, dental and transportation costs for under resourced students); Peer Health Advisor Programs; a utility vehicle for Athletic Medicine; furnishing and refurbishing meetings rooms used by students as well as staff; an educational program to teach students about the effects of high-risk drinking; and technology resources for Counseling and Psychological Services.

$837,942 Grant dollars associated with Athletic Medicine research studies under the direction of Margot Putukian, MD, Director of Athletic Medicine

The McCosh Rose
Early in the 20th century, a fresh rose was placed each week in front of the portrait of Isabella McCosh to honor her memory. To continue this tradition, Mrs. Laughlin, an accomplished artist and longstanding Auxiliary board member, created a painting of a rose that now hangs in the McCosh Health Center.

The Josephine Perry Morgan Bench
This picture shows Josephine Perry Morgan, first president of the Women’s Auxiliary from 1902-1915, with her daughter Sarah Gardner and granddaughter Sally Tiers on the garden bench. The bench was donated by longtime Auxiliary board member Sally Tiers in memory of her grandmother. It is now located on the second floor of McCosh Health Center.

While reviewing this year’s accomplishments and moving forward with ongoing initiatives, University Health Services must also consider future challenges to advancing a healthy campus community and supporting student learning and success.

• It is widely recognized that students are coming to college with more complex health and mental health problems than they did in previous generations. Furthermore, as student demographics and characteristics evolve, so do challenges to the systems of health care to be agile and adapt to support the changing student population.

• Campus education and outreach efforts to students who need but do not access mental health services are in place and growing. These efforts need to keep pace with those students who stay on the periphery of supports.

• Reducing susceptibility to harm is a national priority in college populations. Behaviors of concern include dangerous drinking (e.g., “pre-gaming” or hazing), bullying and other forms of violence toward others (e.g., interpersonal aggression, stalking, and abuse), self-injury (e.g., cutting oneself without the intent to inflict serious harm), and suicidal behaviors. Such behaviors are especially concerning in campus communities because of the potential for contagion effects.

• While drug abuse has long been a part of college life, the dramatic increase in students across the country who take prescribed psychotropic medications complicates this issue. With the growth in prescribed drugs on campus has come greater opportunity for the illicit use and abuse of prescription medications by students without prescriptions.

• Princeton is a global institution and students routinely travel, work and study abroad. This growing trend requires UHS to support students’ health before, during and after they engage in international experiences. As more students embrace global opportunities, our challenge is to make sure that health and well-being safety nets are in place that support student learning across borders and at a distance.

• International and culturally diverse students are increasingly present in American higher education and at Princeton. For students of different backgrounds to thrive on campus, culturally informed health care is essential. Although stigma about mental health issues might be lessening, culturally based stigmas might also create special barriers for some students to access mental health care.

In 2014 the University announced diversity and inclusion as an institutional priority; in May 2015, the Council of the Princeton University Community (CPUC) endorsed the recommendations of the University’s Special Task Force on Diversity, Equity, and Inclusion. This year, UHS’ own Diversity and Inclusion Council developed an action plan to guide the organization as it implements changes to enhance diversity and inclusion in all of its efforts.

• Environmental health emergencies remain a constant concern and require heightened levels of vigilance. Such emergencies range from the spread of foodborne illnesses to infectious disease outbreaks.

• Prevention programs need to be prioritized to meet the goal of promoting healthy living principles and the “flourishing” of students. Evidence has emerged indicating that wellbeing is a skill that can be learned. For instance: certain mental training can cultivate resilience (or speed up adaptation and
Parents as partners in delivering effective messages is a challenge and opportunity. Enlisting the support of unsafe behaviors. Such involvement represents both meaningful metrics and systems of measurement that assess student health trends as well as evaluate the degree that we do not yet fully understand. Although widespread Internet and mobile communications have distinct advantages, they also exact a toll on people’s capacity to focus their attention, increase their susceptibility to stress and reduce the time they can devote to face-to-face interactions.

• Our capacity to use technological developments wisely and effectively has emerged as an important concern. Rapidly changing means of information access and social media affect our students in ways and to a degree that we do not yet fully understand. Although widespread Internet and mobile communications have distinct advantages, they also exact a toll on people’s capacity to focus their attention, increase their susceptibility to stress and reduce the time they can devote to face-to-face interactions.

• Our capacity to use technological developments wisely and effectively has emerged as an important concern. Rapidly changing means of information access and social media affect our students in ways and to a degree that we do not yet fully understand. Although widespread Internet and mobile communications have distinct advantages, they also exact a toll on people’s capacity to focus their attention, increase their susceptibility to stress and reduce the time they can devote to face-to-face interactions.

