The mission of University Health Services is to enhance learning and student success by advancing the health and well-being of our diverse University community.

We pursue our mission and support the University’s purpose by using current knowledge of health and human development to guide responsive, high-quality clinical, prevention 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.
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Mission, Vision, Values, Pillars, Strengths, and Goals
I am pleased to introduce the 2016-17 Biennial Report of Princeton’s University Health Services (UHS). This report presents brushstrokes of UHS’ clinical work, services, initiatives and accomplishments. The holistic welfare of students is the center of our work, reflected in qualities of caring, compassion and concern for students. An ethic of care pervades all we do. It is the sinew that binds us together as professionals, distinguishes us from many other health programs, and drives our commitment to students and the inherent promise of University life.

Two years ago I commented on an expansion — then largely unacknowledged — in the role of college and university health centers nationally. Since then greater awareness has taken hold, and the place of college health centers as partners that support educational missions has been largely embraced. Yet the landscape of college health is fluid and swiftly changing. Change comes from all directions, from within the disciplines of healthcare and higher education, and from the diverse and shifting needs of students, leading to varying demands on the talented yet stretched professionals who serve them. Just as Pirandello’s “six characters” search gamely for an author to provide guidance and inspiration, the university health field seeks exemplars. Princeton’s UHS strives to be such an exemplar.

Today’s students are not strangers to rapid change; our increasingly distracted, networked society thrusts change upon them. The cusp of their future inhabits their present lives. Parts of the Princeton experience are like that as well. With the student body as richly diverse as it has ever been, students confront difference in ways and at levels often new to them. Such experiences take them outside of themselves, into a country of new and unformed ideas and perspectives. We would not have it any other way. Still, with all that is on their plates, our students often dig deep into their reserves. The strength and replenishment they seek require the removal of health-related barriers to learning, inside and outside the classroom. With our campus partners, we do all we can to enable students to secure the care they need to live safely and learn deeply.

Is it possible to build a great organization that supports the diverse, evolving needs of our students in environments predicated upon uncertainty, disruption and change? Yes, with a qualification: doing so requires both agility and courage. Agility translates to systems of care that are hardwired to be flexible — primed to anticipate, identify and address emerging trends and needs. Courage underlies the ethic of our caring professionals, people who habitually question the status quo, set aside practices that may have proven successful in the past but are less so now, and then embrace new learnings, approaches and practices. At UHS, this is what we do.

A challenge for us is to model the courage, empathy and breadth of perspective that our students will need to navigate life’s inevitable curves and thrive in a largely unknown future. Theodore Parker, a 19th-century abolitionist, described the arc of a moral universe as long and bending toward justice. I propose another arc: an arc of realized student potential. This arc too is long, and it bends toward cultivating student resilience and flourishing — values that, like justice, are to be held close and cherished. With this arc in mind, I invite you to explore this latest portrait of our work.
Strategic Initiative Update

Campus health programs adjust their structures, missions and services in order to be responsive to emerging student needs, institutional priorities and societal trends. Such adjustments require agility: continual assessments of essential functions, needs and direction, as well as ongoing alignment among the health service, its campus partners and the evolving priorities of the University. Effective collaboration and organizational learning require a shared sense of purpose, good communication and a positive interpersonal climate. Princeton’s UHS excels in many areas. However, in a rapidly changing world sustaining excellence is challenging, and requires the capacity to navigate the press of immediate day-to-day demands in order to maintain a focus on strategic decision-making. It also entails intentional reviews of current practices through the lens of emerging and future trends. A strategic perspective is essential.

Although 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 ambitions and building on the University’s strengths. UHS’ planning seeks to align with the Campus Life Division’s direction and the University’s priorities. Over the past two years, Campus Life has refined its goals and redefined the distinctive characteristics of the Princeton experience, and the University has engaged in a strategic planning process as well. UHS’ strategic effort has taken a full measure of the direction and implications of these broader initiatives as it developed Strategic Initiative version 2.0.

This current planning effort builds on the work of UHS’ first three-year Strategic Initiative, ending June 2014.

Strategic Initiative version 2.0, which covers 2015 through 2018, retains the mission statement developed for the first Strategic Initiative, offers a sharpened vision statement that articulates UHS’ aspirations and projects what UHS could look like in 2018, and includes minor adjustments to UHS’ value statements, which are consistent with insights gained during implementation of the first Strategic Initiative. Three goal areas have been identified for Strategic Initiative version 2.0: Quality, Culture and Health for Learning.

GOAL 1 – QUALITY
Ensure and promote quality in UHS care, programs, services and work processes

The Quality goal within Strategic Initiative version 2.0 reflects a commitment at UHS to clinical, operational and prevention services that are safe, effective, patient-centered, efficient, timely and equitable. Quality-driven excellence uses data and measurement to improve decision-making.

Whole System Indicators

In support of this goal, the UHS Quality & Performance Improvement (QPI) department worked closely with UHS leaders to develop organizational indicators at the whole-system level. Whole System Indicators are a balanced set of system-level measures aimed at supplying leaders and other stakeholders with data to evaluate overall organizational performance on the core dimensions of quality and value. These indicators—which are not disease- or condition-specific—inform the strategic quality improvement and planning processes. Because they measure quality across the entire organization, they support pillars of excellence from the UHS strategic initiative. UHS’ Whole System measures and outcomes are being tracked through UHS quality scorecards. They are:

Service:

Eleven indicators of service were developed and implemented to measure patient satisfaction, cultural competence and overall UHS impact on student/employee life across all service areas. These indicators have already provided opportunities for quality improvement: several departments have implemented corrective actions, leading to improvements in service outcomes. As seen in the figure below, our corrective actions led to higher scores on our patient satisfaction surveys in the spring 2017 academic semester, especially in the cultural competence domain. Overall satisfaction with UHS services increased to 94%, and likelihood to recommend UHS increased to more than 90%.
Engagement:
UHS implemented the Gallup Q12 Employee Engagement survey to assess UHS staff engagement and job satisfaction. UHS scores on the survey are compared against Gallup’s international database, which cuts across business, healthcare and education sectors. Employee engagement is an important quality indicator because research shows that employee engagement predicts staff turnover, provider productivity, patient safety and patient satisfaction. When compared to professionals from a wide array of backgrounds in the Gallup database, UHS staff demonstrate exceptional (above the 80th percentile) job satisfaction and overall engagement. Moreover, our organization’s commitment to quality falls in the 97th percentile relative to Gallup’s database. The high staff engagement with quality mostly likely reflects outreach efforts by the QPI department (e.g., training/education, providing feedback and assistance with activities and studies, meeting with individual staff and groups regarding measures and other QI-related issues, and building QI resources), having QI included within the UHS strategic initiative and UHS leadership support for QI. The QPI department will work with UHS service areas to improve engagement scores in FY18, especially in the Basic Needs and Teamwork domains, and will take another measurement in FY18 to determine whether engagement has improved.

Innovation:
Two valid and reliable scales were adopted to assess innovation among UHS staff. The first is a nine-item scale that examines Innovative Work Behavior (IWB), a concept composed of the behavioral tasks of idea generation, idea promotion and idea realization. The second measure is the innovative output scale, which consists of six items to assess the frequency of staff suggestions and implementation efforts related to new programs, services and work practices.

Quality:
Several indicators have been adopted to support the quality pillar. The QI-Maturity tool was implemented to assess the organizational impact of the strategic initiative upon quality improvement goals. This measure has 30 items which identify features of the organization that affect quality improvement efforts, and monitors the impact of initiatives intended to foster QI. The QI-Maturity tool assesses QI maturity across the following domains: Organizational Culture, Capacity and Competency, and Alignment and Spread. UHS’ overall QI maturity significantly increased from the prior year (i.e., FY16 = 57% vs. 73% in FY17) and correlated well with the completion rate of quality-related strategic activities from Strategic Initiative version 2.0 this year (overall completion rate for Goal 1 = 73% in FY17). This correlation suggests that the QI measure has good construct/predictive validity, and that strategic efforts within UHS have supported significant QI growth/maturity this past year.

