

**Task Force on Health and Well Being:
Final Report**

November 2004

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Introduction

This is the third, and final, report of the Task Force on Health and Well Being that was appointed by President Tilghman in the fall of 2003 to examine a broad range of policies, practices, and issues related to the health and well being of all members of the on-campus Princeton University community. The task force was composed of undergraduate students, graduate students, faculty, and staff, and was co-chaired by Vice President for Campus Life Janet Dickerson and Vice President and Secretary Robert Durkee (membership list attached). The task force issued an interim report in January 2004 and a progress report in April 2004, both of which are available on the task force website at www.princeton.edu/hwbtf.

In broad terms, the task force has examined four questions:

- How should Princeton meet the needs of students—undergraduate and graduate—for medical and mental health care, and what programs, services, and facilities should it provide to promote their health and well being, including programs of preventive health, health maintenance, nutrition, recreation, stress management, etc.?
- To what extent should Princeton meet health care needs of faculty, staff, and post-docs and what programs, services, and facilities should it provide to promote their health and well being, including programs of preventive health, health maintenance, nutrition, recreation, stress management, etc.?
- How can the University improve the balance between family and work by offering additional child care and related services?
- How can the University improve the balance between family and work by offering other family support services to members of the University community?

January Report: Goals and Guidelines

In its first report, the task force proposed a set of goals and guidelines for the University's consideration of issues related to health and well being. These were an important starting point for our recommendations, and we restate them (in only slightly modified form) below.

The task force believes that as an educational institution, a residential community, and an employer eager to attract, retain, and motivate the best possible faculty and staff, Princeton University should seek to provide a campus environment and a range of programs that sustain and enhance the physical, psychological, and emotional health of undergraduates, graduate students, post-docs, faculty, and staff, and that assist them in achieving an appropriate balance between work and personal/family life.

Achieving these goals requires commitment from both the University and members of the campus community. While members of the community must take responsibility to conduct themselves in ways that sustain their health and well being as well as the health and well being of others, the University can—and should—provide information, assistance, and services of various kinds to support their efforts. We expect faculty and staff with supervisory responsibilities to take an active interest in the health and well being of those they supervise, and we look to more

senior students to serve as appropriate role models and help provide a healthy campus climate for newer members of our community.

For its part, the University must make a concerted effort to create a campus environment that is safe, secure, supportive of those in need, and as free as possible of preventable health risks (as achieved through health education programs, disease detection and prevention and management of chronic illnesses, environmental safety programs, and other measures). Among the steps the University should take to achieve these goals are the following:

- Provide undergraduate and graduate students and post-doctoral fellows with readily available information about matters related to healthy lifestyles and to their health and well being; provide faculty and staff with readily available information about the University's benefits programs and other services related to health, fitness, and well being; and provide all members of the community with information about ways to improve individual and community health and well being, including information about health maintenance, disease prevention and management, early detection of chronic illness, and the benefits of regular exercise, good nutrition, and personal renewal.
- Adopt integrative strategies of preventive health care and wellness that encourage healthy living. The task force believes that such strategies will have a long-term positive impact on the ability of students to learn and to participate fully in campus life, of faculty to teach and conduct research, and of members of the staff to support the educational mission of the University and achieve fulfillment in their work.
- For students, the University should encourage healthy patterns of living (which includes appropriate housing and healthy dining options); provide informed access to affordable, timely, and quality care for physical, psychological, and emotional health (including care for students and dependents who are on campus during the summer and other breaks in the academic year); and provide high quality health education programs, reliable evidence-based information, and assistance with medical, lifestyle, nutritional, and health and fitness issues.
- For faculty and staff, the University should provide adequate wages and a competitive benefits program that includes access to medical and mental health care and programs that support healthy lifestyles, improve fitness and well being, and provide needed family/life services. Providing access to appropriate services and programs requires the ready availability of information about such services and programs. It also requires constant attention to the different circumstances and life stages of different members of the University community and to such considerations as affordability, flexible work schedules, and ease of access. Special attention should be paid to those whose household incomes place them at risk of significant financial hardship.
- The University should assist students, post-docs, faculty, and staff to obtain high quality and affordable child care through a combination of University-provided and/or contracted day care, referral to outside day care providers, identification of emergency care options, and other services, and should adopt policies that assist mothers and fathers in meeting their child care responsibilities as well as their workplace commitments. Members of the

campus community would also be well served by having ready access to assistance in identifying and arranging high quality elder care and other family care services.