• College health has been slow to identify and utilize meaningful metrics and systems of measurement that assess student health trends as well as evaluate the efficacy of programs, processes and clinical outcomes. UHS is doing more to utilize metrics and data in analyzing the efficacy of services and programs.

• Parental involvement has intensified and with it the expectation that the institution will ameliorate unsafe behaviors. Such involvement represents both a challenge and opportunity. Enlisting the support of parents as partners in delivering effective messages to their students about the dangers of risky behaviors, such as drinking to excess, needs to be done with greater regularity and adroitness.

• College health has been slow to identify and utilize meaningful metrics and systems of measurement that assess student health trends as well as evaluate the efficacy of programs, processes and clinical outcomes. UHS is doing more to utilize metrics and data in analyzing the efficacy of services and programs.

• Parental involvement has intensified and with it the expectation that the institution will ameliorate unsafe behaviors. Such involvement represents both a challenge and opportunity. Enlisting the support of parents as partners in delivering effective messages to their students about the dangers of risky behaviors, such as drinking to excess, needs to be done with greater regularity and adroitness.

UHS staff members contribute to the mission of Princeton and to the welfare of the larger community in many ways, including service to University-wide committees and initiatives. A selection of special recognitions, awards and contributions follows.

David Campbell received the Martin Luther King, Jr. Journey Award.
Sara Ciccone received of Certificate of Fellowship Award, Public Safety Award.
Joseph Cooper received the Special Recognition Award from the LGBT Center at Lavender Graduation.
John Furtado was past president, Athletic Trainers Society of New Jersey.
Khyati Gokli was asked to be part of a panel regarding workers’ compensation in New Jersey at the New Jersey Self-Insurers Association Spring Conference in Atlantic City.
John Kolligian is a member at large, American College Health Association Ethics Committee and Liaison, Higher Education Mental Health Alliance, 2014-17. Dr. Kolligian is also a member of the National Association of Student Personnel Administrators and is on the editorial review board of the Journal of College and Character, 2014-2017.
Shawn Maxam was appointed co-chair for the UHS Diversity and Inclusion Task Force.
Margot Putukian completed first year as executive board member for the Collegiate and Professional Sports Dietitians Association, serving as career development and advocacy chair. Dr. Putukian serves on the NFL Head, Neck and Spine Committee; the U.S. Lacrosse Sports Science and Safety Committee; the USA Football Medical Advisory Committee; and the NCAA Concussion Committee. She is also Major League Soccer medical consultant, Center for Disease Control consultant, National Operating Committee on Standards for Athletic Equipment SAC member, and a member of the Ivy Core Concussion Committee.
J. Michelle Schramm received the Shirley M. Tilghman Ally Award at Lavender Graduation from the LGBT Center.
Michelle continues to be a member of the Board of Directors for National Association of Nurse Practitioners in Women’s Health (NANPWH), and was chosen to be the chair of the Annual NANPWH Conference Committee held in October 2015.
Charles Thompson was chair of the National Athletic Trainers Association Best Practice Work Group on Documentation. Thompson is also the chair-elect of the National Athletic Trainers Association Honors and Awards Committee (transitional year; official term to begin June 2016).
Athletic Medicine staff are currently serving as a U.S. Olympic Committee resource for National and Olympic level athletes who need support in the northeast.
The SHARE Office was named in the University’s “Report of the Special Task Force on Diversity, Equity and Inclusion,” released in May 2015, as a model related to peer education programming and curriculum development. SHARE’s “A Conversation with National Sexual Violence Resource Center (NSVRC)” was used as a framework for discussing Princeton University’s violence prevention tactics. NSVRC has continued to mention the work of SHARE as innovative practice.
SELECT PRESENTATIONS AND PUBLICATIONS

As a national leader in college health, UHS contributes to the field by means of scholarship, professional presentations and other contributions to healthcare science. What follows is a representation of publications and presentations by UHS staff members in 2014-15, as well as a selection of grants received by UHS staff for research and presentations.

SELECTED PRESENTATIONS


HISTORIC TIMELINE

1845-1868 Isabella G. McCosh, wife of University President James McCosh and unofficial “Director of Campus Health Services”, visited and cared for sick students

1846-1888 University President, Reverend John McClean Jr, cared for sick students in his home.

1855 The Malaria and Typhoid Fever Epidemic resulted in the death of 10 students. The Trustees of Princeton University authorized the creation of a Sanitary Committee to improve the sewage problems on campus.

1862-1902 Junius S. Morgan founded The Ladies Auxiliary to the Isabella McCosh Infirmary and served as its first president.