The Capacity and Competency domain within QI Maturity tool has shown significant improvement in FY17. We expect further growth as we launch our learning labs in FY18 and conduct additional, targeted QI trainings through the Institute for Healthcare Improvement open school. It is also expected that QI Alignment and Spread will continue to improve in FY18 as we begin to share our data from new measures with all UHS stakeholders, and use them to further drive QI initiatives.

Because we are the first college health service to adopt the QI Maturity measure, there are no opportunities to benchmark QI maturity within college health. However, we have set a performance threshold of 90% for overall QI maturity for UHS.
Service Level Indicators

In addition to the Whole System indicators of the Quality Goal, the QPI department has worked closely with UHS leaders to develop organizational quality indicators at the individual service level. The health service has adopted the Institute of Medicine (IOM) framework as its model for healthcare quality improvement, and each service area was charged this past year with developing indicators that reflect the six pillars of healthcare quality (safety, effectiveness, efficiency, client-centeredness, timeliness, and equity) established by the IOM. This past year many UHS service areas, including SHARE, Administration, Counseling and Psychological Services, and Employee Health completed this scorecard development work in collaboration with the QPI department.

Overall Progress on Quality Goal of Strategic Initiative version 2.0

A total of 26 strategic activities were developed to support the Quality Goal within the UHS Strategic Initiative version 2.0. These activities have timelines and measures of success. At present, we have completed 19 out of 26 action steps (73% completion rate).

GOAL 2 – CULTURE

Foster a culture characterized by compassion, engagement and teamwork

The Culture goal within the UHS Strategic Initiative version 2.0 acknowledges the importance of a compassionate and inclusive work culture that fully engages its workforce’s talents to support the distinctive needs of a diverse student body. Culture is strengthened by a shared sense of purpose and understanding of differences as well as of our common humanity.

Our work to achieve this goal continues. The health service consciously focused its Goal 2 efforts on diversity and inclusion in FY17, and intentionally aligned its efforts with Campus Life Diversity and Inclusion initiatives.

Over the past three years, all Campus Life units at Princeton have sought to address five goals related to improvement in promoting diversity and inclusion. These goals include: attracting and retaining a more diverse candidate pool; managing performance and recruiting internal candidates; training and competency building; climate and inclusive culture; and engaging leaders and establishing progress measurements. UHS has made considerable strides toward each of these goals.

Hiring and retention of diverse staff:

UHS has made significant changes to hiring practices in order to improve the diversity of our applicant pools. We have revised language in our job descriptions and postings to more clearly signal our commitment to diversity and inclusion. Among the core competencies required of all UHS hires is “Values Difference and Diversity;” and the job description requirements include this competency at the essential, intermediate and advanced levels. UHS supplied its HR staffing specialist with comprehensive lists of professional associations and social media networks, describing where to post and promote positions widely to reach the deepest, best and most diverse pools of candidates.

An email exchange between the Director, Quality & Performance Improvement, and the Finance Manager

“I just had a brief meeting with [two staff members] about their QI activity. I wanted to express how proud I am of their work. This is exactly what I had envisioned the QI program to be from its inception — namely, a grassroots QI movement where anyone can do it, and do it well!”

“Thank you for sending this. I know they worked very hard on that project AND they brought it to fruition! They never let it fall through the cracks despite heavy workloads. I too am very proud of them. They are examples for us all.”

An email exchange between the Director, Quality & Performance Improvement, and the Finance Manager

94% Percent of survey respondents indicating overall satisfaction with UHS

96% Percent completion among UHS staff members who started Institute for Healthcare Improvement online training
During the hiring process, we involve colleagues and stakeholders from Princeton’s identity centers in interviewing candidates in order to obtain their feedback and ensure that a wide range of perspectives are included. We have also been active in working to promote and retain talented staff, taking advantage of leverages such as merit raises, reclassification, special allocation awards, and Tiger and Stripe awards.

Managing performance:

All UHS staff are appraised on how well they are performing with respect to the “Values Differences and Diversity” competency. Staff members who do not perform effectively with respect to this competency work with their supervisors to create an action plan for improvement, including by identifying appropriate training experiences, readings and on-the-job experiences.

Training and competency building:

UHS has long had a practice of supporting continuing education and professional development. By policy, we offer training and professional development opportunities to all UHS staff regardless of professional status or staff class. We encourage staff to access programs that relate to developing their awareness, knowledge, self-understanding and skills with respect to unconscious bias, stereotype threat and micro-aggressions, especially as they relate to the delivery of culturally competent healthcare. In FY17, under the direction of our Quality and Performance Improvement department, all staff were required to complete a comprehensive and in-depth quality improvement training designed by the Institute for Healthcare Improvement. Those who chose to achieve the full certificate program completed a module entitled: “Improving Health Equity” that included lessons on understanding health disparities, initiatives to improve health equity, and how health professionals can work toward health equity. We will expand the number of staff who have taken this course in the future.

UHS is also committed to providing in-house training programs related to diversity and inclusion. In FY17 Judy Jarvis, Director of the LGBT Center, was invited to meet with the UHS leadership team to share the center’s goals and progress as well as discuss what consultation services the center offers (e.g., reviewing intake forms for transgender inclusivity). Dr. LaTanya Buck, Dean for Diversity and Inclusion, and Dr. Rashidah Andrews, Director of Studies in Forbes College, were invited to provide a well-received all-staff training, “Trigger Warnings and Microaggressions.” In addition, staff are encouraged to attend University-wide offerings such as Ally Project trainings and offerings from the Human Resources department that address diversity and inclusion.

UHS established a Trans-Related Healthcare Team with multidisciplinary membership, and advocated for enhanced benefits for gender affirmation surgery in the Student Health Plan.

Climate and inclusive culture:

UHS Diversity and Inclusion (D&I) Committee made significant effort on several fronts. The committee gathered data regarding UHS staff participation in various diversity and inclusion activities, both to quantify our progress and also to focus each department on individual responsibility for participation in these activities. The committee developed and presented several specific recommendations. These include:

- Incorporating training and conversation around diversity and equity into new staff onboarding.
- Continuing regular training for staff and organizational leadership on preventing and responding to micro-aggressions and inequities, and the implications for clinical practice of serving a broad demographic range of constituents.
- Ensuring that all staff are aware of and have access to language resources inside and outside UHS to assist in communicating with patients and families.
- Examining employee perceptions related to diversity and inclusion and the lived experience at work.

As noted under Goal 1 (Quality Goal), in FY17 UHS administered the Gallup Employee Engagement Survey for the first time. We have begun to use the results to identify UHS units that require attention in order to improve climate, and to celebrate those units that are thriving in this arena. Each year, we also review patient satisfaction data, including questions related to the cultural competence of UHS providers, to look for areas of opportunity. Outcomes related to employee engagement pertain to both Goal 1 (Quality) and Goal 2 (Culture) of Strategic Initiative version 2.0, and more detailed information regarding the results of the Gallup Employee Engagement survey is included under Goal 1.

Finally, the Executive Director and Director of UHS met with the Princeton University Hidden Minority (PUHM) leadership regarding how we might better reach and serve PUHM and First-Generation/Low-Income (FLI) students. Dr. Calvin Chin organized and oversaw a day-long conference: “Asian in America: Representation, Activism and Mental Health Conference,” held Saturday, Dec. 10, 2016 at the Carl A. Fields Center, which was warmly received by approximately 100 community members, alumni and students who participated.

