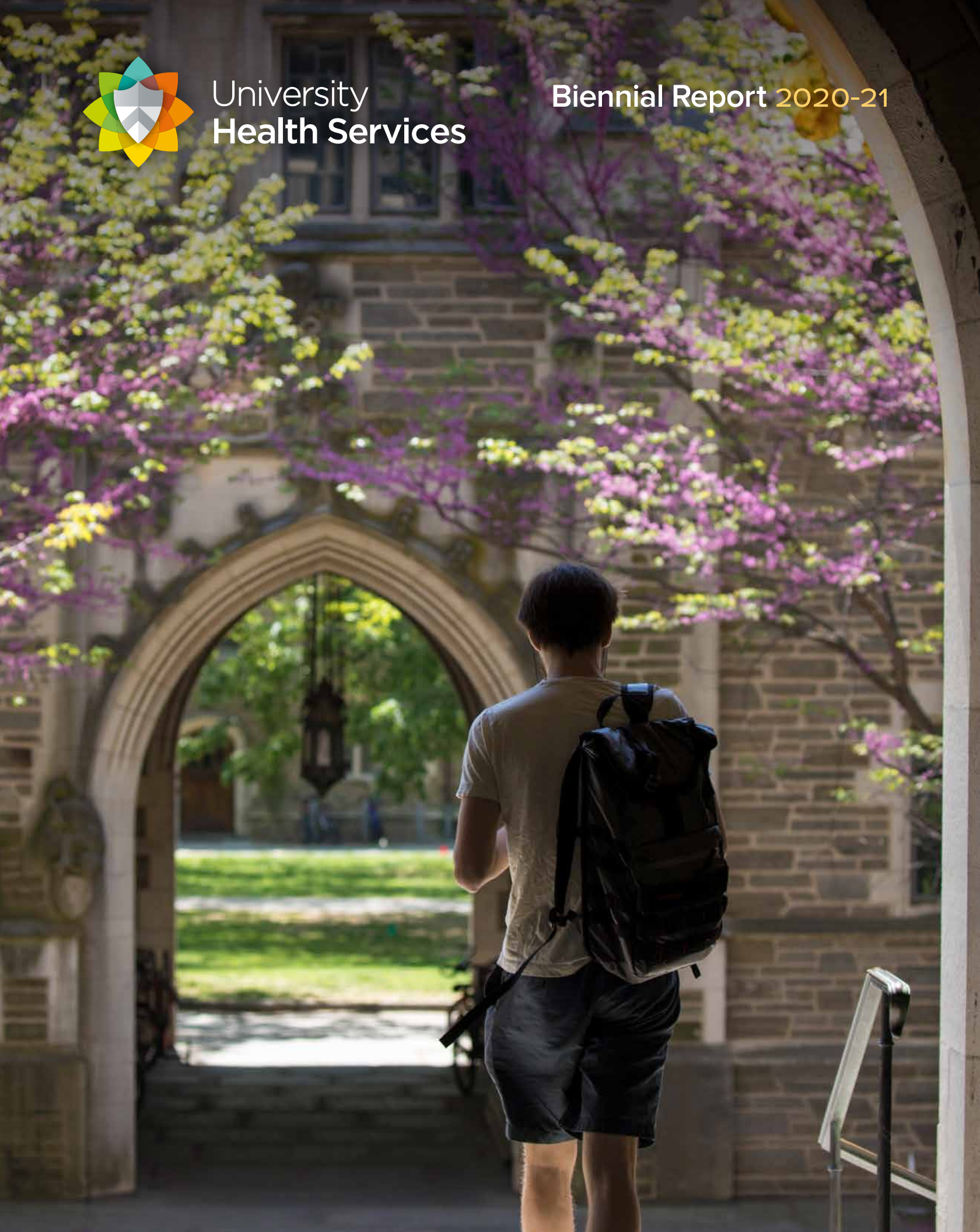




University
Health Services

Biennial Report 2020-21





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Mission

The mission of University Health Services is to enhance learning and student success. We accomplish this by using current and emerging knowledge of health, well-being, and human development to guide responsive, high-quality clinical, prevention, and population-based solutions to college health issues, and by promoting the perspective of health and well-being in University life.





A Message from the Executive Director

Welcome

I'm pleased to present the 2020-21 Biennial Report of University Health Services. This report reviews the exceptional work being done at UHS. It includes overviews of most service areas, selections of our initiatives and accomplishments, and a sketch of the strategic underpinnings of our current work and future direction.

COVID-19

The period covered in this report coincides with a worldwide coronavirus (COVID-19) pandemic. It has not been business as usual. The pandemic has taken or forever changed millions of lives. It has dramatically affected the conduct of many industries and the people who serve in them, including higher education and health care, fields that coalesce in the work of UHS and our partners. UHS has stood strong in the face of the pandemic and the upheaval it brought. And as humbling as the pandemic has been, individuals, teams, departments, and institutions have reinvented themselves to light a path forward. At Princeton, the pandemic has been accompanied by an unprecedented level of meaningful and productive collaborations across offices and disciplines, inspired work that is evident and active as I write this letter.

We are proud of how the University has adapted and even progressed. Faculty, staff, students, and alumni have largely demonstrated common goals, resilience, and resolve in this time of protracted crisis. Colleagues in all areas rose to meet each challenge of the pandemic in ways that ensured our educational mission would be fulfilled while also safeguarding the health and safety of our community.

Discovery

A crisis like this pandemic can function as a tool of discovery.

We learn something about character when people, groups, systems, and institutions are under great stress. Bearing the weight and unrelenting pressure of terrible times, prevarication fails; what is real and authentic prevails. This pandemic has uncovered and is still revealing much to us about ourselves, our institutions, our communities, and the fragility of the bonds that connect and polarize us. We must learn from these discoveries, even though some are troubling and hard to understand. There is certainly nothing good about this crisis, or about the slower-motion crises (e.g., rising student mental health concerns, and widening health and other inequities creating barriers to student success) that have elevated our concern about students' well-being and increased worry about the future of higher education. Yet amidst these discoveries, we found new ways to be together, to collaborate, and to grow. When each of us found ourselves in an unmapped future, we adapted course, again and again.

Strategy Forward

Higher education needs a long-term post-pandemic strategy. This is not an argument for a “new normal” — the term often used carelessly to suggest that we must all accommodate to certain changes that we and our students (and employees) might find inconvenient or challenging in some way. Rather, it is an argument for a much longer-term, more strategic view. We can be open to reflection about not just what happened, but why, and how things might have been different and can be different in the future. As we attempt to assess the present and imagine that future, there are pressing questions: What has the pandemic and its consequences uncovered about higher education? And will we elevate our vision of equity and address and resolve key questions about race and privilege, establishing the trust and confidence of those who are historically marginalized and silenced? University leadership has indicated that Princeton must come to terms with its past to preserve its place in the future, and this includes grappling with and acting on such questions, wherever they may lead. This is a critical University strategy, now and into the future.

Part of UHS’ vigilance has been to keep strategy and future planning firmly on the table. Building on previous planning efforts, you will find a modified organization-wide strategic planning initiative (Strategic Initiative, version 3.1 or “SI v3.1”). Its initial plan (Strategic Initiative, version 3.0 or “SI v3.0”) has been re-envisioned through the lens of the pandemic and the national racial unrest, with an understanding that infectious disease outbreaks and systemic racism are not momentary challenges: Without attention, they will be parts of our future as well. And we discount their perdurability at our own peril.

The world we live in now is different than it was when many students first arrived at Princeton, and it will change much more in the years ahead. For our students, the world that lies ahead will demand much of them and what they have learned inside and outside of classrooms. And for those who work in UHS, well, educators and clinicians are resilient people — if nothing else, intrepid. Even in the midst of our fatigue and frustration, the sadness we feel for the students who, despite being our purpose, suffered through diminished experiences, and the wrenching uncertainties that define these times, we look ahead and try to emerge stronger to face whatever the future holds.

In this report, I take pleasure in spotlighting the work, challenges, and accomplishments of the special people who serve in UHS and the many dimensions of care they provide to our University in a tumultuous time.



John Kolligian
November 8, 2021





Specialty Medical Services

Comprehensive primary care, including diagnostic assessments and care coordination, same-day assessments for acute concerns, and specialty care

- Athletic Medicine for varsity, club rugby, and nonvarsity student athletes who experience injury or illness due to practice or play.
- Global and Community Health provides up-to-date, evidence-based care and health education regarding travel, immunization, and infectious disease-related health issues, and offers consultative services to the University community.
- A fifteen-bed infirmary open 24 hours a day, seven days a week providing on-site assessment, triage, and treatment for students with urgent health care needs.
- Nutrition counseling, including sports nutrition, eating disorders counseling, and chronic condition management.
- Occupational Health Services for faculty, staff, and employed students related to medical surveillance, workplace illness and injury, short-term disability, travel health
- Sexual Health and Wellness provides birth control options; sexually transmitted infection testing, information, and treatment; pregnancy and options counseling; colposcopy for abnormal pap smear follow-up; vulvoscopy and vulvar biopsies; preexposure prophylaxis for HIV prevention; health counseling for LGBT individuals; and evaluation, monitoring, and prescriptions for contra-hormone therapy for medical gender affirmation.

Counseling and Psychological Services

Offering comprehensive services including crisis intervention, urgent care, counseling, group modalities, and psychiatric evaluations. Specialty areas include eating concerns, alcohol and other drug use, sports psychology, emotion management, and mindfulness-based stress reduction and related practices

- Short-term individual and group counseling.
- Urgent consultations and crisis intervention.
- Psychiatric consultations and medication management.
- Mind-Body programs on meditation, relaxation, mindfulness, and more.
- Campus outreach and training.
- Specialized treatment around eating disorders and alcohol and other drug concerns.
- Referrals to local mental health providers.

Sexual Harassment/Assault Advising, Resources, and Education (SHARE)

Consultation, crisis intervention, advocacy, community education, and prevention in the area of interpersonal violence and abuse.

- Confidential consultations to assist survivors in making informed decisions about which resources they would like to access, if any.
- Confidential consultations to assist co-survivors, first responders, and student leaders in effectively supporting survivors and creating safer spaces.
- A comprehensive range of services, including crisis response, support, short-term counseling, individual and systems advocacy, case management, accompaniment to on- and off-campus resources, and education.
- Referrals to treatment providers in the community.

Health Promotion and Prevention Services

A team of public health and health promotion professionals that advocate for the conditions necessary for the well-being of the Princeton community and all its members. Partners with students, faculty, and staff to increase community well-being through needs assessment, consultation, collaboration, structured dialogue, and campus-wide research.

- Health promotion content and process expertise.
- Infusion of social justice perspectives into health and well-being efforts
- Leadership of the TigerWell initiative
- Training and skills-building of student leaders, including Peer Health Advisers who offer education and referrals
- Confidential and non-judgmental individual conversations with staff on substance use and misuse (Balancing Alcohol and/or Substance use to Improve Campus Success, or BASICS)



UHS Highlights

COVID-19 Response at UHS

Introduction/General Overview

Since January 2020 UHS has exercised diligence, creativity, and enormous energy to participate with campus partners in managing the almost incalculable impact of COVID-19 and has been involved in every aspect of the University's multifaceted response to this public health crisis. UHS' role has included partnering with local, state, and national public health authorities, providing testing at the McCosh Health Center for symptomatic patients, providing regular and ongoing asymptomatic testing for the entire community, offering telehealth services whenever possible to students seeking counseling or medical services, adjusting student insurance coverage to reduce barriers to care related to COVID, redeploying staff to focus on the COVID response, communicating with all members of the campus community about public health measures, standing up new and modifying existing technology to support the COVID response, and mounting vaccine clinics to serve both the Princeton campus and the broader community.

Partnership with Public Health/Community

Throughout the pandemic UHS and campus partners remained in regular communication with the local public health department, the state public health department, and national authorities such as the CDC. Examples of essential collaboration with public health partners include establishing, and installing in Jadwin Gym, appropriate cold storage for a variety of vaccine types. Another example of such collaboration involves the sequencing of saliva test samples that prove positive. UHS was in regular communication with public health authorities when sequencing—a process used to identify the primary structure or

order of elements of the virus in a positive sample—showed the presence of variants or breakthrough cases (individuals testing positive after having been vaccinated). UHS also partnered with the local public health department to offer a series of vaccination clinics to the public, including members of the local community, throughout of spring, summer, and fall of 2021. These are just a few of the many touchpoints UHS had with local, state, and national authorities over the course of the pandemic.

Redeployment of human resources to support the COVID response

When the decision was made in spring of 2020 that all Princeton University employees who could work from home should do so, UHS immediately began shifting resources to where they were needed most. Perhaps most prominent was the redeployment of UHS Athletic Trainers to work on the COVID-19 response. Over the course of the pandemic UHS's Athletic Trainers were called upon to staff the testing clinics, perform contact tracing, assist with data management, and a great deal more. The Athletic Trainers stepped up to perform tasks completely different than their usual responsibilities in order to support the cause. Other examples of redeployment included tapping administrative and support staff to coordinate the experience of students entering isolation due to testing positive. In addition to shifting our staff to COVID roles, UHS also took on supervision of a large cadre of staff (including a large cadre of Athletics staff members) redeployed from other roles within the University, as well as temporary employees, needed to staff testing and vaccine clinics. The massive undertaking of managing the hiring, training, and supervision of these employees also required considerable coordination with the



Preliminary Vaccine Doses Administered

Jan–June 11, 2021
Pfizer-BioNTech

6,697

Doses Administered

3,800

1st Dose

2,897

2nd Dose

3,055

3rd Dose

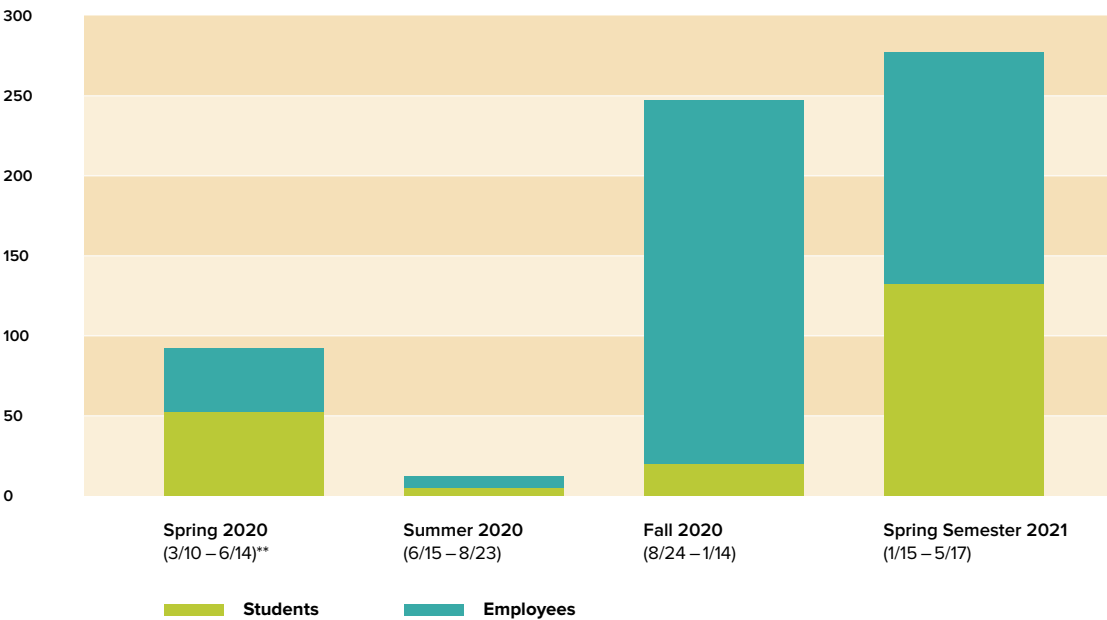
April–May, 2021
Janssen (J&J)

358

Doses Administered



Number of PU Students and Employees Placed on Isolation by Academic Calendar Seasons (CASES)



“I can’t express how much gratitude that I have for you and all that you are doing to get us through. Truly amazing. I know it will be challenging until we are very much through the pandemic—but I do hope you will find some time to [refresh and recuperate].”

—From a PU senior leader to a UHS Director

office of the Vice President of Campus Life and the Office of the Provost to obtain approvals for additional resources.

Symptomatic Testing

Point of Care Testing (POCT), also known as “near patient testing,” is testing performed in the moment, during a patient’s visit; it is any testing performed in a healthcare setting that’s not done in the lab. The goal of POCT is a quicker diagnosis and better outcomes for students. Prior to the pandemic, Medical Services was able to provide point of care testing for several conditions and concerns, including Influenza, Group A Streptococcus, and HIV, as well as urine pregnancy testing, finger stick blood sugar testing, breath alcohol testing, and KOH/wet prep to test for vaginal infections.

According to the CDC, “a robust and responsive testing infrastructure” is necessary in stopping the spread of COVID-19. During the pandemic we were able to increase our point of care testing capabilities to include Rapid COVID-19 Antigen testing, Rapid COVID-19 PCR testing. The COVID-19 rapid tests enabled UHS to diagnose

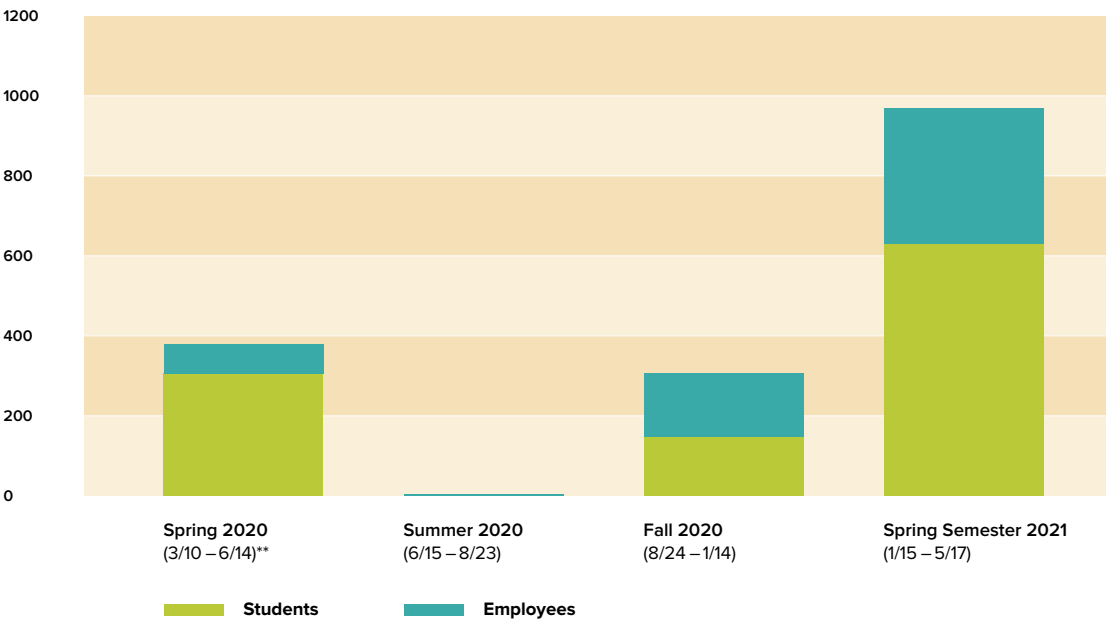
a student with SARS within 15 minutes using the Antigen Test and 36 minutes with the PCR test. The PCR test simultaneously tested students for COVID-19, Influenza, and RSV.