- In matters related to scheduling (in the workplace and for the educational program), the University should assist members of the community to achieve an appropriate balance between work and personal/family life.

April Report: Major Themes

Our April report summarized the results of focus groups and site visits, presented a number of initial findings and recommendations, and identified several major themes that had emerged as the task force pursued its work. These themes included creating a healthier campus climate; making Princeton a more “family friendly” place; recognizing that Princeton is no longer a 10-month institution; and thinking about issues related to health and fitness in a more comprehensive and integrated way. We commented especially on the community’s strong interest in the work of the task force, and noted:

There seems to be wide recognition that both University Health Services (located at McCosh Health Center) and Dillon Gym are straining at the seams, and that this will only increase when the University adds additional students. There is strong support not only for enhancing our clinical programs (especially with respect to mental health), but for improving our fitness, wellness, prevention, and health education programs, expanding opportunities for healthy eating, improving the Student Health Plan, and significantly expanding access to child care.

Our April report also identified four issues that manifestly affect the health and well being of our community, but that either fell outside our purview or were already being addressed by others. Given the importance of these issues, we want to repeat them here and add one more. The four we identified in April were:

- Providing additional, affordable, and accessible housing for graduate students and post-docs, as well as for faculty and staff.
- Developing additional programs and strategies to address issues related to the abuse and excessive use of alcohol by undergraduates.
- Making further progress and expanding capacity for addressing issues related to sexual harassment and assault.
- Sustaining the progress made in recent years in addressing issues related to the wage levels of lower paid members of the staff and ensuring that the University is treating all members of the community fairly and with respect.

Based on the findings of the survey we took last spring, we would now add to this list a range of issues related to parking, especially for faculty and staff. We will describe some of these findings briefly in the following section of this report. The University has made a number of significant improvements in recent years, especially through the construction of parking garages and the introduction of shuttle systems to serve graduate student housing areas; the

parking garage below New South; and faculty, staff, visitors, and others who park near Jadwin Gym. But significant concerns—and challenges—remain to be addressed, and we appreciate that the University is giving these issues careful and continuing attention.

Survey Findings

Last spring, in cooperation with the Survey Research Center and the Office of Information Technology, the task force conducted a web-based survey among undergraduates, graduate students, post-docs, faculty, and staff on a wide range of issues related to health and well being. A total of 12,362 e-mail invitations were distributed, and the overall response rate was an astonishing 49.7%. The responses, by group, were as follows:

<u>Group</u>	<u>Total Surveyed</u>	<u>Responses</u>	<u>Response Rate</u>
Undergraduates	4,732	2,004	42%
Enrolled Graduate Students	1,468	1,148	78%
Post-enrolled Graduate Students	450	49	11%
Post-docs	298	213	71%
Faculty	1,095	591	54%
Administrative Staff	1,329	1,012	76%
Professional Technical, Research, Library Staff	1,267	630	50%
Bi-weekly Paid A (non-office) Staff	1,074	210	20%
Bi-weekly Paid B (office) Staff	649	292	45%

The bi-weekly A staff includes many staff in such areas as facilities and building and dining services who do not have ready access to computers and work outside of normal business hours. Given the large size and relatively low response rate of this group, we decided to administer our survey again this fall for them. This added 178 participants, increasing their response rate from 20% to 36% and the overall response rate from 49.7% to 51.2%.