Engaging leaders and establishing progress measurements:

The Director of Health Promotion and Prevention Services (HPPS) at UHS was appointed to serve on the Diversity and Inclusion Framework Committee for Campus Life, under the leadership of LaTanya Buck. The directors of HPPS and CPS also presented on “Mental Health Concern Disparities among Marginalized Students: National Trends and Princeton Efforts” to the Healthier Princeton Advisory Board at the spring meeting.

As noted under Goal 1, UHS is developing a dashboard of key performance indicators for the organization as a whole.
and for individual service/departmental areas; this work includes metrics related to improvements in our ability to deliver services to a diverse campus community. UHS leadership has also initiated ongoing conversations on topics of equity among staff, and process improvements in our hiring and retention processes, in order to heighten awareness of diversity and inclusion within our organization.

Data collection on indicators of diversity and inclusion, of the Culture goal more generally, has been initiated within UHS as a means of engaging leadership and establishing progress measurements. Next steps involve further analysis of this data to inform additional action steps. Structurally, ultimate responsibility for making progress toward Diversity and Inclusion Goals has been delegated to the Directors’ Group within UHS. Making this work the realm of the Directors’ Group not only adds increased accountability by requiring that UHS leaders model what progress in reaching equity looks like, but also puts progress in the hands of a group tasked with making systemic and process changes throughout the health service.

Looking to the future, UHS will further align the goals of the Strategic Initiative version 2.0 with the Learning Outcomes put forward by the Diversity and Inclusion Framework for Campus Life. Since Health for Learning (Goal 3 of the Strategic Initiative version 2) already represents a significant part of UHS’ Strategic Initiative version 2.0, there is a natural fit between how our services contribute to the educational and well-being experiences of our students and the diversity and inclusion-related learning aspirations of Campus Life for our campus community.

This walled garden, situated between McCosh Health Center’s two wings, was designed by Eleanor Cross Marquand, one of the founding members of the Auxiliary to the Isabella McCosh Infirmary.
GOAL 3 – HEALTH FOR LEARNING

Advance the Essential Role of Health and Well-being in Learning

Work has just begun on Goal 3, which acknowledges the dual purpose of healthcare on campus: to prevent or treat illness and injury, and to preserve or strengthen students’ performance and potential as learners.

To further work on the Health for Learning goal, UHS has formed two committees with separate, yet connected goals: the Health for Learning Committee (HLC) and the Research Advisory Committee (RAC).

The Health for Learning Committee, co-chaired by the Director of Health Promotion and Prevention Services and the Associate Director of Medical Services, is composed of an interdepartmental group of UHS staff charged with elevating the level of discourse and understanding regarding the essential role of health in student learning. The HLC will review, synthesize and share existing peer-reviewed literature for evidence on the key health factors impacting learning and academic performance. Based on the results of the review of literature, the HLC will collect baseline data on variables of interest, and utilize this data to pilot health and wellness interventions that will support students to achieve academic success. In FY17, the committee established a charter and membership.

The Research Advisory Committee, chaired by the Directors of Athletic Medicine and Quality & Performance Improvement, provides expertise-based peer review to ensure that research proposals prepared by UHS staff investigators meet the highest scientific and ethical standards. The RAC provides feedback on research proposals at any stage of development. Specific goals and responsibilities of the RAC include driving research capacity and incentivizing research engagement within UHS, establishing a platform for forming and developing research ideas, and measuring research activities organization-wide. To date the RAC has advanced a charter, established committee members, held a kick-off meeting and developed strategic responsibilities.

Dealing with Perfectionist Temptations

Instead of blaming away, wait. "Instead of blaming away, wait. When we label what we want as unrealistic or unattainable, we can lose sight of the reality that we possess the self-discipline and drive to achieve our goals. So instead of blaming away, wait."

To CPS Providers

[He] want to thank you for the support you continue to provide for our son.... As you know, we reached desperation during the holiday break ... Fortunately, things improved in time for him to take his final exams. During reading week he expressed that, “this is the most fun I’ve had since arriving at Princeton”. We are thrilled to report that his [activity] was a confirmation of friendships, independence and having fun. [He] has long been excited to begin a new semester and yesterday I received a text: “I’m just crazy excited for everything” which brought us joy. We realize there are many ups and downs he will continue to face but he no longer seems desperate and he can emotionally manage the frustrations of college life... Once again, we wanted to express our appreciation for your continued care.”

To CPS Providers
Highlights

Academic Collaborations & Partnerships
The many ways in which UHS supports the University’s mission include collaborations and partnerships with both faculty and academic programs.

John Kolligian and Calvin Chin, among other UHS staff members, have served as consultants and jurors, bringing their expertise into the classrooms of Professors Derek Lidow (Department of Electrical Engineering, Keller Center for Innovation in Engineering Education, and Program in Entrepreneurship) and Sheila Pontis (Department of Electrical Engineering and the Keller Center for Innovation in Engineering Education). Two Princeton courses, Engineering 200 and Engineering 392, both entitled “Creativity, Innovation and Design,” taught students about the creative process and design thinking, which students then applied to generate innovative solutions to significant and seemingly intractable public health and social problems on campus.

UHS’ Jon Pletcher, Director of Medical Services, and Irini Daskalaki, Global and Community Health Physician, participated in the 400-level course “The Physical Basis of Human Disease,” taught by Professor Celeste Nelson of the Department of Chemical and Biological Engineering. This instance of curriculum infusion provided a valuable opportunity to share ideas related to campus outbreak monitoring and response.

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Since 2009, UHS Executive Director John Kolligian has served on the University’s Institutional Review Board for Human Subjects, under the Office of the Dean of Research. This board is responsible for reviewing University research projects involving human subjects to ensure that such research activity does not expose any research subject to an unjustifiable risk or unduly invade the subject’s privacy. Irini Daskalaki serves on the University’s Institutional Biosafety Committee, which provides review and oversight of all University research and teaching activities involving chemical or biological agents conducted by faculty, staff, students and/or visiting scientists.

Many UHS staff members participate in the Campus Behavioral Science Initiative (CBSI). The CBSI, a collaboration between the Office of the Executive Vice President and the Kahneman-Treisman Center for Behavioral Science and Public Policy, brings together University researchers and administrators to research and address significant problems on Princeton’s campus through the lens of behavioral science and policy.

UHS Renovation
For many years, UHS has served patients in an outdated and inadequate physical space. Aware that optimal patient experiences occur in comfortable, attractive and efficient space, UHS worked with University partners to identify funding to address concerns regarding the existing facility, including constraints on patient privacy and confidentiality, inadequate space and layout, access for emergency personnel, and aesthetic considerations. After limited funding was secured in 2014, priority was given to renovation of the first floor medical service as well as refurbishing part of the garden level. The selection of the first floor for renovation reflected the medical service area’s high visibility and heavy utilization.

Beginning in 2015, UHS worked with Ewing Cole Architects, HSA Construction, Princeton’s University Architect, and the Office of Design and Construction to develop a new design scheme, and construction began in late spring of 2016. All services continued to be offered throughout the construction period, necessitating a temporary relocation of services to Green Hall and the Caldwell Fieldhouse in summer 2016 while the entire first floor of McCosh Health Center was demolished and rebuilt. The renovation was completed in early fall 2016 and an open house for campus and community partners was held in December to celebrate the newly modernized and redesigned space.

The inviting, state-of-the-art first floor is now home to Outpatient Medical Services and Employee Health services, while Health Promotion and Prevention Services has been relocated to newly refurbished garden-level offices. The new layout of the medical service makes possible new, innovative functions that streamline the patient registration process and care delivery, increase patient privacy, and improve patient access and flow. Centralized team work spaces and shared exam rooms enhance collaboration among caregivers, promoting the delivery of optimal care to patients. Access to Employee Health is improved with the department’s move to a brand-new space adjacent to the main entrance.