Rapid Antigen Testing

Viral antigens are toxins, molecules, or other structures typically found on the surface of a virus. The presence of a foreign antigen causes the body to create an immune response. The U.S. Food and Drug Administration (FDA) has granted emergency use authorization (EUA) for antigen tests that can identify SARS-CoV-2. Detecting the presence of a SARS viral antigen implies current viral infection. Although antigen tests are relatively inexpensive, they tend to be less sensitive than the PCR version. Antigen tests are frequently used for screening in high-risk congregate housing settings such as college housing; such testing can quickly identify people with COVID-19, even if asymptomatic, enabling UHS to initiate increased infection prevention and control measures to prevent transmission to other students. In our setting, the antigen test was employed as a screening tool for asymptomatic students admitted



Number of PU Students and Employees Placed on Quarantine for Exposure to COVID-19 case by Academic Calendar Seasons



to the Infirmary before staying overnight. In circumstances in which a rapid test turnaround time is critical, antigen tests provided safety for our staff and other students. For students who tested positive, we were able to confirm the diagnosis with a PCR test.

We also utilized the rapid antigen test for students arriving to campus prior to graduation to quickly screen graduating seniors planning to participate in Commencement activities.

Rapid PCR Testing

PCR tests are considered the gold standard for testing individuals with symptoms. A high-sensitivity, high-specificity instrument for diagnosing SARS-CoV-2 infection, the PCR test can detect and amplify trace genetic material of the SARS virus. For students with respiratory symptoms, we incorporated the use of the Cepheid rapid PCR test; with this instrument we were able to test 4 students at a time and to obtain a diagnostic result in just 36 minutes. The test’s quick turnaround time enabled the university to move students who tested positive from the congregate living area into isolation

housing, preventing transmission to others and allowing for immediate initiation of both the treatment plan and of contact tracing to identify others who may have been exposed. In addition, because of the quick turnaround time, students with symptoms who were testing negative by rapid PCR did not have to go into isolation, waiting for test results that could take multiple days in outside labs.

Asymptomatic Testing

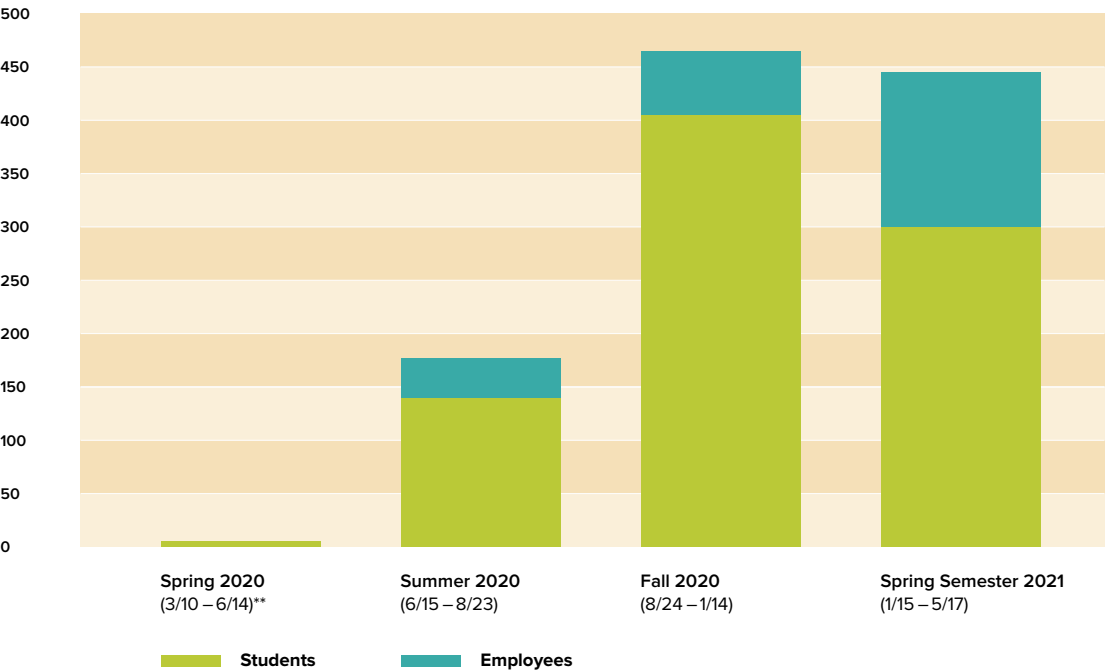
Princeton’s asymptomatic testing program, initiated in August 2020, was a massive undertaking designed to screen the University population on campus and in the surrounding area and to identify positive cases at early stages, ensuring that individuals testing positive would receive appropriate care and be isolated to prevent community transmission. The protocol includes testing at regular intervals for Princeton University undergraduate and graduate students, faculty, staff, and researchers who are on-campus and meet certain criteria. Our asymptomatic protocol uses a diagnostic test, also known as an RT-PCR test, which detects the virus’s genetic material in the saliva sample provided by a test participant. Since the program’s inception testing clinics have been

“I just wanted to leave a message to you and the staff at UHS that I myself and all the grad students I interact with are hugely appreciative of the way the pandemic has been handled on campus this past summer and fall.”

—To the Director of Medical Services from a graduate student



Number of PU Students and Employees Placed on Quarantine for Travel by Academic Calendar Seasons



ongoing and located in the Class of 1956 Stadium, Jadwin Gymnasium, and Caldwell Fieldhouse. The asymptomatic testing program has required ongoing and extensive collaboration for all phases of testing and across many campus departments, including Athletics, Clinical Laboratory Improvement Amendments Lab, Employee Health Services, Facilities, the Office of the Dean of Undergraduate Students and the Office of Information Technology, the Office of General Counsel, and Human Resources.

Contact Tracing, Quarantine and Isolation Orders and Management, Care of Students with COVID

UHS’s Global and Community Health (G+CH) team was charged with performing investigations and contact tracing for COVID-19 confirmed and suspected cases involving University’s students, faculty and staff. G+CH gathered data on campus community members with symptoms consistent with COVID-19, those tested for COVID-19 at UHS or elsewhere, and, later, on positive cases identified as part

of the asymptomatic testing program on campus. Once cases were identified, G+CH team offered public health recommendations and issued isolation notices in partnership with the Princeton Department of Health. In addition, contact tracing was performed in order to identify any campus community members who may have been exposed to COVID-19 on campus. Any contacts who were campus community members were issued quarantine notifications by the G+CH, while contacts outside the University community were forwarded to the Princeton Department of Health for further instructions. Cases were followed throughout the isolation duration, with the UHS medical nursing staff contacting students located on or near campus and the G+CH Team focusing on faculty and staff cases. G+CH provided return to campus clearance when an individual on isolation met the appropriate criteria. Reports of cases on campus were provided to the Princeton Department of Health daily. Location of students on isolation or quarantine were provided to campus partners so that appropriate measures would be instituted if facility crews would respond to emergencies in these locations.

“I’d like to thank you for all you’ve done to make students’ return to campus possible. I can’t imagine how many logistics you’re having to manage right now! Please know that the quarantine process has been so smooth, and I deeply appreciate the measures Princeton has taken to keep us safe.”

—From a student to the Global and Community Health Physician



172,783

Emails sent from CovidTests@princeton.edu to test program participants in FY 21

>6,000

Number of health risk assessments reviewed by the Global & Community Health Team from spring of 2020 to spring of 2021, resulting in 4,000 letters sent with guidance

Additional support was provided for students throughout the isolation and quarantine processes. When a positive student case was identified, the Isolation Coordinator (IC) assisted the student with gaining access to the designated isolation housing and worked with Dining Services to set up meal delivery. The IC was also available to students for questions and other requests for non-educational needs. Students placed on quarantine on campus were also eligible for meal delivery at their quarantine location. G+CH established a process with Dining Services to consistently provide all relevant information to meet student needs, promoting cooperation and compliance with public health measures.

For the employees placed on isolation or quarantine, the G+CH Team coordinated with UHS Occupational Health; readiness to return to campus from a public health standpoint was determined by G+CH while Occupational Health provided individual guidance to employees about their return to work if they had applied for short term disability.

CPS Telehealth

In the middle of March 2020 almost all the undergraduate students on campus were asked to return home as the university transitioned to remote instruction in the face of COVID-19. CPS was compelled to transition to a completely virtual platform in a matter of days. Over the course of one week, we trained all the staff on the Zoom teleconferencing platform, coordinated with IT to make sure all clinicians had the appropriate technology, developed a process for how students would be scheduled for telehealth appointments, developed a process for obtaining electronic informed consent for telehealth counseling, and publicized all of the above to students. All aspects of our services offered by CPS were adjusted to a virtual format; for example, it was necessary to develop a system for how to accommodate students who sought urgent care counseling. CPS staff rapidly established a process that the front desk could follow for alerting the clinician; having the clinician immediately send a zoom invitation to the student; and transitioning all the hard copy forms that we used previously into electronic versions appropriate for

telehealth that the students could complete through the myUHS portal. These adaptations represented an enormous undertaking that could have only been possible as a result of thoughtful collaboration and an established culture of trust and flexibility among staff.

Medical Telehealth

The COVID-19 pandemic and the resulting recommendations about social distancing required a shift of many UHS services to telehealth--the use of video conferencing, e-mail, and phone appointments in the place of in-person visits. In the Medical Service we conducted telehealth appointments across all service lines for acute, preventative, and primary care concerns, and offered advice for general medical questions through email at askhealth@princeton.edu,. Telehealth at UHS was a novel platform that, to be implemented, required the complete design of the infrastructure, development of the operations, and training of the staff. Incorporating telehealth services with standard on-site appointments required collaborative communication among the student, client service representatives, and nursing staff to make triage assessments and determine the best modality of care for the student based on the nature of the health concern. At the height of the pandemic telehealth appointments comprised nearly half of all patient encounters in Medical Services. Given this substantial increase in touchpoints with students through telehealth, we also seized the opportunity to inquire about students' mental health by implementing depression screenings during telehealth appointments.

Covid-19 Vaccine Clinics

This spring Princeton University hosted a series of COVID-19 vaccination clinics available to both members of the University community and the public at large. The State of New Jersey Department of Health made available doses of the Pfizer vaccine to be administered in clinics at Jadwin Gym, enabling 7,610 doses to be administered over the course of 18 clinics between May 6 and July 17, 2021. In addition, the Princeton Health Department made available Janssen vaccine for 3 clinics in which 343 doses





were administered. These clinics were hosted in an effort to vaccinate international students before they return to their home countries where COVID vaccination may not have been available to them. This important initiative could not have succeeded without the support of many departments, agency nurses and volunteers working onsite or supporting the effort from other worksites. Clinics will resume in August 2021 for the fall semester.

The Role of Information Technology in the COVID Response

Beginning in March 2020, much of the focus of UHS IT was directed toward supporting the University’s COVID response. With many staff members asked to work from home, IT undertook the enormous and time-critical task of getting UHS up and running remotely and maintaining effective communication with those remaining on site. Over the years prior to the pandemic UHS had been gradually moving

from desktop computers to laptops, and with some creative funding from our leadership, we were able to accelerate this improvement. Past technological initiatives put UHS in a strong position to accelerate use of several technologies already introduced, including Jabber, which allows you to have your work phone wherever you are, either through your laptop or your mobile phone; Zoom for our scheduled meetings; and Microsoft Teams, which many would agree was essential to UHS communication during this period. Not only is Teams an excellent substitute for the quick phone call or stopping by the office, but it also brings the new functionality of the impromptu group chat whereby those needing answers or discussions can quickly initiate a group discussion conducted either by messaging alone or by transitioning to an instant gathering.

During and beyond those early months, IT collaborated with Global and Community Health to plan for what campus would look like during the pandemic and what systems must be put in place to support those adaptations. Among many other efforts, IT worked with G+CH to support the transition from an outside testing laboratory to Princeton’s own CLIA lab and automated test results delivery; to select and set up contact tracing software; to help to develop a mobile phone application enabling community members providing a specimen for COVID testing to identify themselves by scanning a barcode; to build reports enabling UHS to post COVID-related testing statistics on a University dashboard; and to create interfaces enabling testing results to be sent directly to patient electronic medical record. Between the summer of 2020 and February 2021, IT was working 7 days per week to receive, process, and share test result data, so that any positive COVID cases would be reported to the other 7-day-per-week teams.

COVID Communications

Building an Asymptomatic COVID Testing Program from the ground up for our campus community also involved the need for clear and timely strategic communications about testing processes, protocols, and parameters to inform faculty, staff, and students required to be tested. The Director of

Health Promotion and Prevention Services (HPPS), in close collaboration with the Global and Community Health Team and staff in UHS Administration, created an integrated system of communication regarding the testing. This multifaceted system included the creation of a central email address for testing concerns (COVIDTests@princeton.edu), a weekly email to the several thousand members of campus eligible for testing, targeted messages when procedures changed, and the development of a centralized COVID website (covid.princeton.edu) in partnership with Environmental Health and Safety (EHS) and the Office of Communications (OOC).

The COVID.princeton.edu site has now emerged as the primary site for comprehensive information on COVID response on campus, offering a daily (now weekly) aggregated dashboard of testing and testing results for our Asymptomatic Testing Program. The site is jointly and regularly updated by HPPS, EHS, and OOC staff.

As part of its effort to shepherd evidence-informed tactics for communicating about health and well-being to campus partners, HPPS regularly shared health communications literature with other campus partners and committees involved in COVID communications, including the Office of Communications, undergraduate student leader trainings about COVID-safe practices, the development of a report on strategies for communicating about protective behavioral strategies to students, faculty, staff, and parents, and various other platforms. Finally, HPPS staff have served as communication conduits for the multiple cross-functional committees comprising the University COVID response, ensuring that employees and students (graduate and undergraduate) in various parts of the University are kept abreast of frequently changing COVID policies and processes such as testing frequency, testing compliance, and the impacts of these measures on the student and employee experience. HPPS offered guidance during a COVID signage design process, shared information with ODUS staff who were working directly with students managing a trying academic year in confusing circumstances and acted as authors and editors for campus reports

such as the recommendations from the Public Health Team, emails to incoming students, and text for the COVID.princeton.edu site.

COVID Updates to the Student Health Plan

Several COVID-19 related Student HealthPlan modifications were put in place following the declaration of a public health emergency declaration. These changes included the following improvements to coverage (dates effective and periods in which changes are in effect vary):

- Referrals from University Health Services for off-campus medical care not required.
- All In-Network and Out of Network COVID-19 testing, vaccines, hospitalizations and related expenses covered at 100%.
- All telehealth/telemedicine, which includes all medical and behavioral health care, covered at 100%.
- For those Out of Network Benefits currently covered at 70%, coverage increased to 80%.
- For a covered person on the SHP who became eligible under the Extensions of Coverage due to Disability starting 1/1/2021 and throughout the spring semester, the extension of coverage (previously provided at 90 days after the date of termination) was automatically extended through 7/31/2021. Spring semester fees previously assessed were applied to the extension.
- The Inpatient Hospitalization benefit was increased to 100% coverage for both In and Out-of-Network hospital services related to the treatment of COVID-19 from 90% for In-Network (Preferred), and from 70% Out-of-Network (Non-Preferred) effective August 1, 2020, through July 31, 2021
- For those Out-of-Network medical benefits currently covered at 70%, coverage increased to 80%

“I was thrilled to take my son for his first COVID vaccine at Jadwin this afternoon. After watching you and everyone at UHS work so hard over the past year—plus to help the campus get through the pandemic, it meant a lot for my son to be vaccinated at a University clinic. Thanks for all you do.”

—To the UHS staff leading the vaccine clinics from a University colleague



Efforts at UHS to Combat Systemic Racism

CPS

In a year marked by a national reckoning on police brutality and systemic racism, issues of diversity and inclusion remained front and center for CPS. We decided to use the summer to read “Mindful of Race: Transforming Racism from the Inside Out” by Ruth King and met monthly to discuss different chapters of the book. We also continued to meet in affinity groups each month. White-identified staff met to discuss ways they could commit to being anti-racist, and Black and Indigenous people of color (BIPOC) staff met in a group to discuss the experience and concerns of staff of color. We also continued to host a diversity reading group each month where staff rotated in facilitating a discussion about a journal article related to diversity and inclusion. For the past several months, a committee on reimagining mental health crisis response met regularly to develop a list of recommendations to put forward on how the University would ideally respond to emergency mental health calls that are currently responded to by Public Safety. In addition to this internal work, members of CPS have regularly attended the numerous workshops and trainings on diversity and inclusion sponsored by Campus Life and Human Resources. Individual staff members of CPS have been part of larger Campus Life Diversity



1600

Number of students participating in CPS’ programs in August, focusing on normalizing their experience of the pandemic and the feelings that resulted from it, while also encouraging self-compassion and self-care practice and in January, focusing on educating students about how to recognize signs of distress in themselves and others and how to successfully intervene.



and Inclusion committees, including the Professional Development Committee, and the committees to examine the experience of Black students and LGBTQIA+ students on campus.

Sexual Harassment/Assault Advising Resources and Education (SHARE)

SHARE staff recognizes that oppression in all its forms undergirds interpersonal violence including sexual assault and domestic violence. As advocates committed to social justice, we believe that to do violence prevention and intervention well, it must be done through an anti-oppression and anti-white-supremacy lens. This year, SHARE staff engaged in a variety of departmental, institutional, and community level efforts to combat systemic racism by:

- Establishing and engaging in biweekly SHARE-only diversity, equity, and inclusion (DEI) discussions.
- Supporting the development of UHS’ all staff education on building capacity for DEI work.
- Encouraging the re/establishment of UHS’ diversity and inclusion task force and providing leadership feedback on strategies in its development.
- Supporting the Peer to Peer Administrators Group’s efforts to seek equitable compensation for student groups that offer social justice-related peer education.
- Advocating for the overhaul of an online sexual violence training with the vendor (Vector Solutions) to ensure a trauma-informed and intersectional approach that will be available this summer for use by 1,200 higher education institutions across the country.
- Re-envisioning our annual report writing and distribution process to reduce the myriad ways that white supremacy culture shows up in how we write, what data we uplift, and with whom we share our report.

- Individual staff efforts include:
 - Participation in frequent discussions with staff in campus-wide groups focused on personal and professional anti-racism and accountability.
 - Appointment to the Governor’s Advisory Council Against Sexual Violence’s Anti-Oppression Subcommittee to ensure recommendations are well-informed, inclusive, and attentive to the needs of populations with marginalized identities.
 - Writing a chapter in an upcoming book titled, “Working While Black: The Untold Stories of Student Affairs Practitioners.”
 - Participation in over 30 hours of the Office of Diversity and Inclusion’s (ODI) restorative practices training in support of a future plan to expand their use on campus to attend to community-based harms.
 - Participation in campus focus groups in support of anti-racism efforts related to campus iconography and employee resources.

Administration/Mitigating Bias in Hiring

Staff who are responsible for human resource and hiring practices at UHS have been working diligently to reduce and eliminate bias in our hiring practices. As part of these efforts, several of these staff members participated in an in-depth training regarding mitigating bias in the hiring process. Following this training, we documented key learnings and next steps for making improvements. Some of the next steps that were identified include:

- Identifying and offering trainings, including training videos, regarding mitigating bias in the hiring process that can be available to all hiring managers.
- Making improvements to our job postings, including moderating the length, being specific about required skills, and removing any gendered or ageist language or other biased language.
- Ensuring we are conscious of, and rigorous about reducing, bias for Ivy League or elite educational backgrounds in candidates. Full consideration should be given to all candidates who meet the qualifications of the position.

“...you’ve been such a meaningful person to me, and I wanted to write to thank you for the support and listening ear you’ve lent me this past semester. I appreciate you, and all that you do!”