1902 John McD. Cammoch, ’96, was appointed University Physician in charge of the Infirmary.

1908-1928 Dr. Stewart Paton became the first College Psychiatrist. His influential activities were pursued long before mental health was widely perceived as an important factor in overall health.

1910 Joseph E. Raynor, founding member of the American College of Health and Physical Education.

1911-1926 Founding of Department of Health and Physical Education.

1913-1944 Construction of the second Isabella McCosh Infirmary, to accommodate increasing enrollment.

1925 Infirmary used as multipurpose building for Navy and Army during World War II.

1933-1964 Dr. Harry R. McPhee, team physician, established the Athletic Medicine department.

1942-1944 The Department of Health was renamed University Health Services and expanded to include clinical and counseling services, with a reduction in the size of the Infirmary.


SELECTED PUBLICATIONS


Thompson, C. Determining the Appropriate Model for Concussion Health Care in the College or University Setting”, Kinesiology Review, 2015, 4, 203- 214.

SELECTED GRANTS

National Collegiate Athletics Association (NCAA) – Department of Defense (DoD) Grand Alliance: Concussion Assessment, Research and Education (CARE) Consortium - Longitudinal Clinical Study Core. The NCAA and the U.S. Department of Defense are embarking on a landmark $30 million initiative to enhance the safety of student-athletes and service members. Under the guidance of principal investigator Dr. Margot Putukian, Princeton is one of 13 study sites for the Clinical Study Core (CSC) of this study.

National Operating Committee on Standards for Athletic Equipment (NOCSAE) Sport Concussion Grant. The effect of head impact biomechanics on short- and long-term neurological status in collegiate men’s and women’s lacrosse and soccer players. Multi-site, two-year prospective study including men’s and women’s soccer and lacrosse players at the University of North Carolina and Princeton University.


National Collegiate Athletics Association – Department of Defense Grand Alliance: Concussion Assessment, Research and Education (CARE) Consortium – Longitudinal Study Core, The NCAA and the U.S. Department of Defense are embarking on a landmark $30 million initiative to enhance the safety of student-athletes and service members. Under the guidance of principal investigator Dr. Margot Putukian, Princeton is one of 13 study sites for the Clinical Study Core (CSC) of this study.

National Operating Committee on Standards for Athletic Equipment (NOCSAE) Sport Concussion Grant. The effect of head impact biomechanics on short- and long-term neurological status in collegiate men’s and women’s lacrosse and soccer players. Multi-site, two-year prospective study including men’s and women’s soccer and lacrosse players at the University of North Carolina and Princeton University.


National Collegiate Athletics Association – Department of Defense Grand Alliance: Concussion Assessment, Research and Education (CARE) Consortium – Longitudinal Study Core (CSC). Principal Investigators S. Broglio, T. McAllister, M. Morea. University of Michigan, Indiana University, Medical College of Wisconsin, respectively. Sub-contract award to Princeton University, Site PI: Putukian, M.; three year study, $432,696 from 2014-17.

SELECTED PRESENTATIONS AND PUBLICATIONS

The Counseling Center (now called Counseling and Psychological Services) became a division of University Health Services.

The Sexuality Education Counseling and Health (SECH) Program, now called SHARE: a division for reproductive health care, was initiated.

A Health Education area (now called Health Promotion and Prevention Services) was created to focus on prevention.

Counseling and Health (SECH) was created, and has been an active student voice for campus health care to the present day.

The Occupational Medicine Division (now Employee Health) was formed to meet the needs of employees.

The Sexual Harassment/Assault Advisory, Resources and Education (SHARE) office was created.

The Mind-Body Team was formed, leading to new interventions in the area of mindfulness therapies and the contemplative sciences.

UHS develops and launches its first organization-wide Strategic Initiative.

The National Operating Committee on Standards for Athletic Equipment (NOCSAE) Sport Concussion Grant.

H1N1 Influenza Outbreak


National Operating Committee on Standards for Athletic Equipment (NOCSAE) Sport Concussion Grant. The effect of head impact biomechanics on short- and long-term neurological status in collegiate men’s and women’s lacrosse and soccer players. Multi-site, two-year prospective study including men’s and women’s soccer and lacrosse players at the University of North Carolina and Princeton University.

Sub-contract award to Princeton University, Site PI: Putukian, M.; three year study, $432,696 from 2014-17.

During a measles outbreak, Employee Health is instrumental in determining clearance for at-risk students and employees.

Through an FDA investigational new drug application, more than 13,000 doses of a serogroup B vaccine were administered to undergraduate students, and select graduate students and employees to respond to an outbreak of serogroup B meningococcal disease.