A noteworthy feature of the new design is the first floor lobby/lounge space in which the original wood paneled walls, restored to their former luster and charm, complement the modern design elements of the renovation. The historic lounge space and the honorary plaque it houses acknowledge our centuries-old partnership with the Auxiliary to the Isabella McCosh Infirmary, which contributed to the renovation in the form of funding for three new, fully equipped exam rooms.
CPS Outreach

**Women's Meditation**

Facilitated by
Dean Asian Studies and Sumantha Garcha, LCSW

**BENEFITS OF SHARING**

For Counseling & Psychological Services (CPS) outreach is essential to the work of a university counseling center. In FY17, CPS facilitated 159 outreach events and made 5,317 student contacts (a 165% increase from FY14). By educating students, faculty and staff and destigmatizing mental health issues, CPS outreach programs heighten awareness of, as well as willingness to seek treatment for, psychological concerns: since 2013 and in tandem with the expansion of its outreach programs, CPS has served 23% more students and seen a 14% increase in the number of clinical sessions utilized.

CPS outreach reflects intentional goals and areas of focus. The service’s many offerings on mindfulness reflect research demonstrating that the practice of mindfulness skills decreases stress and enhances mental health. Outreach efforts also seek to reach underrepresented groups on campus historically less inclined to engage with counseling. December 2016 saw the first “Asian in America: Representation, Identity and Mental Health” conference, which brought together national experts, alumni and students to discuss how identity and representation affect mental health and mental health treatment within Asian communities. Other CPS outreach to marginalized groups includes “Cupcakes and Connections,” an informal drop-in group for first-generation students. CPS partners with the LGBT Center, the Fields Center and the Women’s Center to co-sponsor programming around mental health in specific communities. Finally, gatekeeper outreach programs such as Princeton Distress Awareness and Response has trained over 800 faculty, staff and students to recognize and respond to signs of distress in students. For the first time, CPS in partnership with the residential colleges also presented a 90-minute Orientation program, “Caring For Yourself and Others,” for every first-year undergraduate student, and facilitated an analogous program for incoming graduate students.

Thank you for organizing the mindfulness meditation for the Department. A monthly hour of reflections on what we are doing on a daily basis at work and at home, and the possibility of re-educating ourselves has made a significant change in my life. The topics that affect as all help us better understand others and ourselves, and how to be more tolerant as well as productive. I hope that this program will continue and that more people with join.”

E-mail from a Department Administrator.

**159**

Number of CPS outreach events

### Transgender Healthcare

UHS has made major strides to expand and enhance services specific to the transgender student population. These efforts include adding services specific to transition-related care, expanding coverage under the Student Health Plan, increasing staff diversity and inclusion training, and improving functionality within the electronic health record.

In August of 2016, UHS began offering consultation and prescriptions for masculinizing and feminizing hormones for purposes of medical transition, a primary care service and medical necessity for many transgender individuals. Until recently, students seeking hormones were referred off campus, raising barriers to integrated care and placing undue strain on students in terms of cost and time.

The Student Health Plan now covers gender affirmation surgery and has expanded the number of procedures included in this category, in addition to eliminating the original $50,000 cap on the benefit. UHS clinicians document the medical necessity of these procedures for Aetna in order to reduce barriers to coverage.

I just want to say thank you for our sessions. You’ve helped me more than you knew and I am grateful. Through our sessions I gathered the confidence to talk to [loved ones] about my sexuality and introduce the idea of being trans. I’ve also become open about who I am and who I want to be. [My loved ones] now know that I am starting to transition and plan to start hormonal therapy soon. I’ve learned to accept myself with your help. ... I feel as if there has been a weight lifted off of me. Thank you so much for everything!”

To a counselor from a student.

All UHS staff participate in professional development trainings to increase expertise regarding issues affecting transgender and/or gender nonconforming students. The electronic health record now permits students to indicate a gender different from that reported to the University, and UHS’ information technology team is continually enhancing the electronic health record to enable the use of gender-inclusive language and other related descriptive features.

### CPS Jed Foundation

Preventive work at CPS over the last two years went beyond outreach to include a partnership with the Jed Foundation Campus Program, a national organization that provides CPS with guidance regarding how to achieve best practices in relation to enhancing student health and well-being, mitigating substance abuse, and reducing suicide. In consultation with the Jed Foundation, CPS completed a self-survey and embarked on a campus strategic plan. This strategic plan resulted in significant improvements across the University, including implementing drop boxes for discarded prescription medication; the clarification of University medical leave policies; new protocols for following up on health history forms to identify students at risk; and the development of a CPS triage system to shorten wait times and enhance the assessment of student treatment needs at initial contact.

87% 53%

Percent of students seen in CPS who report a favorable impression of the service (vs. 53% who had a favorable impression before seeking services)
Quality Improvement Studies

Two UHS Quality Improvement studies were presented at the Institute for Healthcare Improvement’s (IHI) National Forum on Quality Improvement in Orlando, Florida. The first, “Antibiotic Stewardship for Acute Uncomplicated Bronchitis,” was accepted for oral presentation, and subsequently published in the British Medical Journal. To our knowledge, this is the first time a college health service has presented QI work at IHI and published such work in a highly regarded medical journal. The second QI study, “Increasing Influenza Vaccination within UHS,” was accepted as a poster presentation at the same symposium. This UHS-based QI study was voted “best poster” by IHI judges and conference attendees (largely from primary and hospital care settings), and received the Best Poster award. The acceptance of UHS QI work by IHI leaders in the field and from mainstream healthcare settings signals the successful design and implementation of UHS’s quality improvement program.

UMatter

UMatter is a multifaceted health communications campaign aimed at increasing the culture of caring for oneself and others by providing positive, actionable skills, both before the moment they are needed and just in time. The campaign includes in-person programming as well as a website, social media and other communications.

UMatter has four clear and discrete learning objectives, starting with Action Matters (active bystander skills-building). The actionable information and skills transmitted through Action Matters provide a foundation for healthy choices and bystander intervention that cut across the health and safety concerns addressed through three additional UMatter content areas: Limits Matter (high-risk drinking), Connecting Matters (mental distress), and Respect Matters (interpersonal violence and abuse). Continuous evaluation of UMatter since it launched in fall 2015, and comparison to baseline data, reveals that progress has been made in students’ attitudes toward being active bystanders across a range of issues. Data collected in spring 2017 indicates that more students agree or strongly agree (and fewer disagree or strongly disagree) that they “have a responsibility to intervene” when someone else has a health and safety concern such as excessive alcohol use, being abused by a partner, being taken advantage of sexually, or experiencing emotional distress. Similar positive trends emerged when students were asked whether they knew how to intervene in these problematic situations involving peers (“I know how to intervene in order to help/assist…”). As the initiative enters its third year, evaluation data are clearly trending in a positive direction, and there is considerable reason for optimism about the potential of UMatter to influence positive change on our campus.

HIGHLIGHTS

I was just walking past Frist for the first time in a few days and was pleasantly surprised by the new Umatter flags that seem to have popped up overnight! I think they’re an excellently placed visual reminder and hope the students will find them as awesome as I do! Nice work by the whole Umatter team!”

From a staff member to the UMatter team

97% of SHARE Bystander Intervention workshop attendees who, after UMatter training, responded in the evaluation that “I would do something to stop someone from being harmed” at least 90% in FY2017.

3,545 Student riders on the UMatter Bus (a violence prevention and alcohol risk mitigation strategy) in FY2017.
Unit Reports

Medical Services

Medical Services at UHS includes the outpatient medical clinic, the infirmary, Employee Health, Athletic Medicine and Radiology. Located at the McCosh Health Center, Caldwell Field House, and Dillon Gym, Medical Services provides primary care and specialized services, such as Athletic Medicine, Sexual Health and Wellness, Travel Health, Immunization Services, Nutrition Counseling, Physical Therapy, Radiological and Laboratory Services, and a new program, Global and Community Health.