—To a counselor from a graduating student

Understanding Bias: Challenge Your Assumptions

Questions to Ask Yourself to Mitigate Bias			
Affinity/Similarity Bias	Prototype Bias	Confirmation Bias	Halo/Horn Bias
Who do I regularly surround myself with? Do they look/think like me?	When I think of this responsibility, job, or situation, does a particular type of person come to mind?	Am I soliciting information from sources that are likely to support my view?	What qualities or situations am I considering in my decision? Are they very recent? Very positive? Very negative?
Am I more inclined to choose to work with people who have similar qualities?	Given the situation at hand, what dominant traits or attributes do I feel are important?	Am I weighing some information more heavily because it supports my view?	What other qualities or situations should I be considering?
Who am I missing the opportunity to work with?	Who am I not considering for the role and why?	Am I avoiding the “devil’s advocate” or those who challenge my ideas?	How balanced would others say my assessment is?
		How can I gather information that might disprove my instincts?	

- Instituting a practice of meeting with all participants in the search process, along with the human resources talent acquisition specialist, in advance to plan the search and review best practices for mitigating bias.
- Ensuring we create diverse and inclusive search teams.
- When debriefing candidates, restating the need to challenge implicit bias, including the need to avoid statements about candidates’ “fit.”
- Collecting written feedback in advance of candidate debriefs to avoid “groupthink.”
- Reviewing the competencies UHS has identified for all staff members from a DEI lens.
- Ensuring there is regular communication with new hires post-offer but pre-arrival.
- Utilizing resources like this chart as a helpful reference.

Quality and Performance Improvement (QPI)

The QPI program is committed to combating systemic racism in health care by focusing on advancing health equity. Research shows that significant disparities in life expectancy and other health outcomes persist across the United States, and that health care organizations have a significant role to play in achieving health equity for all. While health care organizations alone do not have the power to improve all the multiple determinants of health for all of society, they do have the power to address disparities directly at the point of care, and to impact many of the determinants that create these disparities.

We recognize the harmful inequities that persist in our communities are based not just on race and ethnicity, but also on sexual orientation, gender identity, disability status, and beyond. For that reason, health equity has been a significant construct within the UHS quality framework. We developed UHS indicators (service and client/patient satisfaction) to examine key demographics where there may be underlying health inequities (e.g., race/ethnicity,

sexual orientation/gender identity, etc.). Additionally, we capture proxy measures of health equity by examining satisfaction with our health services in relation to cultural competency (i.e., sensitivity to culture/religion, sexual orientation, gender identity/expression, and utilizing clear/unbiased language with clients/patients). These indicators are periodically reviewed and updated to ensure they reflect the most current best practices and evidence base. In addition, the QPI department examines staff engagement and job satisfaction data by race/ethnicity.

The QPI department has also contributed directly to fostering a culture that supports health equity within UHS by implementing organizational quality improvement training through the Institute for Healthcare Improvement (IHI) Open School curriculum. Staff that completed the trainings this past year have received educational modules focused on the IHI health equity framework. These modules covered the following themes in relation to health equity and systemic racism:

- Developing structures and processes to support health equity work.
- Deploying specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact.
- Decrease institutional racism within the organization.
- Develop partnerships with community organizations to improve health and equity.

QPI has also supported UHS diversity initiatives by attending diversity functions, online webinars, and UHS-sponsored diversity, equity, and inclusion workshops and events (e.g., implicit bias), and by creating evaluation surveys to gather staff feedback on these events. In addition, we actively support the work of the Trans Health Team. Additionally, we participate in monthly forums on racial justice and intergenerational well-being, convened by the Well-being in the Nation (WIN) network.

QPI has also engaged in scholarly work to combat systemic racism via health equity. We have recently

submitted a paper for publication that examined the role of policy and social vulnerability on COVID-19 mortality among ethnic minority populations within the United States. The article, titled “The Intersections of Pandemic, Public Policy, and Social Inequality in the United States,” was submitted for the special issue “Healthcare, COVID-19, and the Foundational Economy” of the Forum for Social Economics, a journal of the Association for Social Economics. QPI has also published work on health equity in collaboration with the IHI titled “Equity Action Lab Implementation Guide.”

Health Promotion and Prevention Services (HPPS)

HPPS staff are leaders in campus efforts to promote health equity and recognize that anti-oppression

and anti-racism efforts are and should be central to our departmental and collaborative work. To that end, HPPS has reflected upon oppression in health promotion practices, revised our strategic plan, implemented more inclusive hiring, led dialogue cohorts on anti-racism in consultation with the ODI, participated in restorative circles training and facilitation, and moved forward with infusing an anti-oppression perspective into Princeton’s active bystander initiative, U Matter, alongside colleagues in SHARE and CPS. Additionally, HPPS has partnered with colleagues to advocate for meeting students’ basic needs (e.g., Gender and Sexuality Resources Fund, continuous housing for trans and gender nonbinary students) and centering students’ experiences, particularly those of marginalized identities, to inform our priorities and practices. HPPS seeks to challenge and divest from white supremacy





“Thank you so much for the consultation today! I feel a lot more assured about my body and thank you for listening through all my experiences to come up with a conclusion! I feel very cared for and I appreciate your patience. I really enjoyed meeting you! Thank you very much for sharing with me about your experiences as well.”

—To the Director of Medical Services from a student

cultural practices, utilizing Tema Okun’s influential piece “White Supremacy Culture” to guide future efforts focusing on community-based narratives, quality over quantity, recognizing the importance of teamwork and collaboration, and anchoring our work in our departmental values.

Medical Services

The events of the last year have highlighted the inequities among marginalized members of many communities in this country. Although these constructs have always existed and resulted in unjust treatment, the attention to and outcry against blatant acts of racism committed against people of color have provided us with a unique opportunity to change the narrative. We have a moral obligation and responsibility in medicine to condemn racism and discrimination in all its forms.

We acknowledge that there are systemic sources of oppression ensuring that members of certain groups are maintained in perpetual cycles of social inequity. The exam room — a location not exempt from bias

— represents a unique setting in which the social determinants of health play out. The interaction between the care provider and patient is a dynamic and fluid one in which each brings their own perspectives and experiences. Unfortunately, evidence has demonstrated that health care providers, whose profession is devoted to improving the health of others, often make unconscious decisions that perpetuate the health disparities that already exist among and disproportionately affect BIPOC. Alternatively, with awareness of one’s own biases and evaluating each patient through the lens of their unique perspective, these encounters can instead represent an opportunity for the social determinants to be acknowledged, embraced, and integrated into patient-centered health education and treatment plans that honor the reality and challenges of each patient’s life. In addition, the need to be aware of and integrate a trauma-informed approach (experienced as racism) into the clinical care encounter cannot be underscored. This is a critical opportunity to respond with sensitivity, compassion, and authenticity to the physical, mental, and social conditions that bring patients to care. Providers can address

patients’ needs in a holistic way that enhances and elevates their care experience, rather than dismisses or minimizes it.

In Medical Services, we recognize the areas in which we seek to improve the quality of care we provide and the experience that our patients have when they enter our doors. With the support of UHS leadership and in alignment with the strategic initiatives of the Office of the Vice President for Campus Life (VPCL), we continue to work toward achieving this objective in the following ways, specifically for BIPOC:

- Collaborated with colleagues in the Office of Human Resources, Diversity and Inclusion, in vetting a DEI facilitator who will provide a multi-session training to the medical staff to increase self-awareness in the areas of bias, race, and racism. With the guidance of an experienced DEI facilitator, our goal is to create a safe space to have a dialogue with clinicians about how to address issues of race and racism that show up in the exam room and develop an appreciation for recognizing these as opportunities for learning about and from one’s patients and to be embraced and confronted rather than avoided. The desired outcome of engaging in the training is that clinicians: recognize the importance of systemic oppression, racism (trauma), and social determinants and their impact on an individual’s health; understand how unconscious bias can unintentionally alter the course of clinical decision making; develop a skill set to navigate these sensitive discussions amongst themselves and with their patients; improve communication and develop a mutual understanding of all the (intangible, experiential) factors that impact the holistic health and well-being in patients.
- Participation of clinical staff members in the D&I Framework Community of Practice — This was a four-part series of meetings designed for members of the Princeton community to come together, workshop, and share how they are using a diversity and inclusion lens in their work on campus. The group considered how staff can

implement the D&I framework into their daily work and long-term strategic efforts. The discussions were facilitated by members of the ODI, and participants were given relevant resources to reference and guide the work in their units/ departments.

- Medical service representation on the internal UHS DEI Committee and the campus-wide Black and LGBTQIA+ Student Experience Implementation Workgroup established by the VPCL—These important entities enable a connection to and integration of the myriad DEI efforts taking place campus-wide. By actively participating in the body of DEI work both in and out of UHS, there can be a synergy of efforts.

Introducing a New Medical Director, Melissa Marks

Dr. Melissa Marks, a Princeton Class of 1986 graduate with over 20 years of experience in pediatric and adolescent medicine, became the director of Medical Services at UHS on June 8, 2020. Since taking the reins, Dr. Marks has overseen UHS’ outpatient medical services, including Athletic Medicine, Global and Community Health, Sexual Health and Wellness, Occupational Health Services, and the Infirmary. She has been integral to the University’s



response to the COVID-19 pandemic, working with UHS staff and departments across campus to ensure the health and safety of the University community.

Before her return to Princeton, Dr. Marks served as president of medical staff at the Greater Baltimore Medical Center (GBMC), a community health care system in Maryland. She was the organization’s first female chief of staff and oversaw a medical workforce of 1,200 physicians, nurse practitioners, and physician assistants.

Upon her arrival, Executive Director of Health Services John Kolligian remarked that “Dr. Marks is a much-admired clinician and educator. She views patients holistically and has served as a role model for countless health professionals. In her most recent role at GBMC, which combined clinical care and administrative leadership, she was an innovative and transformative leader, known for her collaborative, supervisory, and teaching skills.”

A graduate of The Johns Hopkins University School of Medicine, Dr. Marks is board certified in pediatrics. She served at GBMC for 17 years in various roles, including as vice chief of staff, director of GBMC’s Pediatric Advanced Life Saving Program, and clinical director of GBMC’s Pediatric Emergency and Inpatient Services. She also served as a preceptor at Johns Hopkins School of Medicine for 15 years and as a consultant to Sheppard Pratt Psychiatric Hospital. She has special expertise and interest in the interface between the medical and mental health problems of adolescents and young adults.

Since her arrival, Dr. Marks has demonstrated her commitment to supporting UHS Medical Services’ strengths, finding ways to build on its collaborative talents to help our students thrive and excel, and advancing UHS as a place where student and staff learning flourishes. When Dr. Marks’ appointment was announced, she shared feeling “lucky to return to Princeton, where I feel surrounded by thoughtful and dedicated people in an environment of rigorous scientific exploration and innovation. I am enjoying working with a team of talented and engaged individuals to create the safest possible environment for

education and growth in our changed world. I love working directly with undergraduate students and graduate students, whether through in-person or remote medical services.” Her new role as director of Medical Services encompasses her many areas of interest — the health and well-being of adolescents and young adults, management of complex systems, leadership, creativity and transformation, all in a community that she knows and loves.

AAAHC Accreditation

The Accreditation Association for Ambulatory Health Care (AAAHC), founded over 40 years ago, is the leader in developing standards that ensure patient safety and quality care in ambulatory health care centers such as Princeton University’s Health Services. AAAHC accomplishes its mission of “improving health care quality and safety” through peer-based assessment, consultation, education, and accreditation programs, including a multistep accreditation process that requires a thorough review of an organization’s ambulatory health care practices.

Achieving accreditation represents a signpost of organizational excellence because it requires adherence to evidence-based guidelines and high clinical standards. A certificate of accreditation is recognized as a symbol of quality by medical organizations, payors, state and federal agencies, as well as the public. This distinction is rare in college health; indeed, only 20% of colleges and universities nationally have been awarded a certificate of accreditation.

UHS has a long-standing relationship with the AAAHC. Every three years since 1982, UHS has undergone an extensive, voluntary self-assessment and on-site survey by a team of AAAHC expert surveyors that includes nurses, psychologists, psychiatrists, physicians, and administrators. This important process challenges UHS staff, from administration to clinical care, safety, infection control, and risk management, to find better ways to serve our patients. UHS has demonstrated its commitment to quality and excellence by achieving accreditation in every reaccreditation cycle for the past 39 years.



The most recent reaccreditation cycle (April 2018-March 2021) was uniquely challenging because of the impact of the COVID-19 pandemic on the Princeton University and global communities. The pandemic required significant changes in our work processes and operations (e.g., implementing telehealth as a treatment modality for the first time to support student health off campus). Many UHS staff also shifted their work responsibilities remotely or were assigned to new job roles to support efforts related to the pandemic. Despite these organizational difficulties and other challenges presented by COVID-19, we are proud to say that UHS staff demonstrated their commitment to providing safe, high-quality services to the students. We achieved AAAHC reaccreditation once again.

UHS staff are to be lauded for their accomplishments during this unique reaccreditation period. Preparing for the most recent survey was not easy. It involved hard work and countless hours of preparation, beginning three years prior to the in-person survey with the formation of a survey readiness team composed of

31 UHS staff serving as chapter leaders to spearhead readiness and compliance efforts across all AAAHC standards. Chapter teams were then launched to support the leads in ensuring that the requirements for all chapters and subchapters were met. The next stage of preparation involved systematic assessment of chapters for compliance, particularly reviewing all supporting materials and policies in relation to the current AAAHC standards. In the final months of preparation, the QPI team conducted a series of mock surveys of chapter leaders to ensure readiness for the March 2021 survey. The reward of this multiyear effort was a zero-deficiency reaccreditation survey in which UHS surpassed compliance standards across *all* AAAHC standards and chapters.

These noteworthy accomplishments represent a dedicated health staff that embodies excellence and quality in their work every day. We appreciate and acknowledge the following individuals for their service on the AAAHC readiness team: Tanesha Brown, Sherry Burns, David Campbell, Calvin Chin, Brenda Como, Diane Cook, Irini Daskalaki, Christina

“I’ve worked with a lot of great people over the years, and they do their best when the challenges are toughest. You exemplify that in full.”

—From someone who works in Communications to a physician at UHS



15

Number of seed grants and partnership grants awarded by TigerWell

122

Number of individual and group consultations provided by TigerWell to campus partners

234

Number of sports psychology consultations provided by TigerWell Outreach Counselor

David, Anne-Marie Feury, Janet Finnie, Pasquale Frisina, Khyati Gokli, Virginia Gutierrez, Valerie Lewis, Robin Maestripieri, Melissa Marks, Esther Munene, Marguerite Murad, Jude Oakley, Kristen Palkovich, Claire Perkins, Sandra Presby-Schreyer, Cassandra Stephenson, Michael Rivera, Christine Roache, Sonya Satinsky, Nara Shin, Sasha Steinlight, Charlie Thompson, Dara Van-Wiemokly, and Kathy Wagner. We truly appreciate their hard work, dedication, and countless hours of preparation to ensure that UHS met and exceeded the AAAHC standards even during the COVID-19 pandemic. We are also extremely grateful to Dr. John Kolligian, whose unflagging support inspires us to do our best.

Designing a New Health Center: Update and Progress Since 2019

In our last Biennial Report, we were thrilled to announce that planning was underway for a new Health Services facility. Two years later, we have all but completed the design work. The building design calls for approximately 70,000 square feet on four floors, with an additional stand-alone pavilion contiguous with the main building. Already located on the designated site, Eno Hall will be renovated and incorporated into the design, juxtaposing old and new. A few final decisions remain concerning the brick that will be used for the exterior, as well as the interior palette and finishes. Construction will begin in the summer of 2022 with a goal of completion by fall 2024. The building — twice the size of our current Health Center — will be located north of Goheen Walk, just south of our current location next to the Frist Campus Center. The new location, central to campus, will allow UHS to remain highly accessible to community members, with entrances on the north, east, and south sides. UHS is grateful to WRNS Studio, the architects who designed the building, and to colleagues in the University's Office of Office of Capital Projects with whom we have worked closely throughout the project. For information about the Winter Garden featured in the main atrium/lobby, made possible by the generous support of the Auxiliary to the Isabella McCosh Infirmary, see the Stewardship section of this report.

TigerWell

Princeton University and UHS have long sought innovative approaches to promoting student health and well-being. A multiyear gift from the Elcan family, the "Elcan Family Fund for Wellness Innovation," enabled the creation of TigerWell — a collaborative, whole-campus health and well-being initiative that combines existing resources with creative new ideas. TigerWell engages partners across campus in implementing a proactive, settings-based approach to student well-being promotion that is grounded in public health. The program goals of TigerWell include: fostering an institutional environment that promotes well-being at Princeton; strengthening collaboration among campus partners working to promote health and well-being; promoting equity in health and well-being for all campus community members; increasing students' social connectedness; increasing students' engagement, meaning, and purpose; expanding student access to mental health support; increasing the extent to which well-being promotion efforts at Princeton are informed by evidence; and increasing students' skills, behaviors, and mindsets to enhance positive coping and resilience.

In fiscal year (FY) 2020, TigerWell was fully operational, allowing for a clearly articulated strategic vision and the initiation of several major projects. Working primarily toward the goal of increasing access to mental health supports, TigerWell added an additional outreach counselor who focuses on the needs of graduate and international students. Over the past two academic years, our three outreach counselors provided individual "drop-in" and scheduled counseling appointments (approximately 1,450 in FY20 and 2,160 in FY21), as well as numerous outreach programs, workshops, and consultations (approximately 380 outreach events in FY20 and 290 in FY21). The TigerWell project manager also engaged in consultations with campus partners on their health promotion activities (approximately 115 consultations in FY20 and 120 in FY21). Over the past two years, the TigerWell team has developed systems and processes that enable campus partners to collaborate with each other and the initiative. These processes include administering the





TigerWell Partnership & Seed Grant program (started in FY20), which awards funding to a wide variety of campus stakeholders for activities related to well-being; leading the development of a faculty toolkit for Well-being in Learning Spaces; and creating the new TigerWell website and visual identity in FY21. The Campus Well-being Partnership and its working groups, previously initiated by TigerWell, were also convened regularly in FY20 and on an ad hoc basis in FY21. We look forward to TigerWell's next steps and continuing to weave well-being into the fabric of our campus.

UHS Transgender Health Team

Since 2017, the UHS Transgender Health Team has supported advancements to gender affirming health care at Princeton University. To solidify its efforts, in 2019 the UHS Transgender Health Team held their first retreat, designed to gain feedback from its outside facilitators (Van Bailey, a doctor of education, and Shane'a Thomas, a licensed clinical social worker with a master's degree in education) in order to create a structured charge and mission for the Team. The Team prioritizes accessing continued education, data collection, advocacy, and community engagement with the overarching goal of improving service and quality of life for transgender and gender nonbinary students and their dependents, and fosters strong working relationships with campus partners. The Team is honored to serve as an advising body not only to UHS, but the larger University community with respect to any changes to access to transgender and nonbinary affirming care, services, promotion, and policy. Consisting of representatives from nearly all UHS departments, the Team is currently chaired by Jess Joseph, a licensed psychologist (who co-chaired with Michelle Schramm, a doctor of nursing practice, advanced practice nurse (APN), and a board-certified women's health nurse practitioner, through fall 2020).

In the last two years, the Team has focused its efforts on improving access to gender affirming health information, community building and education, and

advocacy. Through the "Gender Affirming Care at UHS" webpage, the Team launched a virtual hub detailing specific informational resources, describing what to expect when accessing gender affirming care through UHS, and outlining ways to navigate insurance coverage. To disseminate the virtual hub, the Team created a promotional one-hour Q&A panel video (also located on the "Gender Affirming Care at UHS" webpage) in which Team members responded to gender affirming health and health care questions and reviewed services provided. In collaboration with the LGBT Center for Pride 2021, the Team also responded through social media platforms to student questions about gender affirming health and health care. This outreach not only reached hundreds of students, but these social media videos are also available through a permanent link on the LGBT Center's Instagram.