The task force survey found strong interest among all groups in health screening and prevention programs (such as last year's FluFest), more information about nutrition, and more healthy eating options. All groups expressed strong support for a suggestion that the University consider creating an integrated health and wellness center. (We asked this question because some focus group participants last spring questioned whether the community would support such a center.) When asked how likely they would be to use such a center, the responses were:

	<i>Likely/ Very Likely</i>	<i>Not Likely</i>
Undergraduates	81%	19%
Graduate Students	83%	17%
Faculty	82%	18%
Post-docs	91%	9%
Administrative Staff	87%	13%
Bi-weekly Staff	88%	12%
Male	80%	20%
Female	88%	12%

Undergraduates

When asked what two things the University could do to improve their health and well-being, undergraduates overwhelmingly named healthier food in the dining halls and other on-campus eateries and a larger, better-equipped fitness center with longer hours. Some 37% said they would be very likely, and 24% would be likely, to eat at an on-campus healthy dining facility. Overall satisfaction with University Health Services was high. Undergraduates have minimal knowledge about the benefits available to them under the Student Health Plan. Among services not provided, there was considerable interest in an on-site pharmacy (41%) and on-site access to dental care (40%) and eye exams (34%).

Graduate Students

In addition to concerns about housing, major issues for graduate students are adequate and affordable medical coverage (including coverage for dependents), more flexible family leave policies, affordable child care, and a better dental plan. When asked about the Student Health Plan, their highest priority proposed changes were to reduce the cost of dependents, reduce the deductible, and provide access to more dentists. When asked about fitness facilities, 63% said they would use a satellite facility near their home and 52% would use one near their department. They would like longer hours at Dillon and at the pool and reduced fees for fitness classes. There was strong interest in more nutritious food, better labeling of foods, and a dining area devoted to healthy eating (which 58% said they would patronize). A new issue that arose from the survey was interest in a medical or family leave program that would allow graduate students in need of such a leave not only to take time off (which they can do now), but also to remain in campus housing and retain their medical insurance while on leave.

Faculty/Staff/Post-Docs

All three groups, and especially bi-weekly staff, expressed strong interest in health prevention/screening programs for such diseases as diabetes, high blood pressure, obesity, asthma, and depression. They also expressed considerable interest in a drop-in clinic for diagnosis and treatment of routine health issues; immunizations and lab tests; and annual health assessments. This interest is driven largely by the time it takes to do these things off-campus. Overall, 51% (62% of post-docs) would use a drop-in clinic; 55% would get immunizations; 43% would get routine lab tests; and 40% would get an annual health assessment.

All three groups identified adequate medical insurance and access to health care as their highest priorities. For those covered by the University's health insurance plans, satisfaction levels were reasonably high. There was strong support for flexible working hours, and a willingness to help make flextime work for others. There also was strong interest in healthier eating on campus and more information about nutrition. When asked about services they would use if offered, the greatest interest was in retirement planning (especially among bi-weekly staff), followed by financial counseling and home improvement referrals. In certain demographic groups there is significant interest in child care and elder care.

Since our focus groups revealed concerns about the University's policy regarding sick days, we asked staff members about their experience. (The University currently provides 8 sick days per year with no carryover, but also offers more vacation days than most employers, several

optional holidays, and a generous temporary disability plan.) We found that the average number of sick days staff expect to use each year is 3.7 (5.1 for bi-weekly staff). In the last five years, 14% have exceeded 8 sick days (the current number provided) in any one year, and in those cases the average number of additional days was 6.

When asked what they would choose if they could change two things, members of the staff gave a broad range of answers. The leading responses, in descending order, were:

- Higher pay, with more significant recognition of exceptional performance.
- Better parking arrangements.
- Greater support for flextime and telecommuting, including proposals to allow for compressed time (e.g., working five days in four), especially in the summer.
- More sick days per year, or at least an ability to carry some days forward.
- Better development of career paths and opportunities for advancement.
- Reduced cost for campus fitness facilities/subsidies for off-campus facilities.
- Better access to child care.