Medical Services has undergone dynamic change over the last two years, including a complete physical renovation of the outpatient medical clinic (described in the “Highlights” section of this report), initiatives to improve patient flow and experience, significant changes in staffing and leadership, the evolution of new programs, and improvements to cultural values related to engagement and teamwork. Of significance across the Medical Services and the University is the development of the new Global and Community Health Program, which seeks to link and leverage expertise in Infectious Diseases, Travel Health, Immunization Services and Disease Surveillance in laboratory and field research settings to support the health of the Princeton community on campus and around the world.

With initiatives to transform the organizational structure and culture of the medical service, a new director of Medical Services, Dr. Jonathan Pletcher, has prioritized role clarification and support for inter- and intra-disciplinary practice. These changes have served as the basic framework for collaboration and staff engagement. The newly hired associate director of Medical Services, Dr. Valerie Lewis, has focused on streamlining scheduling practices to improve accessibility and to promote continuity of care for students experiencing longer-term health problems. Dr. Irini Daskalaki, whose subspecialty training is in infectious diseases, will direct the Global and Community Health Program.

In addition, Medical Services supports over a half-dozen discrete clinical programs staffed by professionals representing nearly a dozen professional disciplines, and support for this complex medical group requires a strong central healthcare administrator. To this end, in FY17 the position of administrator for Medical Services was developed. Cassandra Edwards, MPH, was recruited to this new position, focusing on project management, process improvement, and coordination of administrative activities across medical service areas. Finally, the role of Nursing and Infirmary Services manager was developed to support the nursing discipline across the infirmary and outpatient services areas. In this role, Tanesha Brown, MSN RN, has led standardization and improvements within nursing at UHS.

With new staff, new physical space, and new leadership, Medical Services also began a significant organizational transition centered on developing a culture in which collaborative practice supports how we engage patients in meaningful longitudinal healthcare relationships. Through these changes and across programs, Medical Services’ staff strives to continuously improve the quality of our services with a focus on the patient experience and patient-centered outcomes.

Greetings - may I begin with thanking you again for taking care of me over the last six years. I could not have asked for a kinder, thoughtful, or more capable health provider during my time at Princeton. You are going to be impossible to replace! Thank you for everything!*

To a physician, from a patient

Outpatient Services

Staffed by a team of college health professionals including physicians, nurse practitioners, physician assistants, nurses, athletic trainers, physical therapists, administrators, radiology technicians and a dietitian, the Outpatient Medical Clinic provides accessible primary healthcare, including same-day care for acute medical concerns, to undergraduate and graduate students and their eligible dependents. The Outpatient Medical Clinic is also the site of care for subspecialty programs within Medical Services, including Clinical Nutrition services, Sexual Health and Wellness, Athletic Medicine, and Global and Community Health. In addition, the Outpatient Medical Clinic serves as a triage center for students, employees, and campus visitors who experience acute severe symptoms or injuries.

Students can schedule visits utilizing the “MyUHS” patient portal or by more traditional methods. Those with an urgent complaint who call or walk in receive immediate nursing triage assessments. Most often, students are seen the same day, or within 24 hours, depending on the severity of the presented concern. The clinic’s evening and weekend office hours also continue to be popular among students.

Recent accomplishments in Outpatient Medical resulting from the renovation include better access for acute concerns, shared documentation stations with mobile laptops in the clinical workspace allowing a patient-centered workflow, a dedicated clinical and administrative space for Employee Health, and four consultation rooms used to counsel patients or families or for small workgroups. In parallel with the transformation of the workspace came restructured work processes and staff roles to improve patient flow and overall experience. For a more detailed account of the first floor renovation and the redesign of the Outpatient Medical Clinic, see the “Highlights” section of this report.

77.5% Percent of Princeton University students who used medical services in the last year

775%

GREETINGS - may I begin with thanking you again for taking such great care of [our son]. Your wisdom and calm approach to his condition has put all of us at ease - concussions are always a bit disconcerting as there is still much to learn about head and neck trauma... and I can’t thank you and the staff enough for the level of care, concern, and professionalism that has been conveyed upon our son for the past 2.5 years. I have absolute trust that he is in excellent hands and will be sorry when he graduates and loses your clinic’s expertise."

To the Director of Medical Services, from a parent

From a parent

Can’t thank the staff enough for 4 years as a student athlete - men’s lightweight crew, stitches after a bicycle accident, assorted viruses and gastroenteritis and the meningitis scare. Your staff always come through for my son!”

From a parent
and competition coverage, and travel support to the sports
Athletic Medicine provides on-site clinical care, practice
Department of Athletics.

The mission of Athletic Medicine at UHS is to provide the
highest quality healthcare to student athletes. Composed of a
team that includes primary care sports medicine physicians, certified and licensed athletic trainers, physical
therapists, nursing staff, a sports dietitian, and both an
orthopedic consultant and a neuropsychologist consultant,
Athletic Medicine cares for the musculoskeletal and sports-
related needs of student athletes participating in 38 varsity
teams and two club teams, working collaboratively with the
Department of Athletics.

Diagnostic Services

- 354 Number of EKGs performed as part of student athlete pre-participation cardiac screen
- 250 Number of audiograms performed for employee hearing conservation program

RadioLOGY:

UHS provides radiological services and diagnostic testing (electrocardiograms, audiograms, spirometry) for students and employees. Equipped with a Shimadzu Rad Speed digital radiographic unit with a Canon digital detector, Radiology provides diagnostic services that enhance image resolution and decrease radiation dosage with the overall goal of maximizing patient safety, quality of care, efficiency and cost
effectiveness.

Laboratory:

UHS offers laboratory testing and specimen processing for
students and employees through Quest Diagnostics.

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for student athletes. Composed of a team that includes primary care sports medicine physicians, certified and licensed athletic trainers, physical
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27 Number of individuals beginning smoking cessation
90 Number of smoking cessation counseling sessions provided

Athletic Medicine

Employee Health

UHS Employee Health takes a holistic approach –
composed of assessment and screening, medical
clearance, vaccinations and other interventions, treatment
recommendations and planning, and education – with
the aim of supporting employee health and preventing
work-related illness and injury. Employee Health offers
faculty and staff a broad range of services, including
assistance for work-related injuries, illnesses, absences and
disability; medical surveillance; immunizations; radiology,
laboratory and physical therapy services; travel planning;
and recommendations regarding medical parking requests.

Accomplishments over the last two years include adopting
the framework of Total Worker Health developed by the
National Institute of Occupational Safety and Health as the
foundation of Employee Health’s comprehensive approach
to employee health and well-being on the Princeton
campus. In addition, Employee Health has introduced
process improvements for the hearing tests that are
required by OSHA to fulfill the University’s regulatory
requirement regarding hearing conservation, and has
also partnered with the Office of the Dean of the Faculty,
Human Resources, and Environmental Health and Safety to
form a group tasked with developing a consistent approach
to addressing accommodation requests by faculty and staff.

Global and Community Health

The Travel and Immunization Program at UHS has
been incorporated into a new Global and Community
Health Program. The mission of Global and Community
Health is to provide timely, evidence-based care to
Princeton students for all their travel, immunization, and
infectious disease-related health issues, and to offer
consultative services to the University community. The
Global and Community Health Program develops policy
recommendations aimed at both preventing exposure to
and acquisition of infectious diseases at the individual level,
and mitigating the spread and impact of outbreaks should
they occur.

Another primary goal of the program is to expand co-
curricular educational initiatives on campus related to
global and community health issues. The program is led by
a newly hired physician specializing in infectious disease,
while a nurse practitioner focuses on managing the demand
for travel and immunization services.

This transition to the Global and Community Health Program
took place without interruption of services as both new and existing staff maintained a track
record of excellence in providing extensive pre- and
post-travel evaluations as well as engaging students in
maintaining compliance with state regulations for required
immunizations.