The Team has focused on education for students, staff, faculty, and community members. With the LGBT Center, the Team co-hosted workshops and trainings for faculty members on creating gender affirming classrooms, as well as workshops for UHS staff and providers in the larger Princeton community on how to write evaluations for transgender and nonbinary individuals seeking surgeries and procedures. Finally, as of 2021, the Team has begun to onboard all new UHS staff with orientation training on creating gender affirming health care spaces.

The Team prioritizes advocating for transgender and nonbinary students and reducing cis/heteronormative microaggressive environments and policies on campus. As such, they have supported the improvement of honoring names, inclusive identity options, and pronouns on all UHS charts. During the pandemic and alongside student efforts, the Team also advocated for emergency housing for students coping with adversity related to gender identity and sexuality. They have also been a part of campus conversations and architecture-planning meetings on ways to reimagine gender inclusive and all-gender restrooms throughout campus.

The Manic Monologues

"The Manic Monologues" was a joint virtual theatrical production mounted through a collaboration between CPS and McCarter Theatre. The performance, now viewed by over 6,000 people to date, featured professional actors performing a series of 21 monologues written by real people who suffer from mental illness. "The Manic Monologues" interactive website features a page with curated mental health resources, as well as a series of interviews and panels on a range of mental health topics. One measure of the impact and success of "The Manic Monologues" is their reach in local and national press outlets. The project, its creators, and its partners were featured in numerous local and national outlets and print and online publications, including Fast Company, Variety, Broadway.com, Playbill, Town Topics, U.S. 1, Princeton Alumni Weekly, and The Daily Princetonian. The Princeton University homepage even featured a story about the project that showcased many facets of "The Manic Monologues" collaboration, including a video clip. Finally, the production itself was nominated for the prestigious 2021 Drama League Award in the category of "Outstanding Digital Theater, Collection, or Festival."

Staff Support Initiative

At the start of the pandemic, SHARE Director Jackie Deitch-Stackhouse recognized a need to show appreciation for UHS frontline workers, boost morale, and facilitate connection between staff who no longer could engage in person. She brought together the UHS Staff Support Initiative Committee, also including HPPS staff Janice Huang, Janine Mascari, and Anne Laurita, to meet these needs. Following its launch on April 1, 2020, the Committee created and distributed 20 messages of care, including a virtual e-card to UHS frontline staff, "Community Care Moments" in support of staff who lost loved ones to COVID-19, personal sentiments of appreciation, notification of the Blue Angels flyover, and a pictorial message from the Director's Group



conveying thanks. The committee also created "Spotlights" highlighting the work colleagues do to go above and beyond; "Community Care Moments" that included uplifting quotes, photos, recognition of current events and tragedies, and statements of allyship; and other emails to connect folks to available resources for staff. Recognizing the impact upon staff well-being of the pandemic and related workload, the Committee also identified the importance of scheduling lunch breaks and vacation to give staff needed respite. Noting that not all UHS staff have the agency to control their schedules, the members also proposed to UHS leadership that efforts to support staff well-being through calendar scheduling account for all UHS staff. Leadership pledged to support staff at all levels to block off schedules in advance when possible, and to use that time to attend to well-being. This commitment was then announced as a "Community Care Moment" on the UHS listserv.



>5,000

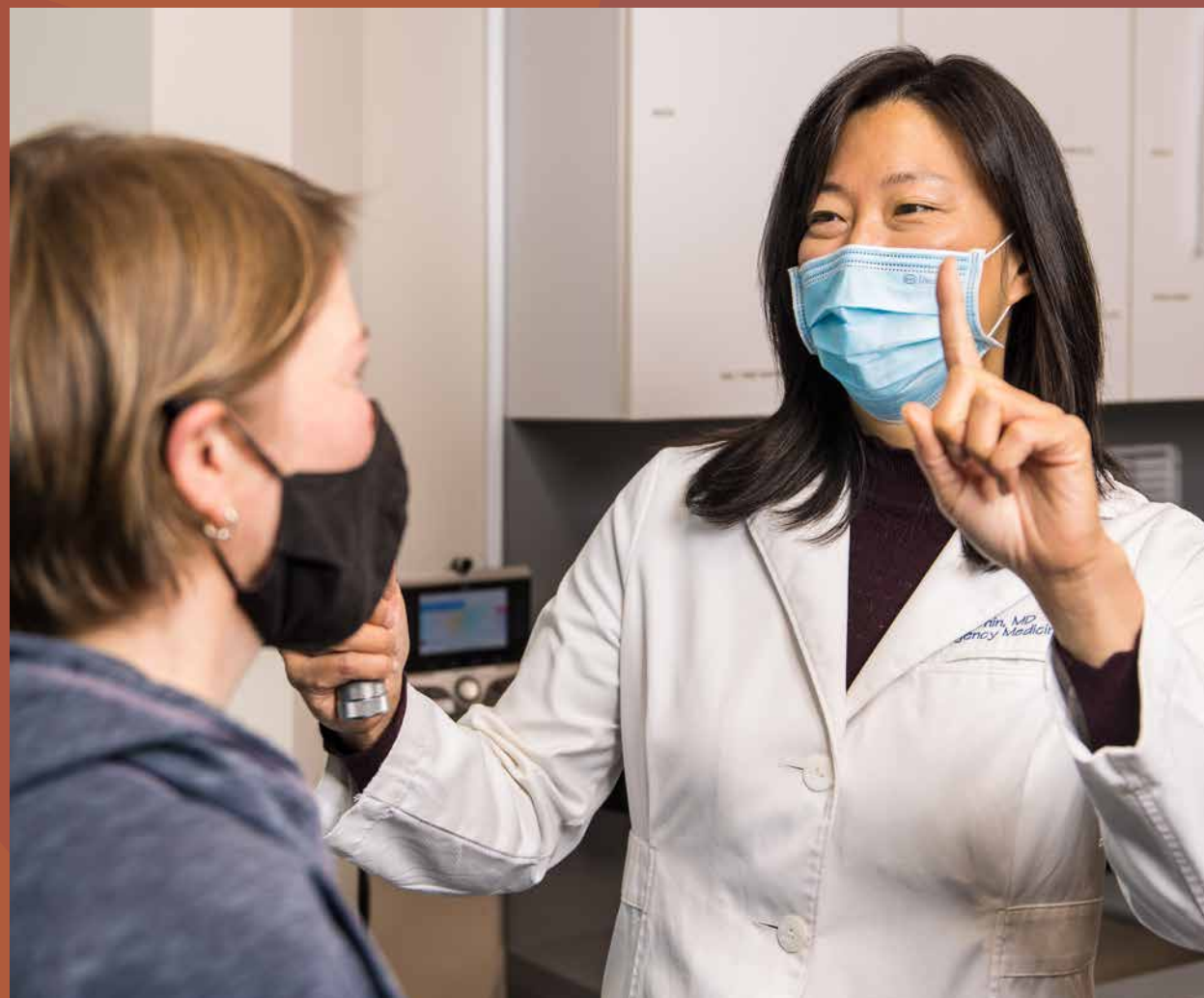
Number of individuals who have viewed Manic Monologues, a joint virtual theatrical production that was mounted through a collaboration with the McCarter Theater, featuring professional actors performing a series of pieces written by real people who suffer from mental illness



Department & Unit Reports

Medical Services

Located in the McCosh Health Center as well as in Caldwell Field House and Dillon Gym, Medical Services provides not only primary medical care but also specialized services such as Athletic Medicine, Sexual Health and Wellness, Global and Community Health, nutrition counseling, OHS, physical therapy, and radiological and laboratory services. With over a half-dozen clinical programs staffed by professionals from diverse disciplines, Medical Services continuously strives to develop innovative and integrative models of care. The broad representation of skills and expertise among its complement of clinicians enables Medical Services to offer several unique services that support students' health, well-being, and academic success, as well as the health and well-being of University employees.



Athletic Medicine

The mission of UHS Athletic Medicine is to provide the highest quality health care to student athletes. The Department of Athletic Medicine is composed of a multidisciplinary team that works collaboratively with Athletics and includes primary sports medicine physicians, athletic trainers, physical therapists, nurses, and a sports dietitian.

Athletic Medicine cares for the musculoskeletal and sports-related needs of student athletes from 37 varsity teams and two club teams. The department also provides on-site clinical care, practice and competition coverage, and travel support to the athletic teams. All Princeton students, including those who are not varsity athletes, also have access to sports medicine physicians and physical therapists to address sports-related injuries and health concerns. When needed, Athletic Medicine also offers consultations and referrals to external medical and surgical specialists. Athletic Medicine clinicians provide comprehensive physical examinations, including screening for concussions, as well as cardiac, mental health, and musculoskeletal problems, to all first-year student athletes.

Athletic Medicine staff members participate in multidisciplinary UHS teams, including the Eating Concerns Team and the Performance and Wellness (PAWS) Team. In collaboration with Athletics, Athletic Medicine staff also support the Student Athletes Wellness Leaders peer intervention program.

Key departmental accomplishments in Athletic Medicine this year include rapid redeployment of Athletic Medicine staff to aid in essential public health efforts. Athletic Medicine clinicians retrained to work with Global and Community Health in multiple roles, including contact tracing; they also staffed the COVID-19 testing clinics, crucial aspects of a successful academic year amidst a worldwide pandemic. Other key accomplishments included the development and implementation of a policy for cardiac evaluation after COVID-19 infection, and the design of a graded return to play, overseen by the athletic training staff, for student athletes returning



to activity after COVID-19 infection. Sports physicals were redesigned to abide by COVID-19 guidelines, including social distancing. Telehealth visits were established for all team physicians, athletic trainers, and physical therapists to provide continued care to individuals within New Jersey during the pandemic. Dr. Sasha Steinlight and Athletic Trainer Charlie Thompson served on the multidisciplinary Athletic Public Health Team, which made public health recommendations to senior administration about resumption of athletic activity on campus. Athletic Medicine at UHS also continues to participate in key research on concussions and head impact exposure in college sports.

Global and Community Health (G+CH)

The mission of the Global and Community Health Program (G+CH) at UHS is to provide up-to-date, evidence-based care and health education to Princeton students for all their travel, immunization, and infectious disease-related health issues, and to offer consultative services to the University community around outbreaks and all infectious disease related issues. G+CH develops policy recommendations and measures aimed at preventing University students and employees from acquiring infectious diseases, as well as mitigating the spread and impact of outbreaks should they occur.

Consequently, the G+CH team played an indispensable role on campus and beyond during the COVID-19 pandemic. When the novel coronavirus first emerged, the G+CH physician raised awareness by engaging appropriate UHS and campus partners, and as a key precaution, implemented infection control protocols within UHS for travelers returning to campus. Once the novel coronavirus developed into a public health emergency within the US and New Jersey, the G+CH Team--under the leadership of the G+CH physician--expanded to include re-deployed staff members from UHS and other departments and to fill crucial roles in the University's pandemic response efforts. (For a more comprehensive account of the role of UHS Global and Community Health in the University's COVID-19 response, see "COVID Response," p. 15)

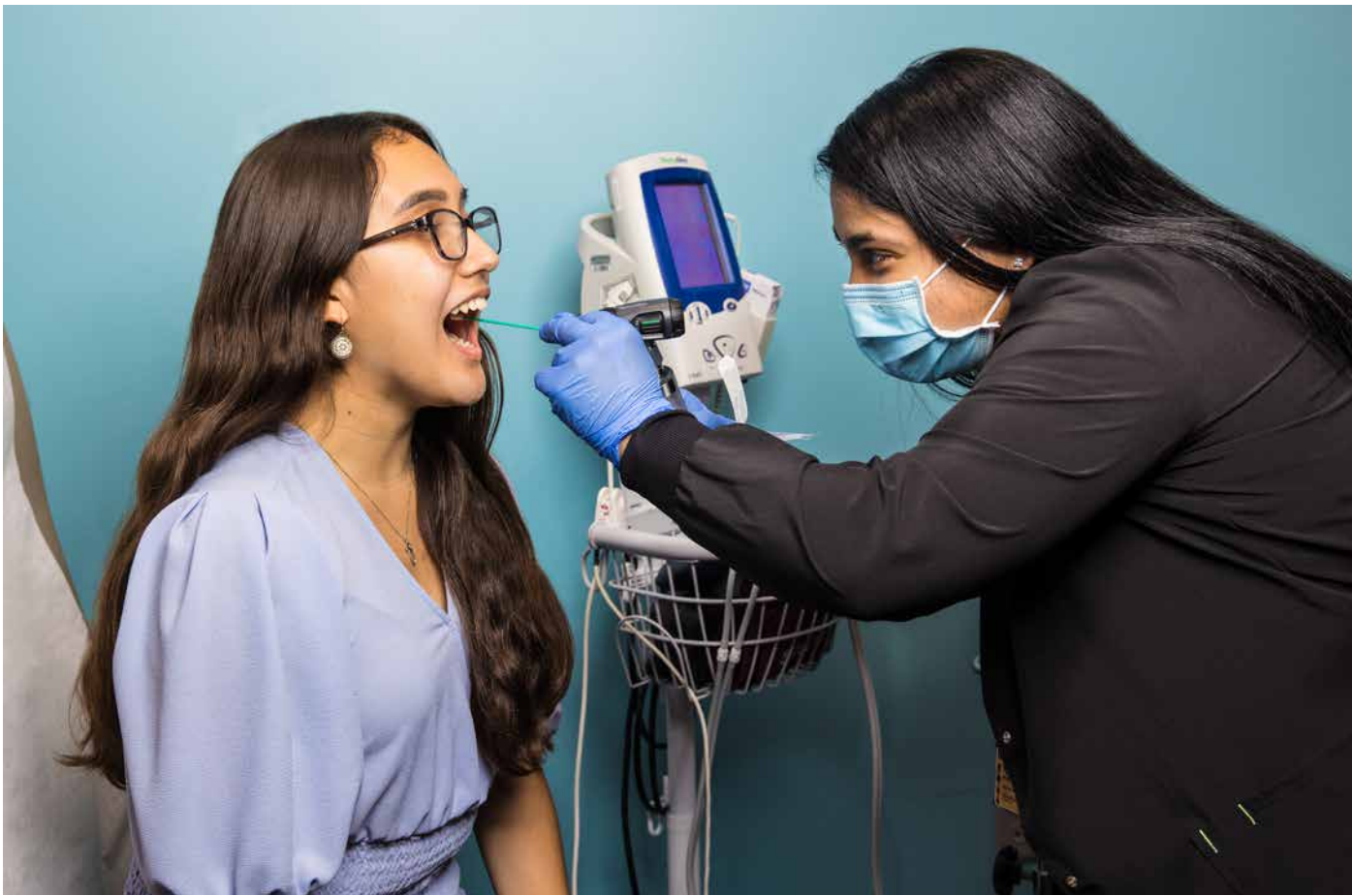
In the first stages of the COVID-19 vaccine distribution in New Jersey, the University was designated by the New Jersey Department of Health as a Point of Distribution (POD). The G+CH physician led a collaboration with the Princeton Health Department enabling the town of Princeton to be provided vaccine storage capacity meeting all temperature monitoring requirements—a collaboration that supported the town of Princeton as one of very few vaccine distribution points in Mercer County at this early stage. In addition, when the University became a Point of Distribution (POD) for COVID vaccine, the G+CH physician spearheaded the effort of establishing large scale

vaccination clinics, in partnership with other UHS stakeholders and campus partners.

A further key accomplishment of G+CH this year was fostering strong collaboration with campus partners who led multiple aspects of the public health response on campus. While the regular travel health activities were not required during the pandemic, the immunization compliance and the tuberculosis control programs continued uninterrupted. By recommending the influenza vaccination as a requirement for students on campus for the 2020-2021 academic year, G+CH contributed to a remarkable influenza-free spring semester 2021 on campus.

Infirmary

UHS operates a 15-bed infirmary located on the second floor of McCosh Health Center to care for students who require overnight care, offering a supportive environment for recovery from acute illness or injury that might otherwise require hospitalization or returning home to recover, potentially jeopardizing academic goals. Operating under normal circumstances as a 24-hour, seven-day-a-week unit during the academic year, the Infirmary provides students with access to after-hours evaluation and treatment of acute medical and mental health concerns. The Infirmary staff provide highly skilled, compassionate, convenient nursing care to graduate students, undergraduate students, and graduate dependents with a range of medical and mental health concerns. The nursing staff also administers care following discharge from an acute care setting, supporting a safe return to campus and academic life, and coordinates care when transfer to a higher level of care is needed. To maintain the health of the campus, the Infirmary affords a more isolated setting for students recovering from communicable diseases that could otherwise lead to disease outbreaks. Registered nurses and nurse's aides provide care around the clock, while physicians and mental health providers make daily rounds and are always on call. The Infirmary staff embraces a holistic approach to nursing care, assessing psychosocial, emotional, spiritual, behavioral, and cultural factors affecting each student and their health.



The COVID-19 pandemic brought profound changes to Infirmary utilization, staffing, responsibilities, and procedures after students were asked to return home in March 2020. With a small number of exceptions, students/staff did not return until January 2021. The Infirmary staff quickly adapted to new duties related to the pandemic, contributing in crucial ways to the University's COVID-19 response. Among many other functions, the staff followed up via email to 300 quarantined students upon their arrival to campus at any given time; assisted in G+CH processes and protocols related to COVID-19 testing and to the care of patients affected by COVID-19; transitioned to a telephone triage model; and participated in the COVID-19 Clinical Planning Committee. Infirmary Operations Coordinator Sandra Presby-Schreyer served as the COVID-19 isolation coordinator, overseeing the student isolation process, supporting campus partners, and maintaining inventory for isolation housing supplies. The Infirmary staff also initiated a follow-up

study with a broad range of quality improvement goals, including limiting the need for return visits, evaluating patient process after a UHS visit, reinforcing discharge instructions by phone, increasing patient satisfaction, supporting patient self-management of care, improving health outcomes, and decreasing time missed from school or work.