With respect to parking, staff noted that parking difficulties compound increasingly stressful commutes, frustrate those who arrive after their assigned lots are full, and irritate those who run errands at lunch or attend meetings during the day. While appreciative of the shuttles, they expressed concern about frequency (especially outside of peak hours) and the conditions of some of the shuttles. There also were safety and security concerns having to do with ice and snow removal and lighting. Faculty also placed parking concerns near the top of their list.

The responses of post-docs were similar in many respects to the responses of faculty and staff. One area of special concern for post-docs involves University housing. More than 70% were concerned about the availability of housing and 56% were concerned about the procedures by which it is allocated.

Steps Already Taken

From the beginning, our task force has been eager to identify, propose, and support improvements in programs and policies that could be implemented before we completed our work. Over the past year, more than a dozen significant steps have been taken to enhance the health and well being of students, faculty, and staff. These steps have included the following:

Student Health Plan (SHP)

- Effective this fall, the SHP prescription drug plan was improved by eliminating the claims process. This makes the plan comparable to the University's faculty/staff plan. Instead of paying out-of-pocket for prescription drugs and then submitting a claim for reimbursement, students now have a \$100 deductible and then pay only a small co-pay for each prescription.

- Effective this fall, the deductible for medical coverage was reduced from \$250 to \$200.
- Effective last year, well-baby coverage under the plan was significantly improved and eligibility for coverage under the plan was extended to same-sex partners.

University Health Services (UHS)

- Last year the Priorities Committee provided almost \$110,000 in additional funding for support staff personnel (1.89 FTEs); this amount was later modestly supplemented by the provost to add roughly another .14 FTE to expand psychiatric consultation services.

Faculty/Staff Initiatives

- Effective October 1, 2004, all faculty and staff (and their household members) have access to a 24-hour-a-day, 7-day-a-week Employee Assistance and Work/Life Counseling program, at no cost to them, through Carebridge, a company with extensive experience in providing these kinds of services. There also will be a counselor on campus eight hours a week. We discuss this program in greater detail later in our report.
- Effective January 2005, all University employee health care plans will expand coverage for mental health visits from 24 to 50 per year; will expand coverage for physical therapy, occupational therapy, and cardiac rehabilitation therapy from 20 to 30 visits; and will expand eligibility for mammogram coverage.
- The amount available under the Staff Educational Assistance Plan, which helps staff members pay tuition and fees for courses they take toward an undergraduate or graduate degree, was increased from \$3,000 a year to the federal limit of \$5,250 a year.
- The Excelling at Princeton program that was launched last year to provide bi-weekly staff members with opportunities to work with an instructor from Mercer County Community College to develop their skills has been extended and expanded. The University covers the costs of the program and pays for released time so members of the staff can participate.
- On October 19 the Dean of the Faculty announced the creation of a dependent child care fund to cover costs of dependent child care for full, associate, and assistant professors who are attending learned society meetings, other conferences, workshops, and professional development opportunities.

Fitness Programs

- Building Services identified more than 70 steps to improve cleanliness and make long-deferred repairs in all areas of Dillon Gym. Some have already been completed or are under way, while all others have been prioritized and will be reviewed as part of the major maintenance process.
- The University agreed not to increase the faculty/staff permit fee for Dillon in 2004-05 so the task force could continue considering a fee scale based on ability to pay.

Nutrition

- Last year Dining Services began making extensive information about nutrition available on-line.
- Last spring the task force recommended that the underutilized Frist Beverage Lab be converted into a Healthy Eating Lab featuring entrees that are high in nutrients and vitamins but low in fat and calories and that it provide demonstrations about preparing healthy foods. This fall, the Frist Healthy Eating Lab opened, offering soup, salad, sushi, and other healthy options to students, faculty, and staff who have been patronizing the lab in growing numbers (now over 400 customers a day). The lab has already added evening hours to its initial lunchtime schedule.