Other key accomplishments in Global and Community
Health include leading planning activities related to
the yellow fever vaccine shortage; collaboration with
campus partners regarding preventive measures for
infectious threats present in the community/off campus;
documentation of risk for students with exemptions
to immunizations both on campus and while traveling on
University-sponsored trips.

Nutrition

UHS Nutrition Services addresses the nutrition needs
of our student body through counseling, education, and
programming. With a focus on sports nutrition, eating
Sexual Health and Wellness

Sexual Health and Wellness (SHAW) offers specialized sexual health and wellness care. Other key accomplishments in SHAW include initiation of contra-hormone therapy visits and prescriptions for students who desire medical gender transition, and the facilitation of accessing insurance coverage for gender affirmation surgeries. For further information on SHAW’s initiation of contra-hormone therapy, see the “Highlights” section of this report.

Infirmary

UHS operates a 15-bed infirmary to care for patients who require overnight care for medical or mental health concerns. Infirmary services provide a safe, structured, home-like environment for recovery from acute illness or injury in college students who might otherwise have to remain in a hospital or return home to recover, potentially jeopardizing academic goals.

Key achievements include initiating a quality improvement project on the SBAR (Situation, Background, Assessment, Recommendation) communication technique, endorsed by the Joint Commission as the best practice for standardized communication in healthcare; utilizing evidence-based standards to create a new electronic health record template for improved documentation of headaches; and 100% staff completion of Institute for Healthcare Improvement open school training.

Adjacent to the infirmary is the Parents’ Suite, which includes sleeping accommodations and a bathroom, available for use by family members of ill or injured students who have been admitted to the Infirmary or a local hospital. The Parents’ Suite is maintained through the generosity of the Auxiliary to the Isabella McCosh Infirmary.

Counseling and Psychological Services

CPS provides a wide range of services to address students’ psychological needs and mental health concerns. The psychologists, psychiatric providers, clinical social workers and postdoctoral psychology fellows on the CPS staff offer expert mental health services to Princeton graduate and undergraduate students and their dependents.

Interdisciplinary clinical teams treat students with specific mental health needs, including eating concerns, alcohol and other drug problems, and chronic self-harm or suicidality. CPS clinical staff also provide consultation to deans, athletic team coaches, faculty, residential college advisers, family members, friends, or other members of the community who express concern about a student.
AY 2016 saw significant increases in utilization of CPS services. 22% of the total student body received treatment at CPS, a 10% increase from the prior year in the number of unique students seen and a 4% increase in the number of appointments. The acuity of mental health issues presenting to CPS also continues to increase (corresponding to nationwide trends), as evidenced by an 8% increase in urgent care appointments and an 50% increase in the number of students referred to the emergency room or hospital for inpatient care from the prior year. Since 2013, CPS has provided mental health services to 23% more students and has seen a 14% increase in the number of clinical sessions completed.

CPS collects data on the effectiveness of its services. All students complete the Behavioral Health Measure-20 (BHM-20, a standardized clinical symptom inventory) at every counseling visit, enabling CPS to track a student’s level of improvement and recovery, and also to compare CPS outcomes to a 2014 national benchmark sample of 13,808 students from 25 college counseling centers. The data indicates that CPS continues to provide highly effective treatment, and that measures of improvement among students seen at CPS significantly surpass those documented in the benchmark study.

45.2% of the benchmark sample showed improvement in “Global Mental Health” at their most recent assessment, compared to 55% at Princeton. Similar comparisons exist for well-being (27.2% improved in the benchmark study vs. 64% at Princeton), psychological symptoms (39.9% improved vs. 64% at Princeton), and life functioning (10.2% improved in the study vs. 50% at Princeton).

50% Percent of students with clinically significant mental health distress whose life functioning improved after treatment at Counseling and Psychological Services, vs. 19% benchmark

In addition, students continue to award CPS very high patient satisfaction ratings: fully 87% of students were satisfied or very satisfied with CPS, and 90.3% of students were likely to recommend CPS to a friend. 81% of students surveyed report that CPS has positively impacted their lives as a student. 93% of students were satisfied or very satisfied that the clinician listened carefully to their concerns, and 90% agreed or strongly agreed that CPS was sensitive to their cultural needs. When they first contacted CPS, 53% of students reported feeling very or extremely distressed, whereas following treatment and at the time of survey completion, only 7% of students reported feeling very or extremely distressed.

“From the bottom of my heart, thank you. It is because of you and the group you have brought together that I have been able to work through all the stress I’ve had associated with my family. For the first time in years, my parents are visiting and I’m not in an unmanageable tizzy before their arrival and I credit that to this wonderful group you started. I can’t thank you enough!”

From a student to a counselor

“I can’t even begin to tell you how much I appreciate everything you’ve done for me. The majority of my personal growth stems from our time together. So, from the bottom of my heart (and mind), thank you.”

From the Director of Counseling and Psychological Services

SHARE is a confidential resource available to all Princeton students who are survivors of (or have been directly affected) by violence and abuse including sexual harassment, sexual assault, dating/domestic violence, stalking, and harassment based on gender identity or sexual orientation. SHARE offers:

- Confidential consultations enabling survivors to make informed decisions about which, if any, resources they would like to access.
- A comprehensive range of services, including crisis response, support, short-term counseling, clinically informed advocacy, case management, support on- and off-campus resources, and education.
- Referrals to treatment providers in the community.
- Outreach, awareness-raising, and primary prevention programs facilitated by staff and by students in the SHARE peer program.

Throughout FY 17, despite the departure of a full-time employee, SHARE services were sustained and even expanded by the hiring and onboarding of three part-time temporary employees, the Men’s Allied Voices for a Respectful and Inclusive Community (MAVRIC) graduate and undergraduate steering committee, and SHARE Peers. In recognition of its role in addressing interpersonal violence, SHARE was granted a new full-time position, resulting in the development of the prevention curriculum and assessment manager position and the hiring of Dr. Avina Ross for this role. An additional half-time position was granted in 2018 to expand the SHARE administrative coordinator role to a full-time, 12-month position.
Select ongoing HPPS initiatives include:

- alcohol and other drug use, and bystander intervention.
- the highest-visibility topics of concern for Princeton, including outreach, awareness, and prevention programs, including ridership on the UMatter bus and the new mandatory online training for juniors, increased in FY17 by 46% to include a total of 14,510 students.

Health Promotion and Prevention Services

At Health Promotion and Prevention Services (HPPS), a team of health promotion professionals works to support, co-create, and facilitate individual and community health, with student-centered well-being as a primary goal. HPPS achieves its objectives through campus-wide advocacy, education and capacity-building, research, and programming. The duties of HPPS include providing direct student service; organizing and implementing advocacy and programming and policies.

HPPS is actively working to orient its programs and services toward equity and inclusion through professional development of staff, improved partnerships with identity-based centers on campus, adaptation of PHA application materials, and participation in the Diversity and Inclusion Framework process for Campus Life. In support of these equity and inclusion efforts, in FY17 HPPS partnered with a colleague from University of Wisconsin-Madison and Jonathan Pastor from CPS to publish a commentary in the American Journal of Health Education on the potential impact of high-risk drinking culture on marginalized and minoritized students.

Peer Health Advisers (PHAs), a cohort of supervised students trained in providing one-to-one support through education and referrals within their spheres of influence (residential colleges, student organizations, eating clubs, sports teams).

- Measure Your Mood, a collaborative screening program with Counseling and Psychological Services that identifies students in need of mental health support, increases contact and comfort interacting with counseling staff, and decreasing stigma regarding help-seeking behavior.