Clinical and Sports Nutrition Services

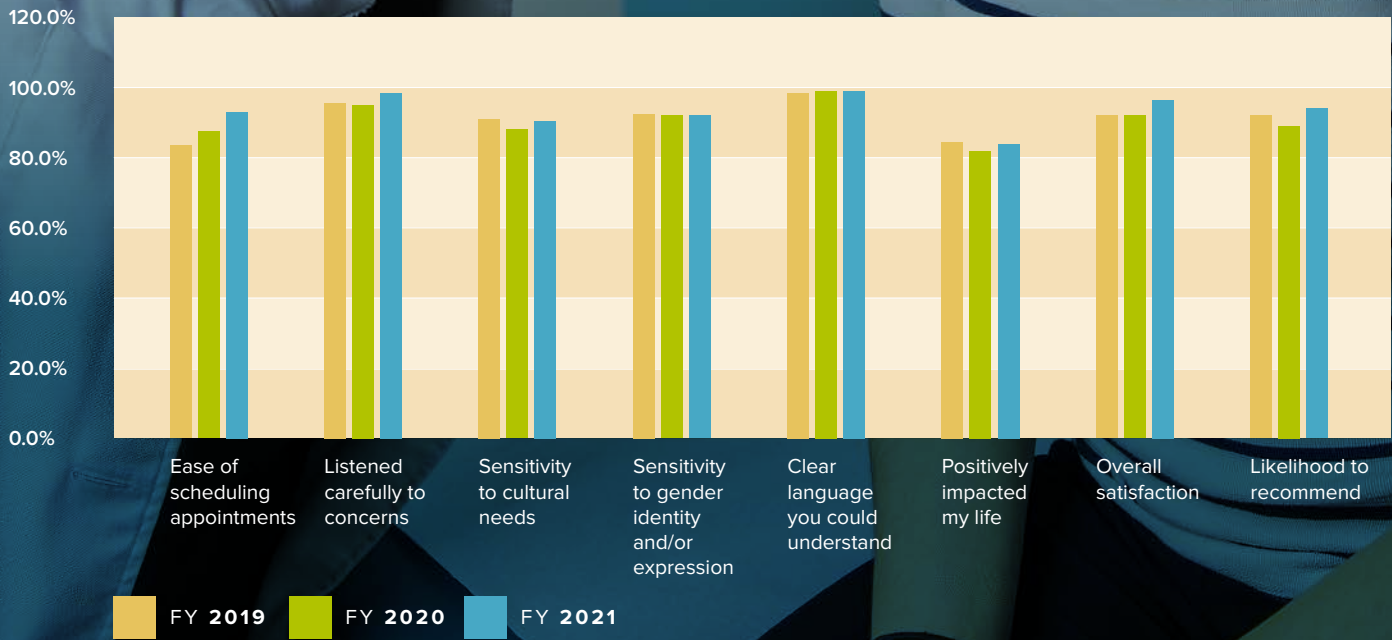
UHS Clinical and Sports Nutrition Services address the nutritional needs of our students through nutrition-focused counseling, education, and supportive programs. With a focus on sports nutrition, eating disorders and concerns, and nutrition-related medical diagnoses, Nutrition Services employs a multipronged approach to improving the nutrition, health, and athletic performance of Princeton students. Our clinically trained nutrition staff empha-

“I’m not sure you remember us but you gave us an ‘extra’ shot of flu vaccine last year, to allow us to provide the required medical paperwork with our green card applications...So this is just to send you a quick message of thanks!”

—From a faculty member to the Global and Community Health Physician



Outpatient Medical Services / Health Services Indicators



size evidence-based methods and balanced life-styles to help students attain their nutritional and dietary goals, both on and off campus.

In conjunction with Athletics, UHS is expanding the nutrition program. Whereas previously the department was composed of a single combined clinical/sports nutrition dietitian position, it has now been expanded into two separate roles: one sports dietitian (0.8 FTE) and one clinical dietitian (0.5 FTE). Expanding the nutrition program to two dietitians will allow for increased access, education, and outreach for our students and will help ensure that nutrition services are available and responsive to students of all backgrounds, identities, and ethnicities.

Based in Caldwell Field House, the sports dietitian will work closely with the Director of Athletic Medicine, Director of Performance, Athletics, and team physicians, coaches, and trainers to provide comprehensive sports nutrition-related care and education to the varsity student athletes. This interdisciplinary approach plays an essential role in the evaluation of the student’s nutrition through monitoring, engagement, and referrals. The sports dietitian will offer sports nutrition services, including coaching on performance nutrition and medical nutrition therapy, as well as outreach on topics such as meal planning and supplement safety to all varsity athletes.

The clinical dietitian will provide comprehensive clinical nutrition care and will serve as an essential part of the Eating Concerns Team, an interdisciplinary team of counselors, physicians, nurse practitioners, and athletic trainers that provides essential services, including nutrition therapy, to individuals who have or are recovering from an eating disorder. Located in McCosh Health Center, this clinician will offer education and outreach on campus regarding prevention and management of eating disorders and will also collaborate with Health Promotion and Prevention to provide education and expertise to the campus community. The clinical dietitian will also provide medical nutrition therapy for individuals with complex medical needs.

Utilization of nutritional services was curtailed by the COVID-19 pandemic and the departure of the previous nutritionist in December 2020. Going forward, the department will continue to offer signature programs, including body composition testing via the Bod Pod for student athletes utilizing the “Weight Management Policy,” “Body Composition Testing Policy,” and “TRAIN” (T = Think adequate energy, R = Rest and recovery, A = Always hydrate, I = Improve food quality, and N = Nutrient timing), a streamlined educational framework covering key nutrition topics. This program, run in collaboration with Athletics, allows all varsity athletes basic education in key nutritional topics throughout the year.

Outpatient Medical Clinic

The Outpatient Medical Clinic is composed of a multi-disciplinary team of college health professionals that includes physicians, nurse practitioners, physician assistants, nurses, medical assistants, and administrative support staff. All undergraduate and graduate students and their eligible dependents have access to primary health care, including same-day care for acute medical concerns, at the Outpatient Medical Clinic. The clinic also serves as an urgent care center for students and campus visitors who experience acute symptoms or injuries.





40%
Percent of visits to outpatient medical services that were conducted via Telehealth in FY 21

96.4%
Percent of all respondents reporting they were satisfied or highly satisfied with the care they received in outpatient medical services.

94%
Percent of all respondents who reported they were likely or highly likely to recommend outpatient medical services to others

Recent accomplishments in the Outpatient Medical Clinic included providing urgent, primary, and preventative health care to students throughout the COVID-19 pandemic, both in-person and via telehealth. The OPMS developed processes to safeguard staff and patient safety while continuing to take care of students on-site, including maintaining supplies of personal protective equipment, screening students for COVID-19 symptoms prior to on-site appointments, and adjusting the flow of patient traffic throughout the building to adhere to social distancing measures.

Nursing staff were integrated with customer service representatives at the front desk to manage higher volumes of phone calls and to assist walk-in patients in a manner consistent with public health measures. Nurses performed phone triage to recommend the most appropriate modality for evaluation and treatment of patients with health problems, while promptly screening and identifying students with potential COVID-19 symptoms. Telehealth services were expanded within all service lines within OPMS (primary care, preventative care, nutrition services, sexual health and wellness, physical therapy, travel medicine, and athletic medicine) for students located in New Jersey. (For additional details on the myriad ways in which OPMS assisted in the University's COVID-19 response, see "COVID-19 Response" section, p. 11)

Despite the enormous challenges posed by the COVID-19 pandemic and its impact on the campus and larger community, patient satisfaction and other quality indicators rose in FY20 and again in FY21. The Outpatient Medical Clinic implemented changes to improve the health of the population by improving access, especially by expanding telehealth services. Beginning in March 2020, OPMS initiated online AskHealth and telehealth services to ensure that both on- and off-campus students had access to health care, and to maintain continuity of care for existing student-patients. Through the creation of a greater variety of platforms such as remote care provision, telephone encounters, and telehealth services, OPMS providers cared for many more individuals than those that were on campus. OPMS' encounter numbers continue to normalize to



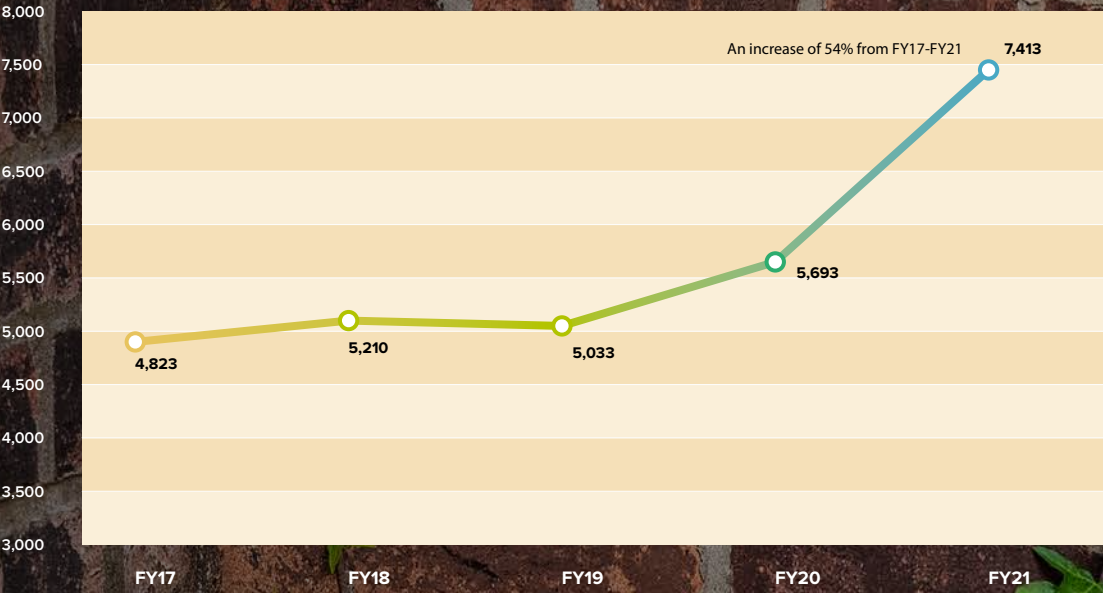
pre-pandemic numbers, with approximately half of the encounters in person and the other half through telehealth, phone encounters, and secure/email messaging. The clinic's continuous improvement over the past two years is reflected in quality indicators that are above or near UHS goals of 90-95% patient satisfaction.

Occupational Health Services (OHS)

The aim of OHS at UHS is to support the health of Princeton University employees and to prevent work-related illness and injury. OHS is broad and holistic in its approach, offering employees assessments and care coordination for work-related injuries or illnesses; medical clearance for return to work; immunizations, travel assessments, and health education; and recommendations regarding medical parking requests. OHS also offers employee wellness programs and screenings for issues such as diabetes, heart health, and smoking cessation.

Since early spring 2020, the University's COVID-19 response required a continuous focus by OHS staff

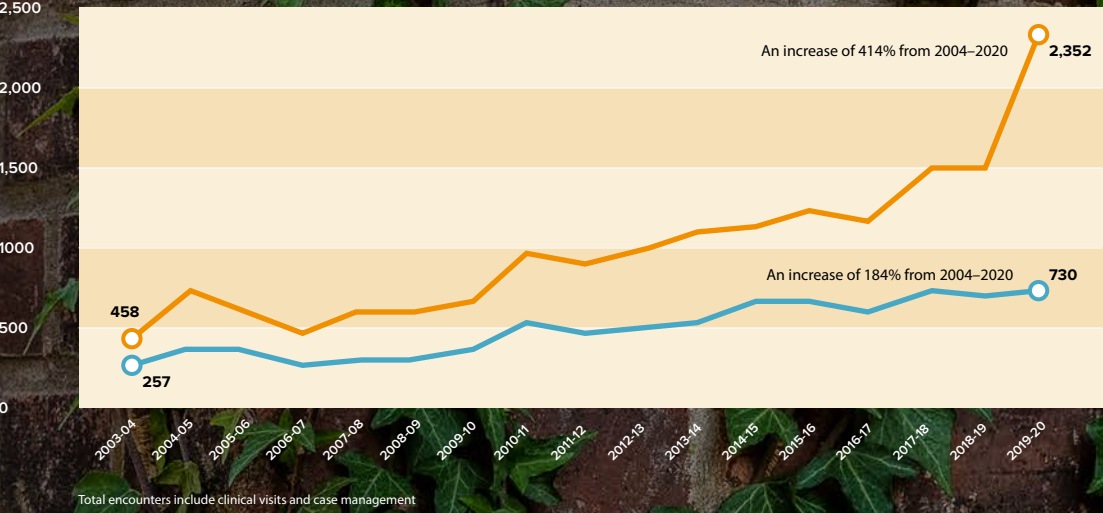
Occupational Health Services: Patient Encounters



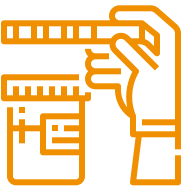
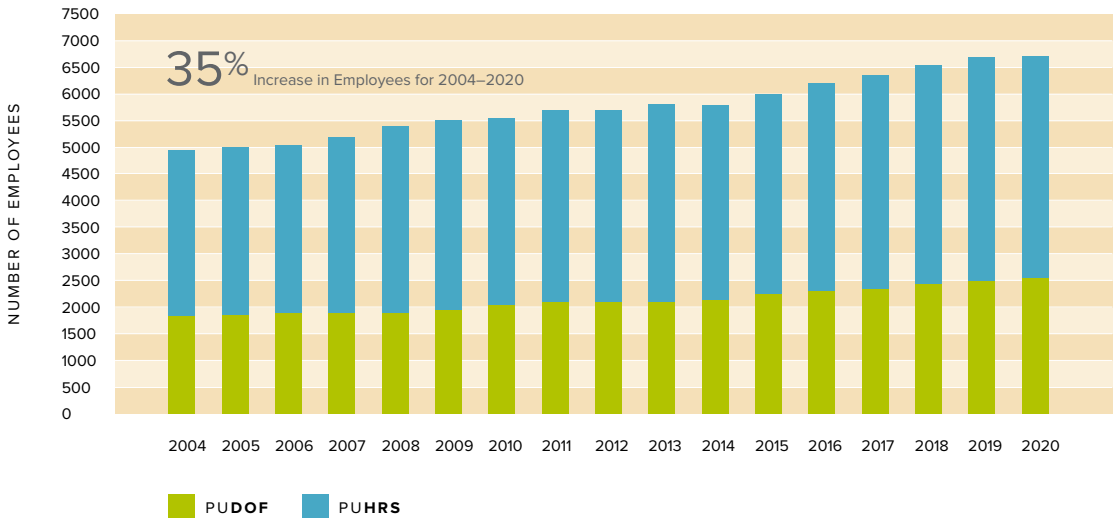
Occupational Health Services: Total Encounters



Occupational Health Services: Surveilled for Lab and Field Research



Total University Employees, 2004–2020



30%
Increase in number
of Occupational
Health encounters
from FY 20 to FY 21

95%
Rate of overall
satisfaction with
Occupational Health
Services

on policies specific to COVID-19, procedure development, and staffing allocation. OHS dedicated resources to initiatives involving contact tracing, testing clinics, support to essential departments and employees regarding resumption of operations, medical surveillance specific to COVID-19, assessments of fitness for duty, and work status communication and training. OHS developed and staffed after-hours and weekend on-call coverage enabling prompt departmental notification of COVID-19 positive and quarantine cases. The department also collected data and analytics on OHS’ historic utilization, resources, and evolution as a service, to assess staffing needs and ensure the highest quality services to the Princeton University community. In collaboration with Human Resources, OHS developed a process to identify and refer complex disability cases to an outsourced disability service expert to ensure both highest quality services and industry compliance. Finally, OHS, OIT, and UHS executive sponsors prepared a review to fund the replacement of an outdated electronic record management system. The goal of this initiative, which requires the participation of key campus partners and executive sponsors who will utilize and benefit from the updated electronic management system, is to comply with industry and University standards, and to improve administrative efficiencies and data analytics for all system users. Patient satisfaction with

OHS services remains high, with overall satisfaction rated over 95% in the 2020-21 academic year.

Sexual Health and Wellness (SHAW)

SHAW is a two-level service line within UHS’ Medical Services. All UHS medical clinicians are trained to address acute sexual health concerns, while a subgroup of highly trained clinicians focuses on specialized sexual health and wellness and procedural interventions. The specialized care offered within SHAW is more comprehensive than that offered by similar departments in most college-



health settings, and this breadth of services allows our students to remain on campus for their sexual health and wellness care.

SHAW’s comprehensive offerings include birth control education and provision of options appropriate to patient need; sexually transmitted infection testing, information, and treatment; HPV vaccination; pregnancy and options counseling; colposcopy for an abnormal pap smear follow-up; vulvoscopy and vulvar biopsies; preexposure and post-exposure prophylaxis for HIV prevention; health counseling for LGBTQ+ individuals; and evaluation, monitoring, and prescriptions for contra-hormone therapy for medical gender affirmation.

SHAW staff members also serve as consultative sexual health experts for staff members in UHS and across campus. For example, SHAW offered multiple trainings both on and off campus on gender identity diversity and inclusive, gender affirming care, and completed a storyboard for presentation at the American College of Health Association (ACHA) and IHI Annual meetings regarding how to implement innovative models of LGBTQ+ inclusive care. In

FY20, SHAW noted a significant rise in the number of transgender/nonbinary students who presented for services ranging from consultations for gender affirming hormones to pre-certifications for surgeries.

This past year, SHAW staff were redeployed to assist with novel, clinic-based asymptomatic COVID-19 screening for students and staff. SHAW nurse practitioners were also assigned to monitor COVID-19 positive students placed on isolation via daily email/telephone follow-up. The service line also successfully transitioned to telehealth via both telemedicine (video-based) and telephone appointments, allowing students to continue receiving SHAW-related health care after campus closure due to COVID-19, as well as after its reopening.

Diagnostic Services: Radiology and Laboratory

UHS provides radiological services and diagnostic testing (electrocardiograms (EKG) and audiograms) for students and employees. Equipped with a Shimadzu RadSpeed digital radiographic unit with a Canon digital detector, Radiology offers diag-



nostic services that enhance image resolution and decrease radiation dosage with a goal of maximizing patient safety, quality of care, efficiency, and cost-effectiveness. Key accomplishments this year include new processes to coordinate cardiac screening for student athletes, successfully passing the New Jersey Department of Environmental Protection Agency’s Quality Assurance Review and Radiation Survey, and cross-training other clinical staff in how to administer EKG studies and software orientation.

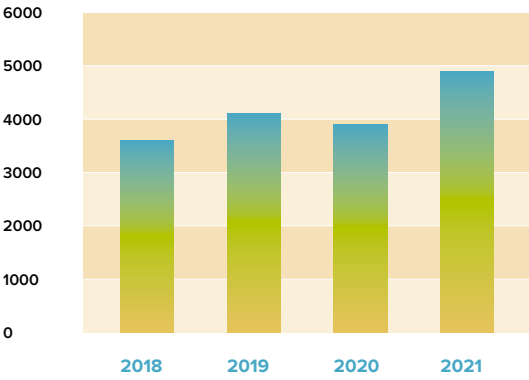
UHS diagnostic services also include on-site point of care testing (POCT) as well as laboratory testing and specimen processing for students and employees through Quest Diagnostics. During the pandemic, UHS increased POCT capabilities to include rapid COVID-19 antigen testing, rapid COVID-19 PCR testing, and rapid respiratory syncytial virus (RSV) testing. The COVID-19 rapid tests enabled UHS to diagnose a student with SARS within 15 minutes using the antigen test and 36 minutes using the PCR test. The PCR test simultaneously tested students for COVID-19, influenza, and RSV. (For more on COVID-29 testing, see “COVID-19 Response” section, p. 12)

Counseling and Psychological Services (CPS)

CPS provides a wide range of services to address students’ psychological needs and mental health concerns. The psychologists, psychiatric providers, clinical social workers, postdoctoral psychology



Spring CPS Counseling Contacts (February–May)



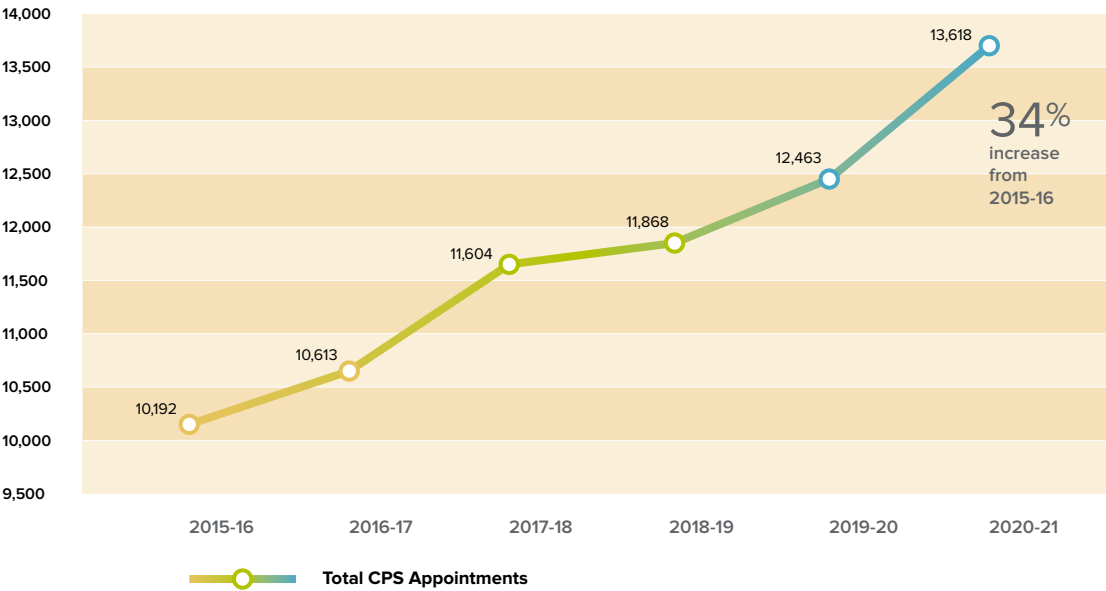
fellows, and social work interns on the CPS staff offer expert mental health services to Princeton graduate and undergraduate students and their dependents.