Child Care

- Last January we reported that Alison Nelson, manager of benefits and compensation in the Office of Human Resources, had been designated as the University's coordinator for child care matters on an interim basis. She continues to serve in that role.
- Last April we reported that the University had removed any limitation on the support that could be awarded to graduate students by the University League Nursery School from funds that the University provides for scholarship assistance. This fall we clarified that these funds could be used to assist families in the part-day as well as the full-day program. As a result of these changes, the School was able to provide almost \$24,000 in scholarship support to University families, as compared to only about \$6,000 a year ago.
- As reported in April, the provost's office reserved one slot per class (a total of six slots) for this year at the U-Now Nursery School for University families who arrived too late to participate in the School's regular application process.

While we are very pleased that so many significant steps have already been taken, there is much more that needs to be done if Princeton is to address the needs we were asked to examine and live up to the principles we propose at the beginning of this report. The agenda we present below is extensive and ambitious. We recognize that a number of our proposals require additional work or substantial resources before they can go forward, and that everything we propose cannot happen at once. At the same time, we hope that the University will take as many steps as it can as quickly as it can. We turn now to our final set of recommendations.

Recommendations

Consistent with the charge provided to us by President Tilghman, we present below our recommendations in the following areas:

1. Overarching recommendations regarding communications.
2. Recommendations addressing the health care needs, and promoting the health and well being, of students through the Student Health Plan and University Health Services.
3. Recommendations addressing the health, well being, and work/life balance of members of the faculty and staff, excepting child care.

4. Recommendations in the areas of fitness and nutrition that help meet the needs of students, faculty, and staff.
5. Recommendations regarding critical facilities needs at McCosh Health Center and Dillon Gym.
6. Recommendations regarding child care.

Communications

Our survey results underscore the importance of the recommendation we made in April that communication needs to be dramatically improved so that members of our community are aware of the programs and benefits that are available to them; so they know how to take full advantage of them; and so there can be greater synergy in addressing issues that cross office or departmental boundaries (through collaboration, for example, between University Health Services and the fitness and wellness programs at Dillon Gym, or between UHS and the residential colleges and eating clubs). In addition to reaffirming this recommendation, we also call upon the University to develop a communications strategy that sustains the heightened awareness of issues related to health and well being that the activities of the task force have stimulated and helps to create a campus environment in which initiatives designed to improve health and well being are valued and promoted.

More specifically:

- We commend recent initiatives in University Health Services, Dining Services, and Human Resources to increase the volume and effectiveness of information they provide and to significantly improve their websites. The greatest need for improvement is in communicating about the fitness and recreational opportunities offered by the Department of Athletics, Physical Education, and Recreation. Both our January and April reports enumerated the broad array of classes and other programs available at Dillon, but we know that many in the community are unaware of these programs or of how to take advantage of them. The department's printed materials could be much more effective and, perhaps more importantly, the website used by physical education and recreational sports is very hard to find and difficult to use. We are pleased that steps are being taken to improve this website and to give greater prominence to physical education and recreational sports on the overall athletics website. While this website has been designed primarily for followers of intercollegiate sports, we hope the department will find ways to focus greater attention on its programs in fitness and well being.
- While most communications initiatives will originate in the individual departments that offer programs and services, the University itself has a role to play in helping to create a healthier campus climate. We believe there ought to be a conscious strategy, possibly coordinated through the Office of Communications, to encourage members of the community to participate in health education and disease detection and prevention programs, as well as programs designed to encourage fitness, wellness, and better nutrition.

- One possible strategy for thinking about these issues in an integrated way would be to develop a logo that could be used to identify home page announcements and other communications that address issues and announce opportunities related to health and well being. The University developed such a logo as part of its 250th anniversary to identify connections among a broad range of otherwise seemingly unrelated events. In addition to identifying items related to health and well being, the logo could be linked to a health and well being website which would provide centralized information about a broad range of programs and initiatives and links to departmental and other sites.
- Another possible strategy would be to create a health and well-being newsletter. There could be an electronic version that would go to all faculty, staff, and students, and a paper version that would be delivered to areas where there is less regular access to computers (such as Dining Services, Building Services, and the Facilities shops). The newsletter could have an opt-out feature, but otherwise everyone on campus would receive it on a regular basis (perhaps monthly). It could be similar in design to the very successful Tiger E-News that the Alumni Council and the Communications office developed a year ago to keep alumni informed about developments on campus and provide them with links to more detailed information. This newsletter would have brief items on topics related to health and well being, with links to additional information and sign-ups. The newsletter could be coordinated through the Communications office but with contributions from the many offices concerned about health and well being.