Over the last two years, HPPS continued the momentum of these initiatives while also managing the onboarding of a new director, piloting the new Lawnparties Breakfast Collaboration, and gaining new student engagement opportunities via First-Year Orientation programming. HPPS also served as a primary planning partner for the Pre-Visit Screening process in the Medical Service, and collaborated extensively with quality improvement efforts. The staff of HPPS was recognized with awards for work on UMatter, a campus-wide initiative that promotes care for self and others through action-oriented behavior, with a focus on bystander intervention and healthy choices.

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Information Technology

IT consulting is required throughout the organization to support improvements in work processes through project management, systems development, data reports, and support for clinical studies. IT’s programs follow policies and procedures developed by UHS, the Office of Information Technology and other University departments. FY17 was marked by IT’s support of multiple new technologies introduced into the renovated Medical Services outpatient unit, including laptop computers and docking stations, use of wireless network technology, access to EHR software through Citrix Receiver, upgrade to Windows 10, and added security with dual authentication. FY 17 also saw University implementation of ServiceNow IT service management software, which connects users with the IT support they need. Following the renovation and ensuing heavy demand for IT services, this new software tool proved invaluable in enabling IT to field and track user issues efficiently.

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2,300

Number of help requests/tickets received by UHS IT via the ServiceNow service management software system since its inception this year

Stewardship

The University Health Service budget, most of which is allocated for the salaries of the 114 staff members (93 FTEs) who serve students, is drawn from Princeton University general funds. UHS services are provided free of charge to students, with a few modest exceptions. UHS also brings in grant funding to support its work whenever possible.

Since 1902, the Auxiliary to the Isabella McCosh Infirmary has played a key role in furthering the growth and quality of healthcare services provided at the University. It was the Auxiliary that, in 1919, hired an architect to design a new building, and raised the funds to build the existing McCosh Health Center. The Auxiliary has supported many of the campus’ healthcare needs by soliciting dues and donations from friends of the health service as well as from parents. Auxiliary members oversee several endowment funds that allow UHS to purchase equipment, support educational programs, renovate facilities, and pay for medical expenses that students cannot afford and insurance does not cover.

Over the past two years, the Auxiliary has stewarded existing funds and raised new ones to maintain high-quality student care. In particular, the Auxiliary recently made a significant gift to UHS of $151,000 to outfit three new exam rooms as part of the renovation of the medical service. Also financed by the Auxiliary over the past two years were two stretcher chairs, certain lab tests for students, alcohol education and more. The Auxiliary also funds the Special Needs Fund that assists eligible students with up to $300 per year for healthcare needs such as dental care, emergency room visits, surgery, specialist visits, mental healthcare, eyeglasses and transportation to appointments. In FY17 alone, the Special Needs Fund provided more than $37,000 to help 135 students with healthcare expenses. Auxiliary members have also worked to increase awareness of services offered at UHS, to volunteer for administrative activities, and to make the physical environment in McCosh Health Center more welcoming and cheerful for students, parents and staff.

On June 2, 2017, to showcase the building renovations upon their completion, UHS and the Auxiliary co-hosted the first Health Center Reunions Open House. The lounge space adjacent to the new McCosh Health Center entrance now features a beautiful commemorative plaque in etched glass; the plaque includes three panels commemorating the Auxiliary; Josephine Perry Morgan, founder and first president of the Auxiliary; and Isabella Guthrie McCosh, unofficial director of campus health services when James McCosh was president of the University. A portrait of Isabella McCosh by noted 19th-century painter John W. Alexander has also been rehung in the newly refinished, wood-paneled lounge.

$37,000

Amount distributed by the UHS Special Needs Fund to students who lacked the financial resources to cover their healthcare needs.

\[Thank \text{ you very much for …all of your help in connecting me to the Special Needs Fund. I can hardly express how much stress this has relieved, and positively this will impact my finals and the end of my year. I am very grateful for your help.}\]

To the Administrator of the Special Needs Fund

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To the Administrator of the Special Needs Fund
Future Directions & Challenges

Even as we at UHS are absorbed in our current work and contributions, we are also mindful of how swiftly the future is upon us. Our gaze is on what is directly before us as well as on the horizon — on the future directions and challenges faced by health and higher education.

- The field of university health will continue to look to successful organizational business models from all industries to advance its practices and impact. Still, gold standards are needed. University health requires discipline-specific metrics and systems of measurement for assessing student health trends and evaluating the effectiveness of programmatic interventions. While promising suites of measures exist, moving from promise to progress will take substantial effort. Quality improvement departments will become more visible and gain influence as they support the development of both organization-wide and area-specific measures of process and outcome, and champion their importance. Last, aspects of the “medical home” model, with its emphasis on collaborative team-based and patient-centered care, will help us to better serve the needs of students with complex health needs.
- The cost and complexity of the American healthcare system is likely to increase in the near future. Princeton students face challenges to accessing specialty care, and as young adults and adults, must learn to navigate and self-advocate within complex healthcare systems. Relatedly, integrating Campus Life’s co-curricular mission into every patient interaction will create a context in which students are supported as they learn to make healthcare decisions for themselves and those they hold close.
- Staff development is and will continue to be a priority as the field of healthcare is shaped by change and innovation. Ensuring that UHS staff identify emerging trends and skills. Professional development is also advanced through opportunities to teach, consult, and conduct research; identifying opportunities for staff to engage in such an array of activities is essential to providing informed and inspired care, combating “compassion fatigue,” and attracting and retaining personnel at the top of their fields.
- Princeton is a global institution in which students, staff, and faculty routinely travel, work, and study abroad. This growing trend requires UHS to be prepared to support community members in other parts of the world. In order to ensure connected and responsive care, telemedicine will emerge as a portal for supporting the well-being and mental health of students, and for addressing a myriad of health issues that arise as students and faculty spend long periods of time overseas.

Thank you so much for arranging the Asian in America conference. It was very moving, thought-provoking, insightful and I am still processing all that was shared. ... thanks for bringing (experts) to Princeton so we could learn from their and your perspectives and experiences. I deeply appreciate it. Thanks for inviting us to the conference! Please keep me posted if there are events like this in the future. Thanks again for making it happen!"

Just a quick note to congratulate you on a well-organized and informational conference on Asians in America. I spoke to several people who were very happy that you held this meeting. Getting people together can be powerful in making positive changes. Thank you for this conference and all that you do to improve the health and well being of the Princeton community!"

To the Director, Counseling and Psychological Services, regarding the Asian in America Conference

Special Recognitions

Amanda Borgstrom was accepted to the LGBTQ Health Policy and Practice Graduate Certificate program at George Washington University.

Calvin Chin received a Leadership Award from the LGBT Center.

Janet Finnie, Peter Johnsen, John Kolligian Jr., Janet Neglia, Judith Oakley, and Kathy Wagner received the Larry J. Anderson Award for Outstanding Public Health Science from the CDC’s National Center for Immunization and Respiratory Diseases.

Tanesha Barnwell Brown, Pasquale Frisina, Sara Ingraffia, John Kolligian, Jonathan Pletcher, and Esther Munene were awarded the Top Poster Presentation for increasing influenza vaccine uptake among healthcare personnel through concurrent, multifaceted quality improvement (QI) strategies: A lesson from university healthcare, 22nd Annual Scientific symposium on Improving the Quality and Value of Healthcare, December 5, 2016.

Sara Ingraffia received a Leadership Award for the Northeast Association of Occupational Health Nurses Association. She served as regional director for the New Jersey Occupational Nurses Association and assisted in planning the NJ State Conference and meeting.

John Kolligian is a member of the editorial review board of the Journal of College and Character, and the NCAI Sport Science Institute’s Inter-Association Task Force on Sleep and Wellness. He also serves as the American College Association’s liaison to the Higher Education Mental Health Alliance and as a trustee of the Carrier Clinic.

Tara Muni serves as a member of the Emergency Nurses Association Health Policy Board.

Jonathan Pastor received the Harriet Copher Haynes Diversity Leadership Mentorship Award by the AUCCCD.