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 provides consultation to deans, athletic team coaches, faculty, residential college advisors, family members, friends, or other members of the community who express concern about a student.

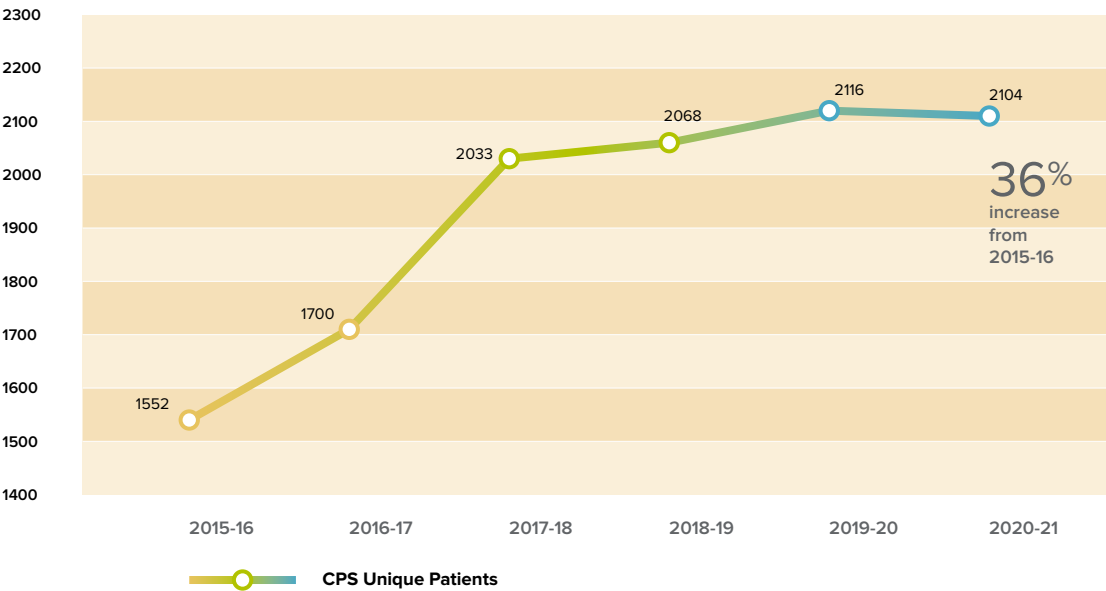
The past year was incredibly challenging. The COVID-19 pandemic and its impacts upon campus resulted in profound loss and heightened anxiety for many students and staff and brought significant isolation. The incidents of police brutality last summer and a renewed focus on systemic racism also deeply impacted students, especially students of color, many of whom share feeling “triggered” and emotionally overwhelmed by these events, especially when experienced in the context of a history of racial trauma.

CPS has responded quickly and flexibly to support students in response to these multiple stressors. As soon as students were evacuated from campus (spring 2020), CPS quickly transitioned all our services to a telehealth platform. It provided students with access to same-day telehealth urgent care appointments, drop-in telehealth visits with outreach counselors, and skills-based telehealth consultations, as well as to our regular telehealth counseling and

Total Number of CPS Appointments (Undergraduate and Graduate)



Total Number of CPS Unique Students (Undergraduate and Graduate)



psychiatric visits. Our rapid transition to telehealth allowed us to serve a record number of students over summer 2020, increasing CPS utilization by a remarkable 90% as compared to the summer of 2019.

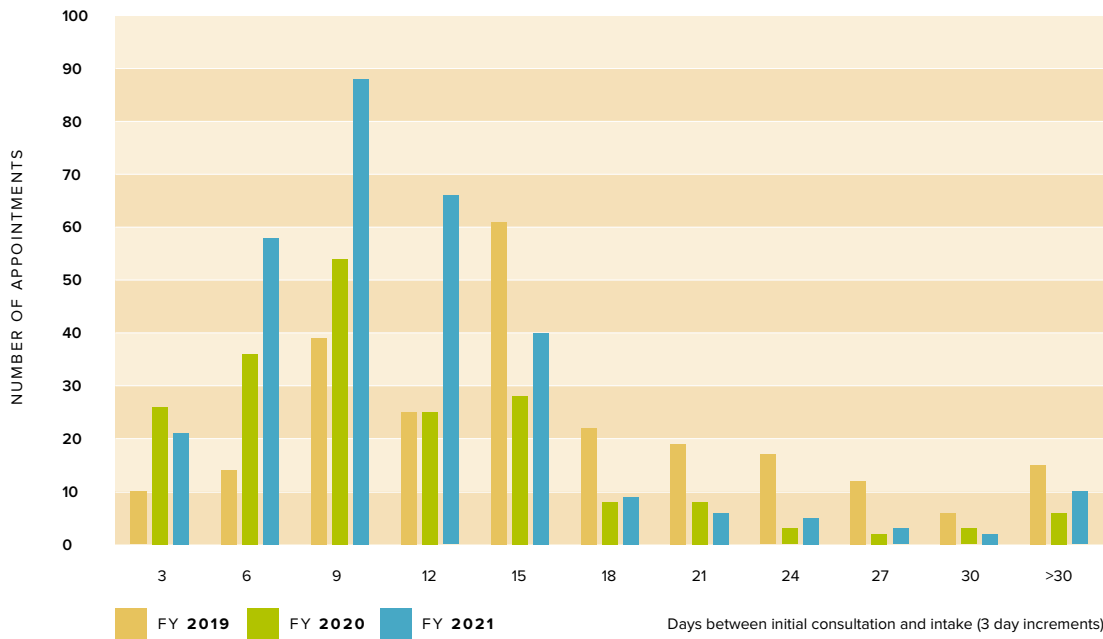
Last fall only a small group of undergraduates were allowed to return to campus, and most undergraduates attended Princeton remotely from home or elsewhere. CPS continued to innovate its approach

and offerings to ensure that all students, on or off campus, received adequate mental health support. We formed a summer committee focused on improving our telehealth practice that developed best practices for successfully engaging students through this modality. We also joined the Center for Collegiate Mental Health so that we could use the Counseling Center Assessment of Psychological Symptoms to assess students remotely using a

“I just finished my last exam. Again, I cannot thank you enough for all of the help you have given me over the last couple of weeks ... Hopefully all goes well over the next couple days and again, I am so grateful for your incredible dedication and amazing, calm advice. You really pulled me through.”

—To the Director, Counseling & Psychological Services, from a student

CPS Wait Times: Spring 2019, 2020, and 2021



1,490
Number of clinical appointments in CPS in March, 2021, the highest number of clinical appointments in a month in the history of CPS.

16%
increase in psychiatric visits from FY 20 to FY 21

13%
increase in number of individual counseling visits from FY 20 to FY 21

standardized instrument, since the previous assessment instrument could not be accessed remotely. We worked closely with the Office of the General Counsel to develop a policy and a review process enabling us the maximum degree of flexibility to serve students across state lines who could not be referred to providers in their local area, while also respecting state laws and guidance.

CPS also shifted its approach to outreach to meet the needs of students studying and (often) living at a distance. Given the Zoom fatigue reported by our students attending classes virtually, we decided to focus on providing one-off listening circles more narrowly focused on specific issues of concern. Among many other offerings, for example, we offered listening circles for Asian-identified students in response to the spate of anti-Asian bias attacks. We welcomed students participating with their cameras off or through the Zoom chat function if they wished, further lowering the bar for inclusion. CPS was involved in two orientation sessions for first-year students, one in August and another in January to assist them in getting oriented to their first semester living on campus. The program in August focused on normalizing their experience of and feelings about the pandemic and encouraging self-compassion

and self-care practices, while the January orientation program educated students about how to recognize signs of distress in themselves and others and how to successfully intervene. Presented over Zoom, each program drew over 800 first-year students. also continued to facilitate the Princeton Distress Awareness and Response (PDAR) program to students, faculty, and staff, training over 150 student leaders and graduating seniors through a Tigers Helping Tigers series co-sponsored by ODUS and the Undergraduate Student Government and offering PDAR to graduate students as part of Graduate Mental Health Month. Another outreach highlight was the launch of “The Manic Monologues,” which was a joint virtual theatrical production mounted through a collaboration with the McCarter Theatre (see “Highlights,” p -).

The return of students to campus in the spring required further shifts in our practice as we (correctly) anticipated a sharp increase in utilization, necessitating a return to our more typical practice of making referrals to community providers paired with less frequent session visits to meet the needs of the community. Indeed, the spring 2020 semester was the busiest in the history of CPS; in March, we had 1,490 clinical appointments, the highest monthly number of clinical appointments in the history of the

service. The Student Health Plan (SHP) eliminated co-pays for all telehealth visits, making mental health treatment very accessible to students who had the SHP, and we continued our efforts to cultivate an expansive referral network.

Although students expressed relief about returning to campus, the conditions necessary to ensuring safety and preventing the spread of COVID-19 involved significant challenges for many. Students living on campus and in the nearby vicinity had to abide by a strict social contract that, among other requirements, prohibited gathering in groups larger than three and mandated twice-weekly testing. Living on campus in the spring meant meeting the demands of full-time study without the usual social and extracurricular activities that provide students with relaxation, connection, and release. Reporting requirements, investigations, and penalties for violations of the social contract also brought stress. The year saw active dialogue and activism among students about mental health and the impact of University policy upon their mental health. Some students perceived their professors’ expectations as unreasonable considering pandemic-related challenges. CPS actively shared observations about the pandemic’s impact on the mental health of students with key stakeholders, including the heads of residential colleges, the University Student Life Committee, and advising deans in the Office of the Dean of the College. Consultation with CPS helped to shape the decision by the Dean of the College to send a letter to faculty encouraging them to consider the impact of the pandemic in their course requirements, and later to postpone Dean’s Date.

Sexual Harassment/Assault Advising, Resources, and Education (SHARE)

SHARE strives to foster a safe, respectful, inclusive, and supportive campus through interpersonal violence prevention efforts and by supporting survivors. As advocates, SHARE helps to empower survivors of interpersonal violence through accessible, trauma-informed, survivor-centered, and culturally relevant services, from individual to systemic levels.



In its work, SHARE aspires to uphold values of healing, community, collaboration, empowerment, transparency, accountability, activism, and advocacy, using intersectional, anti-oppression, and critically reflective approaches.

This year, SHARE engaged as a staff in several reflexive exercises, assessing what they could change, elevate, and/or prevent to uphold these values with intentionality and to let go of values connected to white supremacy, such as perfectionism, urgency, and objectivity, that have characterized the writing of annual reports in our environment. The resulting changes included a re-envisioning of the department’s annual report in several significant respects. These include prioritizing clients’ experience of SHARE services; utilizing quantitative data only when relevant to values-based reflections; anchoring the reports in team values; including a reflexive statement from individual staff members to make explicit the positionalities, assumptions, and experiences that shape their work as advocates; and acknowledging the key people and groups who have taught and supported the SHARE team in its work this year.

As part of its advocacy and activism role on campus, SHARE advocated for a TigerWell seed grant in the amount of \$3,000 to replenish the department’s



Special Needs Fund. These funds were used to assist students in extending comfort and grace to themselves in keeping with their personal values by, for example, purchasing plants, self-care items, or food otherwise unavailable on campus. As a part of the Peer to Peer Administrators Group (consisting of staff supervisors or student leader groups), SHARE also participated in efforts to seek equitable compensation for groups that offer social justice-related peer education. This year, SHARE also provided consultation and support to student leaders of the Interclub Council for eating clubs as they embarked upon creating the first street-wide code of conduct, which establishes behavioral expectations for respectful interpersonal behavior and bystander intervention for students seeking admission to an eating club and throughout their membership. In addition, SHARE members of the UHS Staff Support Initiative Committee, observing the toll upon all UHS staff members of the protracted pandemic and significant workload, worked with UHS leadership to support staff in attending to their well-being (see “Highlights,” p. 31). Finally, SHARE staff advocated for the expansion of the University’s “amnesty” policy to include violations of the social contract when minor violations of the contract overlap with sexual misconduct investigations.

SHARE has partnered with multiple campus organizations in supporting student communities both on

and off campus over the past two years. With CPS, the Carl A. Fields Center, and TigerWell, SHARE developed a new five-hour training on reflexive and trauma-informed student support for the Office of International Programs. This year, SHARE refined and advanced the Strength in Coaching on Relationships, Respect, and Equality (SCORRE) training content related to diversity, equity, and inclusivity in Athletics, and also collaborated with two highly skilled and respected coaches to facilitate SCORRE to the varsity coaches and student athlete leaders. Recognizing that during the pandemic most students would live among family and friends rather than in residence halls, SHARE also seized the opportunity to build out its healthy relationships curriculum, creating a four-hour virtual training for winter session titled “Beyond the Labels.” This workshop supported students in identifying what they were seeking in healthy relationships by creating a personal, values-based relationship wheel that encompasses community-based and anti-white supremacist principles.

Each of these initiatives and programs reflects SHARE’s push to elevate DEI on campus with intention and forethought. Beyond visible programming, the staff challenges themselves individually and collectively to understand how white supremacy works within institutions and to cultivate and infuse DEI practices and values within every aspect of their work.

Health Promotion and Prevention Services (HPPS)

HPPS, a team of health promotion professionals, advocates for the creation and continuation of conditions necessary for the well-being of Princeton students. HPPS accomplishes this by applying socio-ecological and social justice perspectives to four strategies: health promotion expertise and consultation; building community capacity through strategic partnerships; training and skills building; and assessment, research, and communications. HPPS addresses high visibility topics of concern related to the health and well-being of the campus community, including sexual health, alcohol and other drug use, bystander intervention, sleep issues, and physical and mental well-being. We are cognizant that priv-

ilege, experiences of marginalization, and historical and current systems of oppression are highly salient to each of these areas.

HPPS staff are leaders in campus efforts to promote health equity; we recognize that anti-oppression and anti-racism efforts are and should be central to our departmental and collaborative work. As part of our response to President Eisgruber’s call to commit to anti-racist practices across the institution, HPPS has revised our strategic plan, led dialogue cohorts on anti-racism in consultation with the ODI, and moved forward with infusing an anti-oppression perspective into Princeton’s active bystander initiative, UMatte, alongside colleagues in SHARE and CPS.

Over the past two years, HPPS has engaged in an assessment of its activities and orientation toward health equity and anti-oppression work, guided by readings regarding the characteristics and inherent problems of white supremacy culture. These efforts have led HPPS to reorganize and newly conceptualize its work to more firmly align its efforts and outputs with its stated values. The values that undergird the work of HPPS include the following:

- Health and well-being are complex, dynamic, and contextual.
- Justice is necessary for and central to well-being and health.
- We favor harm reduction, not abstinence or prohibition, in addressing student substance use and sexual decision making.
- We strive to be informed by evidence, both by research and the student voice, both undergraduate and graduate.
- We support and uphold individual and community agency, dignity, inclusion, and respect.

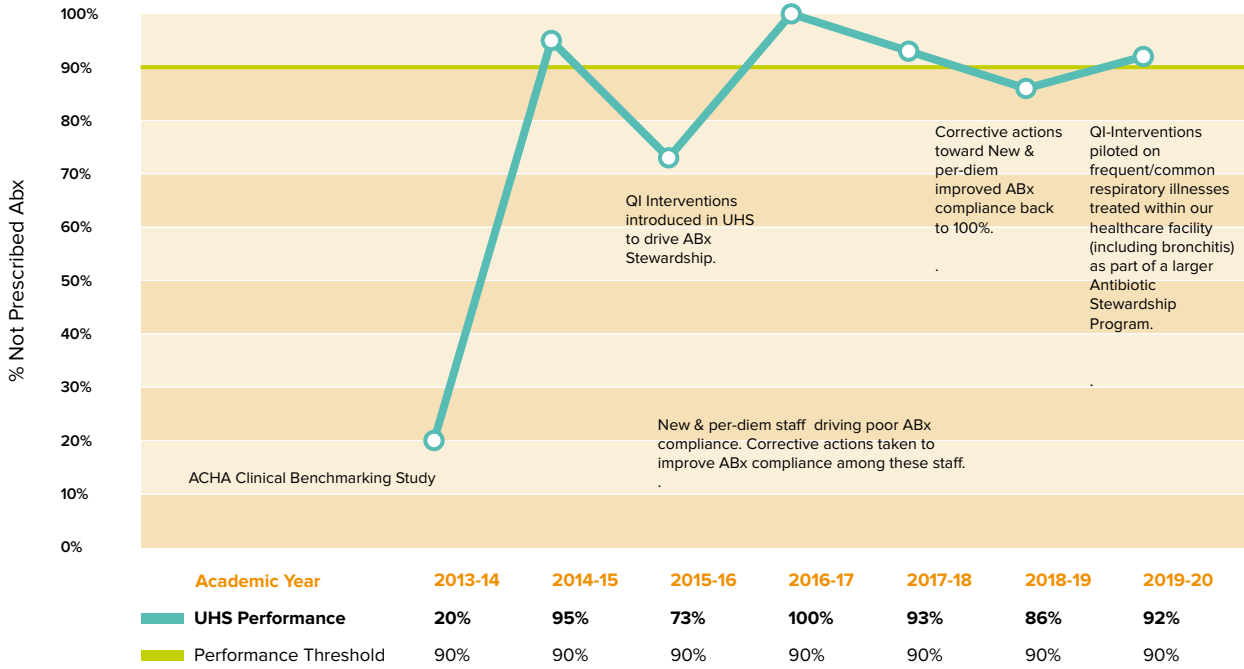
HPPS has also led progress in TigerWell, a multi-year, donor-funded initiative that engages partners across campus in implementing a proactive, settings-based approach to promoting student well-being. In FY21, TigerWell and HPPS made significant strides in building initiative infrastructure and communications mechanisms, centering health equity in collaborative work, supporting outreach offerings that include skills-building, and facilitating activities related to health and well-being across campus through both resource allocation and consultation. (For more information about the TigerWell initiative, see “Highlight,” p. 28).