Addressing the Needs of Students: Student Health Plan

The Student Health Plan (SHP) provides students with insurance coverage for off-campus health care. Participation in the plan is mandatory for all graduate students. Undergraduate students may waive out of the plan by providing certification of other health insurance coverage; in recent years, roughly 45% of undergraduates have enrolled in the plan. The total number of students in the plan this year is 4,165. The University covers the costs of about 80% of the graduate students and about 50% of the undergraduates in the plan (students on financial aid). This year just over 59% of the costs of the plan are being paid by the University. (Out of a total cost this year of \$3.62 million, the University's share is \$2.14 million.)

As we noted in our April report, Princeton's plan lags behind its peers in several important areas of coverage and plan design. (In one of these areas, prescription drug coverage, the SHP has already been changed so that, like Princeton's employee plan, there is no claims process; beginning this fall, students simply make a modest co-pay after satisfying a \$100 deductible.) We also found that Princeton's student fee was well below most of its peers, and in some cases was less than half of what students at peer institutions are charged.

Presented below are three recommended changes in the Student Health Plan to improve its coverage of outpatient mental health expenses (a priority for both undergraduates and graduate students) and to reduce the fees for dependents (a priority for graduate students). In each case we describe the nature of the change and the financial impact on the University and on the cost of the plan for participants who pay for coverage. Cost estimates are based on plan year 2003 expenses inflated to plan year 2005 (Princeton's plan is entirely self-insured). The total increase in the student fee of the three changes we are recommending would be \$50 per year.

Recommendation: Outpatient Mental Health Expenses

- Increase plan coverage from 50% of the cost of visits to 80%. Most of our peers cover at least 80%; in the Princeton area, the cost of a typical office visit ranges from \$125 to \$250.

FY 2005 cost to the University:	\$35,301
Cost to plan participants:	\$20,251

Per student fee increase:	\$13.34
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- Increase plan coverage for number of visits per year from 24 to 30. Most of our peers cover 30 visits per plan year; figures below assume the proposed 80% coinsurance.

FY 2005 cost to the University:	\$22,856
Cost to plan participants:	\$13,111

Per student fee increase:	\$8.64
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Recommendation: Dependent Fees

- Significantly reduce the fees charged for dependent coverage. While Princeton's fees for dependents are not out of line with a number of its peers, they are not competitive with many other health plans, including our own employee plan. Consistent with the belief that we expressed in our first report that Princeton should become a friendlier place for graduate students with children, we recommend that the dependent rate be lowered to afford better access to the plan for dependents and to reduce somewhat the financial hardships on graduate students with dependents. We propose a ratio of 1:2:3 for the student fee, the fee for one dependent, and the fee for more than one dependent.

Current fees:	Student	\$810
	One dependent	\$3,010
	More than one dependent	\$4,780

Proposed fees:	Student	\$838
	One dependent	\$1,676
	More than one dependent	\$2,514

FY 2005 cost to University:	\$72,288
Cost to plan participants:	\$41,468

Per student fee increase:	\$28.00
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Summary

<u>Total Costs</u>	<u>Total Increase</u>	<u>University Share</u>	<u>Participant Share</u>	<u>Student Fee Increase</u>
Increase in coinsurance coverage	\$55,552	\$35,301	\$20,251	\$13
Increase in number of visits	\$35,967	\$22,856	\$13,111	\$ 9
Reduction in dependent fees	\$113,756	\$72,288	\$41,468	\$28
Total	\$205,275	\$130,445	\$74,830	\$50