Margot Putukian received the 2016 Citation Award from the American College of Sports Medicine. Dr. Putukian also presented as an expert panel participant at the 9th International Conference on Concussion in Sport, sponsored by FIFA, IIHF, IOC, and IRG, in Berlin, Germany. Dr. Putukian currently serves on the following outside committees and organizations:

- ACSM Clinical Sports Medicine Leadership Committee (Chair)
- US Lacrosse Sports Safety & Science Committee, (Chair)
- NFL Head Neck & Spine Committee
- US Soccer Recognize to Recover/Medical Advisory Committee
- Korey Stringer Institute Medical Advisory Board
- Big Ten-Ivy League Concussion Collaborative Board
- USA Football Sports Medicine Advisory Committee
- Medical consultant to Major League Soccer
- Delegate to the Team Physician Consensus Conference on the Female Athlete
Selected Presentations & Publications

Presentations


Balut, M. Health and wellness strategies and recommended health screenings for men and women. Presentations to students, faculty, and staff at a Professional Development Committee, Raritan Valley Community College, Branchburg, NJ, April 5, 2017.


Kolligian, J. (2017, August). “Distance counseling and telemental health.” Symposium and panel presentation with members of the Higher Education Mental Health Alliance at the annual convention of the American Psychological Association, Washington, DC.


Pastor, J., Lennon, E., Ranay, S. (2016, October). Stronger than we knew: How counseling centers can cultivate individual and community resilience on college campuses in the wake of bias and hate-based critical incidents. Association of University and College Counseling Center Directors, Tampa, FL.

Historic Timeline

1868-1888 Isabella G. McCosh, wife of University President James McCosh and unofficial “Director of Campus Health Services,” visited and cared for sick students.

1882 Construction of the first Isabella McCosh Infirmary.

1889 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 sanitary conditions on campus.

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

1905-1928 John H.B. Cunnihan ’94 was appointed University Physician in charge of the Infirmary.

1910 Founding of Department of Health and Physical Education.

1911-1936 Joseph E. Raycroft, founding member of the American College Health Association (ACHA) was appointed Chairman of Health and Physical Education.

1919-1926 Dr. Stewart Playfair became the first College Psychologist. His influential activities were pursued long before mental health was widely perceived as an important factor in overall health.

1925 Construction of the second Isabella McCosh Infirmary, to accommodate increasing enrollment.

1933-1964 Dr. Harry E. McPhee, former physician, established the Athletic Medicine department.

1942-1944 Infirmary used as a multipurpose building for Navy and Army during World War II.


Pletcher, R. College students and meningococcal disease: Are students protected? Panelist in webinar and panel discussion sponsored by the National Foundation for Infectious Diseases, August 2016.


Putukian, M., Prevention and treatment of sport-related concussion. 5th Annual Neuroscience Symposium, October 7, 2016, Eatontown, NJ.


Putukian, M., Riegler K, Amalfe S., Echemendia E., Frisina, P. Correlates to concussion recovery in college athletes: A prospective evaluation of pre-Injury modifiers and post-injury clinical and neuropsychological assessments. Big
Ten-Ivy League TBI Collaboration Summit, July 2016, Denver CO.


**Research Grants:**


**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. McCreary, University of Michigan, Indiana University, Medical College of Wisconsin, respectively. Sub-contract award to Princeton University, Site PI: M. Putukian; three-year study $432,696 Start date 8/1/2014-2017.

**Non-funded Research:**


**Publications:**

**Book Chapters**


Madden, C., Putukian, M., Young, C., McCarty, E. (editors). Netter’s Sports Medicine, 2nd Edition. Amsterdam: Elsevier Inc, 2017. Chapters authored by M. Putukian include:

- Putukian, M., Madden, C., Young, C., McCarty, E. The team physician.
- Khodaee, M., Putukian, M., Madded, C. The pre-participation physical evaluation.
- Dunbar, S., Putukian, M., Madden, C. Head injuries.
- Putukian, M., McCarty, E., Sebastianelli, W. Football.
- Koder, C., Putukian, M. Soccer.
- Laker, S., Putukian, M., Saint-Phard, D., Meron, A. Track and field.


**Journals**


Echemendia, R., Meeuwisse, W., McCory, P., Davis, GA, Putukian, M. et al. The sport concussion assessment
Select presentations and publications

Appendix:

Strategic Direction: Mission, Vision, Values, Pillars, & Strengths

**Mission:** Why we are here

We enhance learning and student success.

- We accomplish this by: 1) using current knowledge of health and human development to guide responsive, high-quality clinical, prevention, and community-based solutions to health issues; and 2) 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 that Princeton holds.

- We strive to accomplish this by: 1) serving as full partners in the student learning experience; 2) improving our community members’ lives beyond the classroom and supporting them in making lifelong healthy choices; and 3) 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: listening closely and empathically to them, taking a holistic and integrated view of their health, and responding to their needs capably and with understanding, patience, and kindness.
  - We embrace differences and diversity among UHS workforce members to enrich the work culture and the care we provide. Recognizing, valuing, and including different perspectives and talents increases opportunities for excellence.

- **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 quality health information, education, and learning that anticipates and addresses 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, experience, 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.

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Biennial Report, Credits

Hilary Herbold, Writer and Editor
Salvatore Forgione, Graphic Designer
Laura Fuchs, Photographer
Halkin/Mason Photography, LLC, Photographer
Taylor Photo, Photographer
PILLARS: FOUNDATIONAL AND MEASURABLE COMMITMENTS THAT UNDERLIE OUR WORK

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 ensure client needs is paramount.

Engagement
- Building and sustaining a positive work environment and strong workplace culture supports employee engagement, satisfaction, and performance effectiveness, so that every client receives the best possible care.

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 of placing original ideas into practice often leading to meaningful change, to improve services, processes, or organizational effectiveness; identifying strategic opportunities, sharing knowledge, and pursuing intelligent risks support such a process.

STRENGTHS: CORE QUALITIES WE VALUE, POSSESS, AND CULTIVATE

Core Strengths—apply to all UHS employees
- Compassion
- Values 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

STRATEGIC INITIATIVE VERSION 2.0 GOALS, OBJECTIVES, AND PROJECTS

GOALS: Aspirational statements of intended ends—what we commit to doing, and will hold ourselves accountable for achieving, to fulfill our mission and work toward our vision during this planning period; goals are attained by completing objectives, which in turn are accomplished by completing projects.

UHS will achieve three strategic goals that are essential to our mission in FY 2016 through FY 2018. Each goal will have a corresponding oversight committee that monitors progress, consults with project leaders, and periodically reports to UHS’ leadership team.

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

This goal underscores the high priority of measuring, addressing, and improving all major elements of quality, and doing so by applying established best practices. Healthcare organizations generally, and college health settings in particular, have not made attention to quality and quality improvement a central business strategy; in most places, quality improvement remains a secondary program that affects only a few core processes or selected diagnoses at a time. As a result, systems of care are not fully integrated, certain risks are not proactively mitigated, and opportunities for innovation are missed. This goal addresses this gap. It 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.

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 three essential elements: 1) a shared sense of purpose, 2) an understanding of differences, as well as of 3) our common humanity. All of these elements enhance the focus of UHS staff’s collaborative efforts: to serve and provide compassionate care to our students and employees. By embracing these essential elements, UHS accepts accountability for helping students to find a place at Princeton while fully developing their capacities to learn and live healthy lives.

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

This goal acknowledges the dual purpose of healthcare 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 essential to 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. Individual factors to consider include the cultivation of personal capacities such as positive mindsets, self-compassion, perceived authenticity, and/or resilience. The extent to which environmental factors may facilitate or hinder efforts to support individuals’ capacities is important and will need to be further understood and addressed. Understanding these and other issues enables health professionals to find new ways to help students succeed both in and out of the classroom.