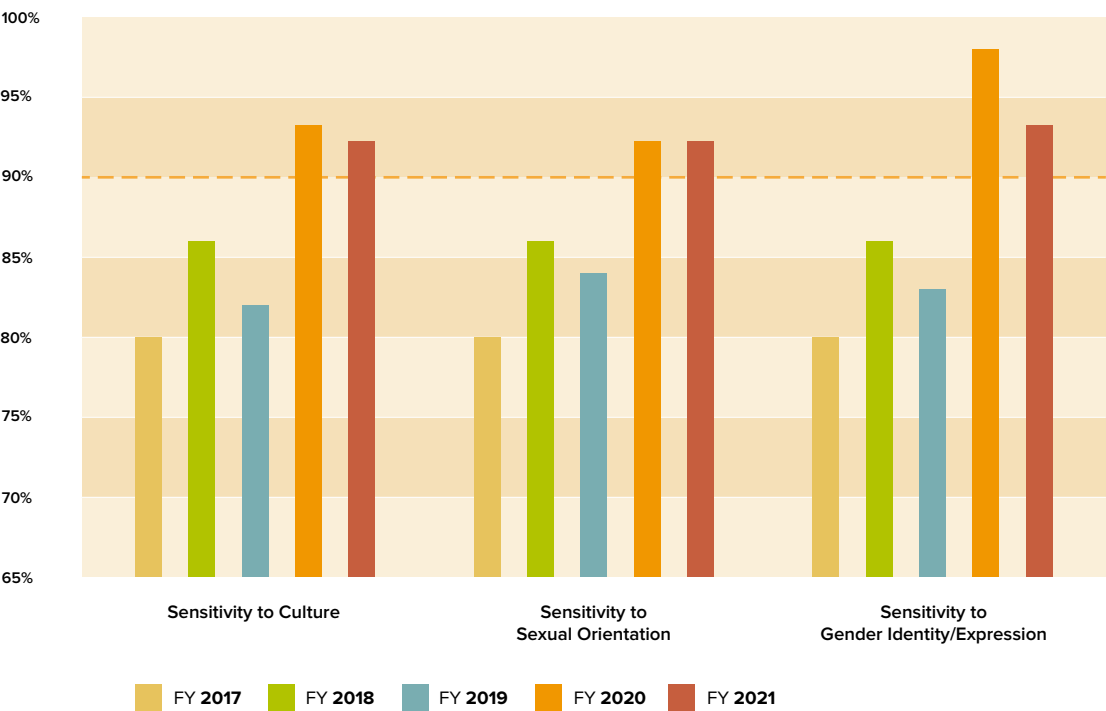
48
Number of committees on which HPPS staff served in FY 21

83,000
Visitors to UMatte Website

Yearly Antibiotic (ABx) Treatment Compliance for Acute Bronchitis



UHS Cultural Competency Indicators



“I wanted to thank you for helping and guiding me in my new role with UMass this past year. I’ve honestly learned a lot from you about what professionalism looks like, and I’m really grateful that I met a kind, patient, and such capable supervisor just before I leave college.”

—From a student to an HPPS staff member

Finally, since March 2020, HPPS staff have been integral to Princeton’s response to the COVID-19 pandemic. Among many other contributions, the staff offered sessions to student leaders and residential college advisors (RCAs) about COVID-19 protective behavioral strategies; offered consultation to The Daily Princetonian “Sexpert” column on safer sex during COVID-19; worked with the Office of Communications on #PrincetonPlaybook, a series of social media posts and guides for protective strategies and processes related to COVID-19 for students; supported Environmental Health and Safety in ensuring accuracy of online training on COVID-19 safety, which was required of all undergraduate and graduate students accessing campus during the 2021 academic year; sent regular (weekly and occasionally more frequently) emails to all campus COVID-19 testing protocol participants from June 2020 through April 2021; and, in consultation with other UHS departments, answered all questions going to COVIDTests@princeton.edu. (For further information regarding the HPPS role in the University’s COVID-19 responses, see “COVID-19 Response” section, pp. 18-19).

Quality and Performance Improvement (QPI)

The QPI department strives to improve the quality of medical and behavioral health care services provided to all students and employees at Princeton University. The QPI department drives projects and activities that support quality improvement and performance efforts at UHS. QPI is broad in scope, addressing client service satisfaction, health equity concerns, cost of care, utilization of health care services, and employee engagement. Because patient care is a coordinated effort, quality improvement at UHS involves multiple departments and disciplines in establishing processes and mechanisms that advance quality improvement within the health service.

The mission of the QPI department is supported by the UHS Quality Improvement Committee (QIC), which is comprised of clinical and nonclinical staff from across the organization. The QIC oversees organization-wide and area-specific quality improvement efforts within UHS, including quality improvement activities and studies, peer reviews, process

improvement, risk management, client and employee satisfaction surveys, continuing education workshops/seminars, and benchmarking studies.

As part of the new UHS Strategic Plan (Siv3), this year the QPI department launched an advanced, multiyear quality improvement goal focused on implementing the Triple Aim framework within UHS (see Figure 1 below). Developed by the Institute for Healthcare Improvement (IHI), the Triple Aim is a health care quality framework premised upon the simultaneous pursuit of three aims: improving the experience of care (including quality and satisfaction), improving the health of populations, and providing better value for Princeton University students, such as reducing time missed from class or activities for health reasons and enhancing the impact of UHS on student life and learning.

UHS will accomplish these goals through a set of objectives laid out in our strategic plan, the first of which is to deepen UHS’ culture of quality improvement by training all UHS staff on the Triple Aim. The



QPI department has found that past QI training has significantly improved the culture of quality within UHS, increasing QI engagement, proficiency, and maturity. The second objective within the new strategic plan is to develop and implement projects that support the Triple Aim. The QPI department has started this objective by developing a significant Triple Aim project, titled “A Multidimensional Assess-

Risk Management and Patient Safety

Risk

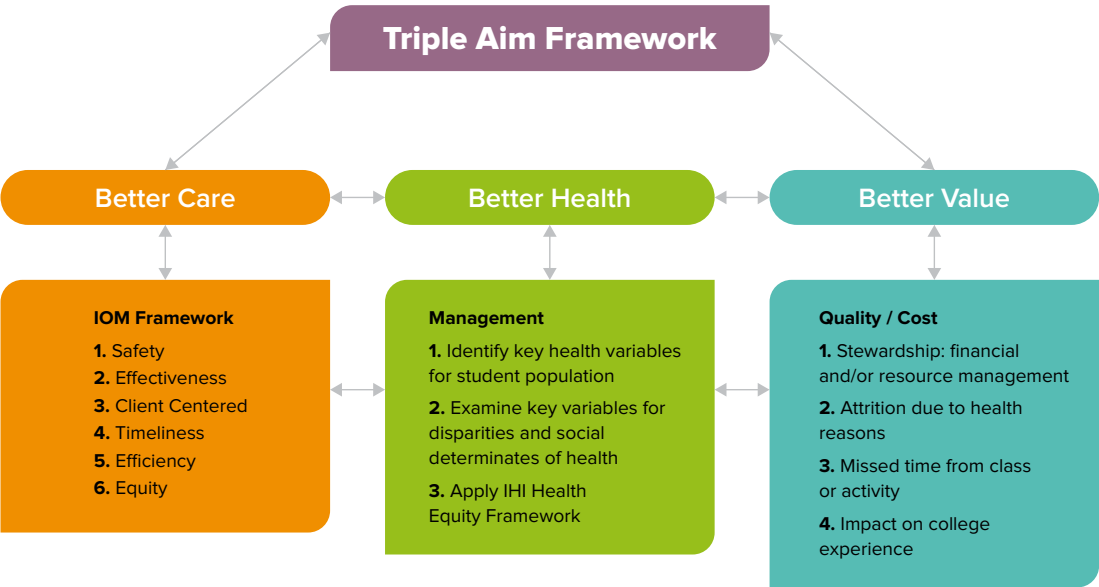
- AAAHC Accreditation compliance
- Contract review
- Regulatory compliance
- PU Conflict of Interest & Other Disclosure
- PU Enterprise Risk Management annual process
- Ethics
- Coordination with the Office of the General Counsel regarding legal issues
- Risk identification, including occurrence reporting
- Patient relations
- Policies and procedures
- Risk Control (e.g. loss prevention and loss reduction)
- Coordinating with PU Risk Management office
- Safety and security

Safety

- Accreditation issues
- Analysis of adverse and sentinel events and trends
- Corrective action plans related to occurrences
- Culture of safety
- Feedback to providers and staff
- Patient complaint handling
- Patient education
- Environmental rounds
- IC risk assessment
- Provider credentialing
- Reporting and quality data
- Root-cause analysis
- Staff education and training

Quality

- AAAHC Accreditation coordination
- Benchmarking
- Best practices/clinical guidelines
- Improvement projects
- Patient satisfaction
- Peer review
- Provider and staff performance and competency
- Quality-of-care reviews
- Quality management (e.g. data, indicators, dashboards, and measures)
- Quality methodology
- Staff engagement
- Triple Aim integrators



80

Number of UHS staff who completed Institute for Healthcare Improvement Open School educational sessions, focusing on the Triple Aim.

ment of College Student Health Engagement: Its Influence on Health, Health Care, and Well-being in a University Setting,” on increasing health engagement and well-being among college students. The QPI has completed the first version of the assessment instrument, titled the “College Health Engagement Measure,” which identifies which students are more or less likely to exhibit health engagement and provide options for support or education as needed. The study had received the American College Health Well-Being Award. The QPI department has also recently published a study addressing health inequities toward COVID-19. The published study is titled “The Intersections of Pandemic, Public Policy, and Social Inequality in the United States” and was published in the Forum for Social Economics in 2021. The QPI department has also advanced another key objective from the new strategic plan by working with UHS departments to foster a culture of staff engagement. The QPI department uses the Gallup Q12 survey to assess employee engagement within UHS, with a performance threshold of achieving staff engagement in the 90th percentile or greater.

The QPI department also worked collaboratively with UHS leaders and staff toward facilitating the AAAHC accreditation survey in March 2021. This system-wide effort included a AAAHC kickoff meeting for chapter assignments, reviewing and addressing all deficiencies from the previous survey, conducting

numerous mock surveys to address current deficiencies, and conducting multiple consultative meetings with chapter and organizational leaders. This collaborative effort contributed significantly to the overall success of the AAAHC accreditation; a final survey report indicated that no deficiencies were found across all chapters and standards.

QPI works closely with departments within UHS to advance understanding and knowledge in the field of college health. In FY21, these studies included the implementation of an innovative model for LGBTQ+ inclusive save at Princeton, exploring and utilizing system-wide tools for assessing CPS clinicians’ cultural competency, and improving patient satisfaction survey design and data.

Student Health Plan (SHP)

Princeton University provides health insurance through the SHP, administered by Aetna Student Health and available to enrolled undergraduate and 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.

In 2020 to 2021, for the first time in seven years, the SHP office saw a decrease in enrollment for all plans being offered (dental and vision plans as well as the

SHP), very likely because so many students were learning from home and could access comparable coverage and family health care benefits in their local community.

Numerous temporary coverage improvements were made to the SHP as a result of the COVID-19 public health emergency and the national emergency declarations. (For a list of these improvements, see the “COVID-19 Response” section on p. 19)

Effective Aug. 1, 2021, the SHP began providing an extension of coverage benefit for students who are on the SHP and who are taking an approved leave of absence and do not have access to comparable coverage. The first six months will be provided at

no additional charge to the student, and subsequent six-month extensions up to 24 months would be charged at the prevailing SHP rates.

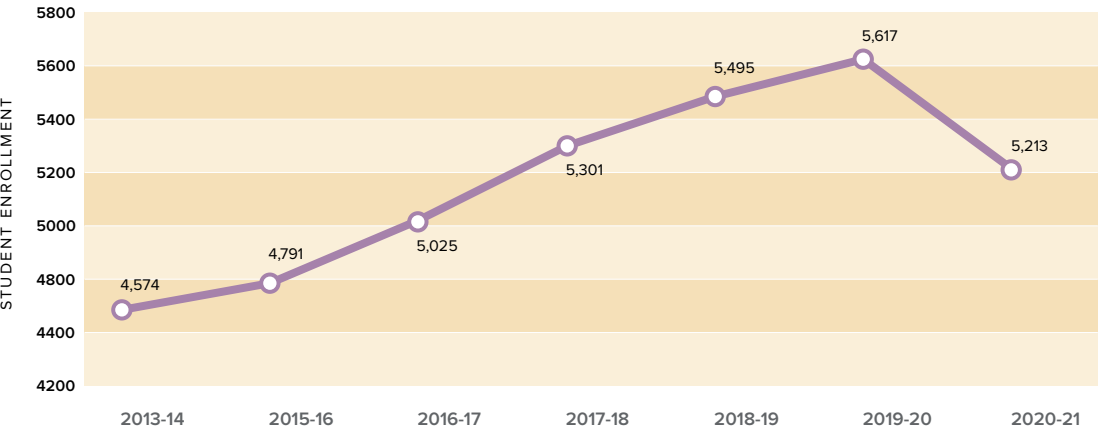
The Mental Health Exclusive Provider Network (EPN), composed of out-of-network mental health providers who will see Princeton students on the SHP for an affordable co-pay, continues to increase from a high of 146 psychotherapy and psychiatry providers last academic year to 170 to date. Many students who use the EPN express appreciation for the option of accessing high quality, affordable community mental health treatment off campus. The SHP office also assists EPN providers with an instructional/FAQ guide regarding claims submission, reimbursement rates, and information about primary and secondary insurance.



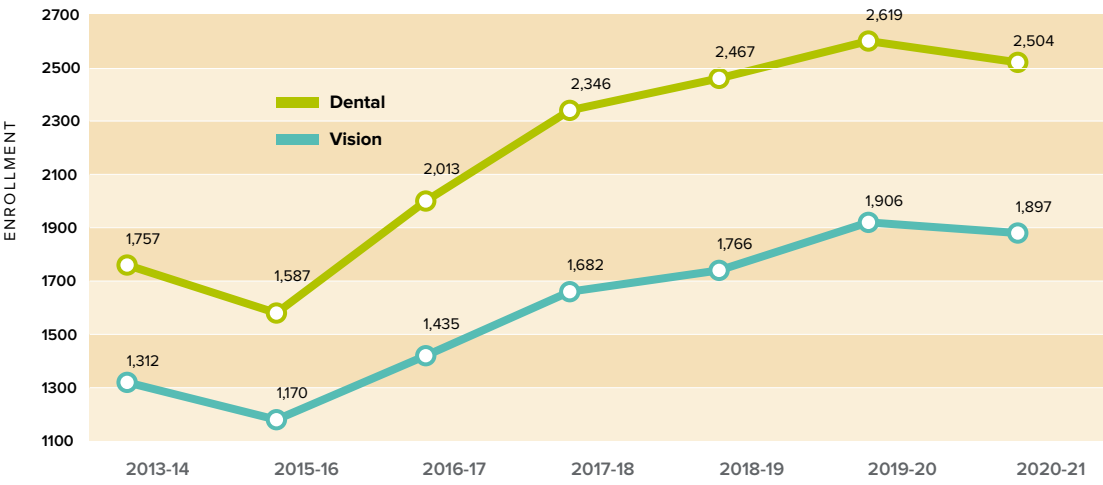
170

Number of providers who participate in the Student Health Plan’s Exclusive Provider Network, which enables students to engage in ongoing therapy with local providers for a copay of \$20 per session

Student Health Plan Enrollment



Dental and Vision





Stewardship

UHS expenses are supported by the University, which supplies a budget of approximately \$14 million annually. Most of these expenses (95%) are allocated to staffing the many services UHS offers, including psychologists, social workers, nurses, physicians in a variety of specialties, nurse practitioners, radiology technicians, physical therapists, athletic trainers, medical assistants, nurse's aides, and administrative and support staff. More than 110 employees work at UHS. In FY20 and FY21, the University supplemented our budget significantly to allow us to mount the response to COVID-19 that was required.

UHS relies on its close colleagues who comprise the Board of the Auxiliary to the Isabella McCosh Infirmary, a volunteer organization founded in 1902 to provide financial support for special projects, equipment, and more. Recently, the Auxiliary has provided funding for pilot projects, such as elements of FYRE and Protocall, software purchases and upgrades, and professional development funds — support that enables UHS to excel in assisting students with their health care needs. By mailing an informational brochure to all students' parents, the Auxiliary increases awareness of health services available to students. It also maintains the Parent's Suite at McCosh Health Center. Auxiliary members also volunteer their time to support UHS projects and events. More information about the Auxiliary can be found at <https://uhs.princeton.edu/support-uhs>.

Since our last Biennial Report, the Auxiliary announced a special contribution of \$580,000 to fund a Winter Garden in the new Health Services building. Featuring glass doors that will remain closed in the winter, allowing plant life to thrive, the garden (shown in the image on this page) will open onto a porch on

the south side of the building in the warmer months. Contiguous to the south entrance to the building, the Winter Garden will create a welcoming entrance overlooking a sunken garden. The Winter Garden will also be accessible from the large interior central atrium of the building, offering a calm space of respite for both students and employees. The Auxiliary's generous gift to cover the cost of the Winter Garden will make this gracious space possible. We are deeply grateful to the Auxiliary for their generosity, and to parents, alumni, and spouses, past and present, who have contributed to our cause.

Special Needs Fund (SNF)

The SNF, donated by the Auxiliary to the Isabella McCosh Infirmary, assists eligible graduate and undergraduate students by providing financial support for health care expenses such as dental care, emergency room visits, surgery, specialist visits, mental health care, eyeglasses, or transport to appointments that insurance does not cover. Students are provided grants of up to \$300 per student per year. Students are referred to the SNF by UHS clinicians and staff, and by many campus partners that include the ODUS, the Office of the Dean of the Graduate School, and the Office of Disability Services. In FY21, the SNF spent a total of \$120,963 in helping 89 students and processed 119 transactions, a 33% decrease in students assisted (and a 56% decrease in transactions processed) from FY20. Analysis of the requests for assistance this year indicates that decreases in total spent and the numbers of transactions and of students assisted likely reflects the SHP benefit improvements that went into effect in March of 2020, most notably coverage of all medical and behavioral health telehealth/telemedicine at 100%.





Future Directions: Challenges and Opportunities

The COVID-19 Pandemic and Higher Education

Even as the pandemic has riveted the world and changed our way of life, Princeton has recalibrated its priorities and processes to safely manage the crisis while maintaining focus on preserving its larger mission. In higher education attention to population health, community well-being, and infectious disease has never been greater. The question for colleges and universities of how to remain open safely after months of lockdown is the most pressing issue in higher education and at Princeton, where over 40 different committees and work groups focus on the COVID-19 pandemic and University life. This work is informed by close attention to national pandemic trends, state guidance, infectious disease expertise, travel orders and restrictions, higher education guidance, and campus experience. Many campus leaders are in regular weekly contact with their counterparts at peer institutions, such as Ivy Plus groups, to discuss and learn about current and emerging policies and practices. Various UHS departments, notably the Medical Service within which Outpatient Medical, Global and Community Health, and Occupational Health reside, are actively involved in these strategies, at times leading efforts and other times offering close collaborations with campus partners.

Public Health and University Life

Public health has always been part of the charge of health centers in higher education. It is clear that attention to public health and infectious disease in particular will continue to be a major focus for colleges and universities across the nation. The advent and crisis of COVID-19 has firmly fixed our gaze, and public health infrastructures within higher education will be fortified. As reviewed more fully in the “COVID-19 Response” section of this report, UHS’ public health interventions include the provi-

sion of on-campus COVID-19 vaccinations; COVID-19 screening/testing behavioral interventions to reduce spread, such as judicious use of social distancing (not in effect in fall 2021) and face coverings; robust contact tracing; timely quarantine and isolation; clear public health communications; previous campus de-densification (not in effect in fall 2021); and practices to limit the influx of new infections from outside campus. UHS will continue to play a key role in the University’s evolving approach to management of challenges related to public health.