Other Recommendations

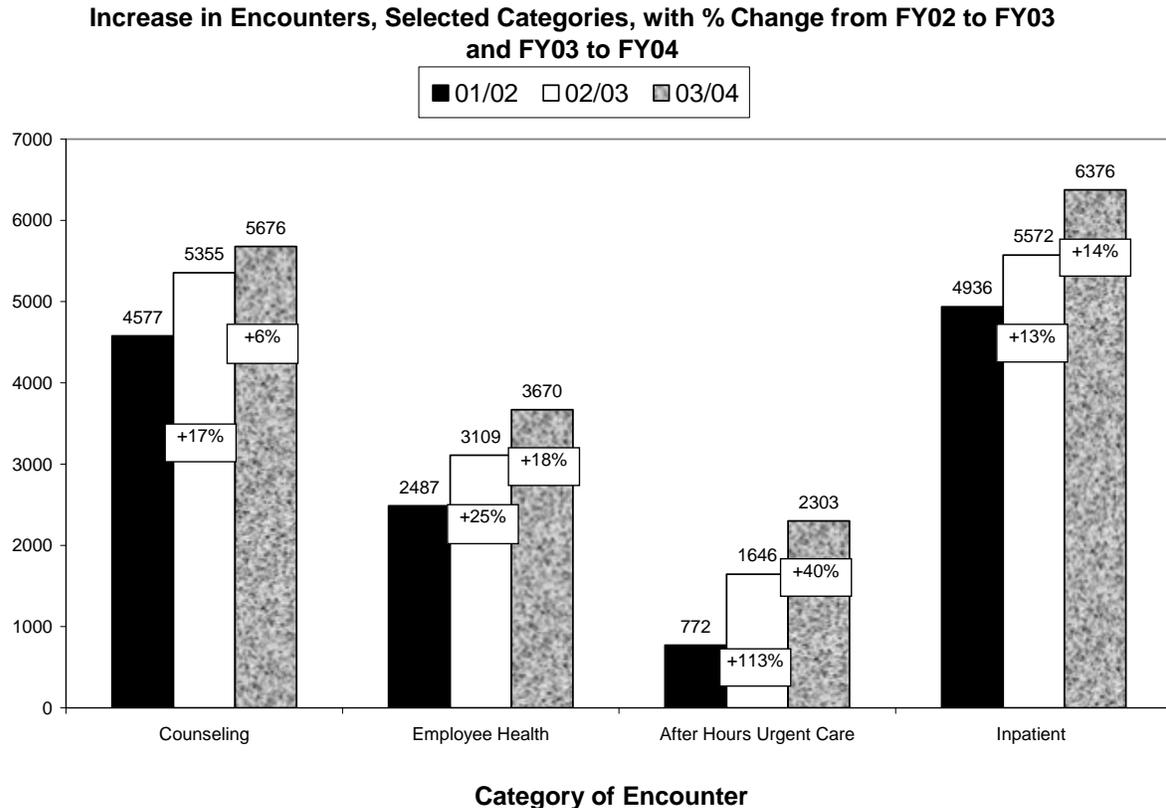
We recommend that the University continue to consider possible reductions in the medical expense deductible of \$200 and other out-of-pocket expenses and improved access to dental care, perhaps by negotiating discounts with local dentists or finding some way to bring dentists on campus on a regular basis. We also recommend that post-enrolled graduate students who do not otherwise qualify for benefits be charged the same health fee as other graduate students for their one year of degree candidacy continuing (DCC) status, thereby eliminating the additional fee they are now charged for continued access to University Health Services.

Finally, even with the \$50 student fee increase that we are proposing, Princeton's fee would remain well below its peers. We understand that this is true, in part, because its peers use student health plan fees to help cover the costs of their on-campus health service programs. If instead of increasing its fee from \$810 to \$860, Princeton increased its fee to \$1,100 or \$1,200, it would still be below its peers. (Last year, for example, the fee at Brown was \$1,568 and at Penn it was \$1,708.) A fee of \$1,100 would generate more than \$400,000 in additional funding, and a fee of \$1,200 would generate more than \$550,000. We believe that Princeton should increase its Student Health Plan fee by an additional \$250 to \$350 above the \$50 increase necessary to fund the proposed plan improvements and that it should use these additional resources to help fund some of the positions at University Health Services that we propose below to provide critical services and programs to students.