Health and the Role of (Mis)Information

The COVID-19 pandemic has highlighted not only our vulnerability to disease outbreaks but also our susceptibility to misinformation and the dangers of “fake news.” In the current digital age, there is an abundance of information at our fingertips. This has resulted in a surplus of accurate as well as inaccurate information. Social media acts as a catalyst for pockets or “echo chambers” of misinformation. Since the start of the global pandemic, it has been clear that our success in controlling the coronavirus depends on the behavior of individuals. Conspiracy theories about the virus have proliferated on the internet and social media. These theories are commonly defined as explanatory beliefs, assuming that a group of actors collude in secret to attain malevolent goals. Early research suggests that COVID-19 conspiracy theories are robustly related with a range of perceptions and behavioral intentions that may compromise public health. Future public health efforts must integrate the implications of emerging research in this area. Increasing awareness of individual vulnerability to manipulation and misinformation may be a strategy to resist persuasion. It is important to weave new approaches to combat health-related misinformation, faulty attitudes, and behavior change into public health efforts, nationally and locally.

Reimagining the Patient Experience

The COVID-19 pandemic has disrupted the way health care entities practice medicine. Clinicians and health systems have had to adapt new care models. In university health, this adaptation has occurred while we seek greater understanding of COVID-19 and its emerging variants. We anticipate that this adaptation will continue to shift in shape and direction. A likely direction is in the area of the patient-provider alliance: It is important to incorporate best practices for creating *presence* in the absence of or continued reduction in in-person care. Presence can be augmented by attention to vocal tone and tempo, facial expressions and body language, and extra efforts to check for understanding. Empathy is a critical skill, and its value will only be amplified in the coming years. In the face of rising anxiety, something providers may even share with their patients, the essential place for empathy, warmth, and reassurance in virtual and in in-person care will be amplified. Similarly, the emotional toll

on clinicians and support staff is heavy and can be unrelenting. Empathy cannot be expressed by the beleaguered. In order for the “caretakers”—clinicians and support staff alike—to be truly present for their students, these caretakers must be supported in new ways by a community of caring professionals and others. The leading driver of performance (and productivity) is not compensation or stretch goals but rather a sense of purpose derived from being part of a work community with shared values as well as knowledge that their contributions will be recognized and appreciated.

Mental Health Challenges and Direction

Mental health is an area of intense focus nationally. Students with serious mental health problems are now recognized earlier and, for multiple reasons, many mental illnesses manifest during the university years. There is increased awareness and advocacy around mental health concerns nationally and at

“I wanted to say how incredibly grateful I am to you; thank you so so much for all your help, it has taken a weight off my mind and is hugely appreciated!! Sorry my initial email was so panicked but thank you for all of your input, it means the world to me!”

—To a Student Health Plan representative from a student



Princeton, leading to diminished stigma, improved help-seeking, and steady increases in students who present with complex and severe problems. According to recent meta-analyses, the COVID-19 pandemic has doubled rates of adolescents’ psychological problems around the globe, particularly in the areas of depression, anxiety, and loneliness. National trends are similar, with increased rates of depression, anxiety, and suicidal thoughts among college and university students (and other demographic groups across the country). Public health experts predict that the mental health impacts of the pandemic may last long after the resolution of COVID-19 and its variants. Moreover, the prevalence of depression and anxiety in young people is approaching the highest levels recorded, even as young people must navigate a confluence of other challenges that include political unrest and distrust in systems of government, rising income inequality, and a groundswell of outrage at the long continuance of systemic racism and inequality.

The Role of Telehealth and Virtual Care at a Distance

The COVID-19 pandemic has required health care systems to radically and rapidly rethink the delivery of care. One of the most remarkable ongoing changes has been the unprecedented accelerated expansion of telehealth. The pandemic seems to have provided

the incentive needed to realize the potential of telehealth. Most surveys of the practice assert that telehealth has become a permanent component of service delivery. The risk management dimensions of this shift will continue to be monitored. Nevertheless, concerns remain that safety and privacy may be compromised by rapid deregulation (despite data, although limited, regarding good overall quality). Some beneficial telehealth regulatory changes have occurred in response to COVID-19, and other changes remain challenging and as yet incomplete. For example, telehealth has been limited by geographic rules that govern clinical licensing. While some states are relaxing or eliminating certain licensure requirements enabling clinicians to practice across state lines, others have not. Although promising legislation is pending, at present, UHS’ capacity to care for students via telehealth across state lines — essential throughout the pandemic, especially in terms of mental health — remains limited and therefore is an ongoing concern.

Race, Ethnicity, and Health

This is a time of considerable national unrest, protest, and activism regarding racism in the United States. Racism is detrimental to all, particularly students of marginalized identities, and adversely affects student health, well-being, and trust in health care systems. Our student population is increasingly diverse in

both race and socioeconomic status, and students’ needs are evolving. For example, students of color have given voice to their feelings of marginalization and their experience that the University was not built for them. Compounding this adversity, the COVID-19 pandemic has sharply revealed striking racial and ethnic disparities in health outcomes. Engaging in dialogue and reflective action about diversity, inclusion, and campus culture has never been more important; these critical issues have implications for student well-being and the provision of health care, health promotion, and outreach activities.

Stigma, Health Care, and Cultural Difference

Health-related stigma can be characterized as the dismissal of needs for patients who may have certain health problems or characteristics that are associated with bias in our culture. Stigma may derive from implicit bias, which refers to the unconscious attitudes and stereotypes that influence one’s perception, behavior, and decision making. Health professionals are not immune to the influence of implicit bias affecting clinical practice. Stigma in health care settings is associated with both medical and behavioral health conditions and has significant implications for patient-provider interactions and health outcomes. Racial and ethnic minority youth may be particularly susceptible to experiencing health-re-

lated stigma. The impact of health-related stigma on these students’ attitudes and help-seeking behaviors remains an important yet vexing problem now and into the future.

UHS’ latest strategic initiative involves training and new learning to deliver culturally inclusive health care and other services. Health-related stigma can of course occur across multiple social-ecological levels and our strategic initiative recognizes that, at the interpersonal level, health care providers play a key role in stigma reduction. For example, patient-centered strategies, such as motivational interviewing and trauma-informed practices, may reduce the potential for harm resulting from health-related stigma and implicit bias. In addition, this initiative explores previously unmined health services and quality inequities and aims to enhance UHS staff members’ knowledge about their own unconscious biases and how best to use this heightened self-understanding to provide truly inclusive care and services to all Princeton students.

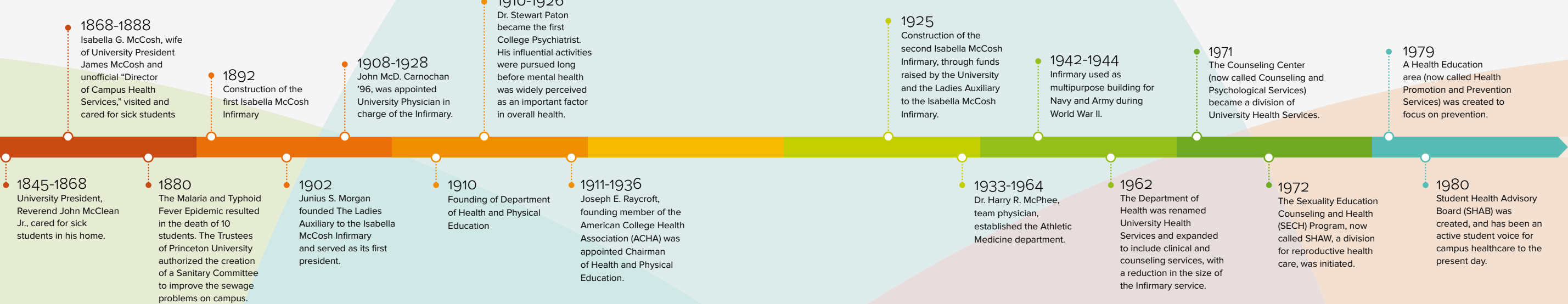
Developments in the Science of Well-being

Well-being can be improved by skills that can be practiced and learned and is best supported by concentrated attention by administrators, faculty, and students on institutional norms, practices, the

“I was in a meeting with a student this morning who attended the recent mindfulness meditation and he shared that it meant a lot to him and that it really helped “reset his mind.” Just wanted to let you know this! Thanks again for your partnership and willingness to lead this event series!”

—From an Assistant Director of Residential Life in the Graduate School to a Counselor

University Health Services Timeline





“Thank you so much for running the Princeton Depression Awareness trainings for Tigers Helping Tigers! I really appreciate your taking the time from your week to do it and think that the training was helpful for the students participating (it certainly was for me).”

—To the Director of Counseling & Psychological Services from the USG

built environment, and how these interact to impact various aspects of well-being. TigerWell, a multi-year Campus Life initiative administrated by Health Promotion and Prevention Services (HPPS), promotes and coordinates a proactive approach to health and well-being across campus. This initiative engages student, staff, and faculty partners in cultivating a campus community that supports the well-being of all its members, using several strategies. Students have requested increased engagement of faculty in creating well-being supportive learning spaces, both by proactively reconsidering pedagogical and mentoring practices that create unnecessary stress for students and by learning how to recognize signs of distress in students and mentees. UHS has responded by offering faculty training in supporting students in distress, such as the PDAR training provided by CPS. TigerWell and HPPS are also partnering with faculty, students, and administrators to create a “Well-being in Learning Spaces Toolkit” that offers faculty strategies for creating inclusive, health-promoting learning environments. The three TigerWell outreach counselors deliver both evidence-informed, skills-building workshops to undergraduate and graduate students, and TigerWell also manages a grants program to promote innovative and sustainable improvements to campus well-being, providing public health consultations to grantees across campus. We anticipate that many dimensions of the Princeton experience, from living

and learning spaces to social life and a range of policies, will be reviewed and advanced through the lens of well-being.

Use and Misuse of Illicit and (Newly) Legal Substances

Experimentation with drug use is often part of late adolescent and young adult life. High-risk drinking remains a perennial concern, particularly for students who have not previously experienced social life on campus. In our current moment, as more students than usual will navigate a social life on campus for the first time because of the COVID-19 pandemic, this concern is heightened. Alcohol use negatively impacts mental health at a time when more students are already concerned about and seeking support for their emotional well-being. Alcohol use on campus has also been shown to contribute to unsafe environments for marginalized community members because of aggressions and microaggressions against students of color by intoxicated people. To address all these challenges, Princeton applies a public health approach to reduce the harm from high-risk drinking. Our multilevel approach provides initiatives aimed at individual students as well as the contexts in which they live.

The legalization of recreational cannabis in New Jersey for people 21 and older presents further

challenges for Princeton. As of the summer of 2021, cannabis remains a Schedule I drug under federal law, and regardless of state law, all institutions of higher education are required to enforce a ban on the use of cannabis on campus. As cannabis is legalized in states across the country, use among college students has risen, and Princeton students are no exception.

Although the body of research on harm reduction from cannabis is still young, because the adaptation of the public health approach to high-risk drinking shows potential, Princeton is working to expand its high-risk drinking harm reduction approach to cannabis use. For example, UHS’ HPPS has adapted BASICS—a harm reduction program for students who drink—to incorporate conversations about cannabis use. As new substances or methods of use emerge, we continue to collect data, monitor the changing legal and legislative landscape as well as other developments, and engage in consistent harm reduction work around all substances.

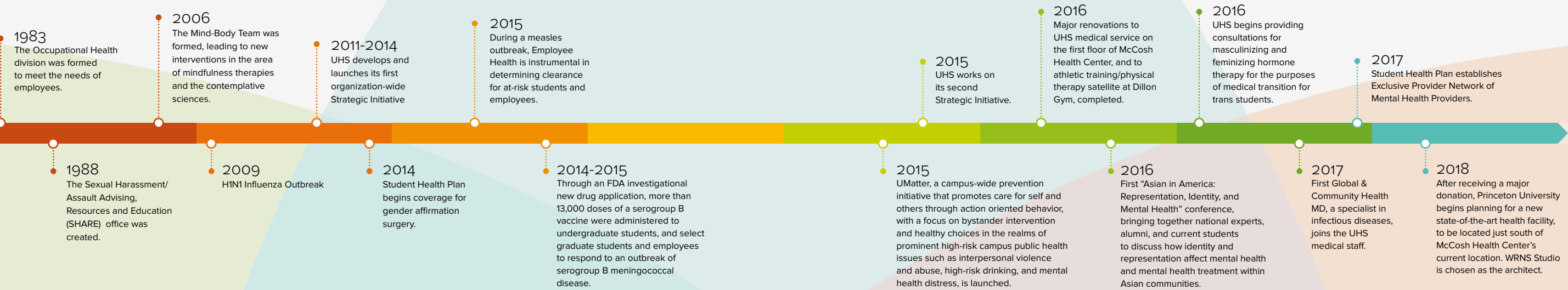
The Special Case of Vaping Cannabis

Possible harms to students from cannabis use include the medical risks of a dangerously high THC1 dose made increasingly possible by newer

strains of cannabis and newer methods of use (eating cannabis-infused products, vaping, etc.), the increased risk from co-use of alcohol and cannabis, and risks to academic and extracurricular performance. Regarding vaping, the lifetime prevalence of cannabis vaping in adolescence doubled from 2013 to 2020 (6.1% to 13.6%), and the 30-day prevalence of cannabis vaping increased sevenfold from 2013 to 2020 (1.6% to 8.4%). Available data indicate that young people are especially drawn to vaping, and we anticipate that its use with cannabis will likely escalate. Yet cannabis vaping is associated with a range of adverse health outcomes, such as respiratory symptoms and some degree of cognitive impairment. Because cannabis vaping is a relatively new phenomenon, little is known about its other potential long-term harms to adolescents and young adults, though this is a research area that requires close monitoring into the near future.

Finally, there is an urgent imperative to overcome the very human tendency to want (and expect) the future to look much like the recent past. At UHS, we realize this; and despite the discomfort of uncertainty, we also know we have to embrace creative adaptation to change. Gaining a clear-eyed perspective on how to negotiate and thrive in the rapidly evolving landscape of health care in higher education will help us prepare to succeed.

University Health Services Timeline



Publications, Presentations, and Special Recognition

Publications

Chin, C., Singleton, K., & Juarez, R. (2020). The intersection between leadership and identity: Managing as a counseling center director of color. *Journal of College Student Psychotherapy*, doi: 10.1080/87568225.2020.1792814.

Doetter, L, Preuss, B, **Frisina, PG.** The intersections of pandemic, public policy and social inequality in the United States. *Forum for Social Economics*. 2021 Aug 26. doi: 10.1080/07360932.2021.1967182.

Douglas, W, Fritsch, S, Howard, P, Muiga, R, **Munene, E.** Equity Action Lab Implementation Guide. Boston, Massachusetts: Institute for Healthcare Improvement.

Gorman, K., Bruns, C., **Chin, C.**, Fitzpatrick, N., Koenig, L., Leviness, P., & Sokolowski, K. (2021). Association for University and College

Counseling Center Directors Annual Survey Monograph.

Gross, M. (2020). Mindfulness approaches to athlete well-being. In E. Hong & A.L. Rao (Eds.), *Mental health in the athlete: Modern perspectives and novel challenges for the sports medicine provider* (pp. 231-244). New York, NY: Springer.

Hayes H, Howard P, Schall M, Canedy C, Boynton-Jarrett, R, Budnik A, Douglas W, **Munene E,** Zahn T. Teaching Driver Diagrams to Advance the Work of Community-based Collaboratives. Boston, Massachusetts: Institute for Healthcare Improvement.

Snehal, K. & **Joseph, J.** (2021). Impact of Violence on LGBTQIA+ Communities. *New York State Psychological Association Journal: Psychological Perspectives on Violence: Prevention and Intervention*, Spring 2021, 91-101.

Presentations

Chavez, J. (2021, March 12-14 & 19-21). Inheriting the end of the world: Climate crisis in the psyches of young adults. [Invited presentation]. Society for Psychoanalysis and Psychoanalytic Psychology (Division 39) Annual Spring Meeting, online.

Chin, C. (2020). *COVID and Mental Health*. Presentation to the University Student Life Committee (USLC), Princeton University, Princeton, NJ.

Chin, C. (2021). *Mental Health Issues and Mitigation Strategies*. Presentation for the Council of Heads, Princeton University, Princeton, NJ.

Chin, C. (2021). *Mental Health Issues and COVID: Spring Updates*. Presentation to the USLC, Princeton University, Princeton, NJ.

Johnson, M. J. (2021, March). *To be a Black woman, it's just to know greatness and to know struggle...: Exploring the strong Black woman phenomenon through the lens of African American acculturation*. [Virtual clinical training presentation and discussion]. Sponsored by the Committee for Social Justice and Inclusion, State University of New York at Buffalo, Zoom Internet Platform.

Johnson, M. J., Oladele, K., Johnson, A. J., & Copeland, C. (2021, February). *It's the pandemic for me! An intersectional discussion about the impact of the COVID-19 pandemic on Black psychologists in training, with consideration to race, gender, and class*. [Virtual roundtable discussion and presentation]. Teachers College of Columbia Annual Winter Roundtable on Cultural Psychology and Education, New York, NY.

Johnson, M. J., McFadzean, J., & Oladele, K. (2020, September). *She can't breathe: Experience of Black women*. [Virtual Roundtable Discussion and presentation]. State University of New York at Buffalo Graduate School of Education "Make Good Trouble" Now Teach-In for Racial Equity, Buffalo, NY.

Joseph, J., Chin, C., Ross, A., & Haynes, T. (2020). *Reflexive and Trauma Informed Responses*. [Presentation]. International Programs and Study Abroad staff training, Princeton University, Princeton, NJ.

Marks, M. (2021, May 5). *Dermatologic Findings and COVID*. [Presentation]. UHS Medical Services Grand Rounds, Princeton, NJ.

Mascari, J., Wagner, K. (2020). *Promoting Student Well-being in Virtual Programming Spaces*. [Presentation]. Student Advisors/ Campus Programmers Group, Princeton University, Princeton, NJ.

Miller, C. (2021, June 6). *Current Concepts in Physical Therapy: The Movement System Impairment Approach*. [Presentation]. UHS Medical Services Grand Rounds, Princeton, NJ.

Munene, E., co-author. *Implementing an Innovative Model for Reducing Wait Time to Appointment Within a University Counseling Setting and Implementing an Innovative Model for LGBTQ+ Inclusive Care at Princeton University*. 2020 IHI Conference.

Pastor, J. (2021). *Supporting mental health in student-athletes*. North Atlantic Sport Psychology Conference.

Special Recognitions

Calvin Chin was appointed to the Elements of Excellence Committee of the Association for University and College Counseling Center Directors.

Janet Finnie served on the CPUC Resources Committee, which put forward recommendations related to fossil fuel divestment and disassociation.

Pasquale Frisina accepted the American College Health Foundation 2020 Well-Being Award for working "Toward a Multidimensional Assessment of College Student



Health Engagement: Its Influence on Health, Healthcare, and Well-being in a University Setting" on behalf of UHS.

Monica Johnson was selected as one of six 2021-22 Fellows for the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests Leadership Development Institute.

Jonathan Pastor was awarded the Public Safety Life Saver Award.

Sonya Satinsky was asked to join the editorial board of the International Journal of Sexual Health.

University Health Services Timeline





Strategic Direction: Vision, Values, and Pillars

Strategic Initiative Version 3.1



Mission: Why we are here

We enhance learning and student success.

We accomplish this by:

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

Vision: Where we are headed

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

We will accomplish this by:

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

Values: Principles that guide how we act

Compassionate care

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

Service excellence

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

Collaborative Spirit

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

Learning Orientation

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

Pillars: Foundational and measurable commitments that underlie our work

Quality

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

Service

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

Engagement

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

Stewardship

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

Innovation

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

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