Addressing the Needs of Students: University Health Services Staffing

In our January and April reports, we documented the significant, growing, and too-often unmet demands on University Health Services (UHS) for medical and counseling services, particularly in the areas of mental health and urgent outpatient and inpatient medical care. Some of these increases are illustrated below. There are many reasons for increasing demand and Princeton's experience is fully consistent with national trends. Despite these dramatic increases in demand and rising health care costs, Princeton's health services staffing has remained relatively constant over the past decade and its health services budget (now \$6.7 million, or approximately 0.78% of the University's operating budget—a lower percentage than a decade ago) is not sufficient to support an adequate health services program. While we believe that the quality of medical and mental health services provided at UHS is first rate, Princeton is not in the top ranks among its peers when it comes to the amount and ease of access to care (e.g., hours of operation, access to urgent care, summer schedules, limited health promotion services, and the

absence of clinical nutrition services). The recommendations we make below are expensive, but we believe they are necessary if Princeton is to meet the needs of its students for medical and mental health care and for programs and services to promote health and well being, at a level at least comparable to peer institutions. It is important to underscore that these recommendations are proposed to meet current demands, and to recognize that these demands will grow when Princeton begins to increase the size of its undergraduate student body in the fall of 2007.



Over the past six years, the total number of patient encounters at UHS has increased by more than 42%, from 46,584 to 66,155. With respect to medical services, the number of after hours urgent care visits last year increased by 40%; urgent care medical visits increased by 23%, outpatient medical services encounters increased by 14%, and employee health services visits increased by 18%. With respect to mental health services, demand for higher acuity services increased over the previous year, with 18 off-campus psychiatric hospitalizations for serious depression and suicidality, psychotic episodes, and severe eating disorders. On-campus psychology counseling sessions increased last year by 6% following a 17% increase the previous year, and inpatient admissions at UHS for depression, anxiety, fatigue, and psychotic episodes increased by 39%, following an increase of 111% in 2002-03.

The recommendations we present below were assessed by Dr. Richard Keeling, a nationally known expert on university health services, former director of health services at the Universities of Virginia and Wisconsin, and former editor of the major journal in college health. Dr. Keeling made two visits to campus this past summer and reviewed extensive data provided

by UHS. He compared Princeton's current services with the services provided by peer institutions, best practices in the field, and the goals and priorities of the University.

We should note that UHS developed a staffing projection of what would be required to achieve the full range of programs that we outlined in our April report. They estimated that to fully achieve those goals would require approximately 25 additional FTEs and approximately \$2.5 million in salary support. In his report, Dr. Keeling described their projection as neither excessive nor unsound. "On the contrary," he wrote, "they comprise a thoughtful plan, on which we have attempted simply to superimpose elements of practical and priority-focused implementation." The recommendations we present below are consistent with the request to the task force not only that it identify needs, but also that it take into account both costs and priorities. The staffing increases described below are the ones we judge to be of highest priority.

Before presenting our recommendations, we also need to say a few words about recent adjustments in Health Services staffing. An extensive administrative review of Health Services that was completed in 2001 led to significant reorganization, greater administrative efficiency, better use of technology, some internal redesign of McCosh Health Center, and a range of staff development initiatives that continue today. Following the administrative review, UHS received additional staffing allocations from the Priorities Committee of .83 FTE in 2002; 1.81 FTE in 2003; and 1.89 FTE in 2004, supplemented by an additional allocation by the provost last spring to add another .14 FTE. The dollar allocation in 2004, from PriCom and the provost, totaled just under \$129,000.

Recommendation: Mental Health Services

UHS is in the midst of significant changes in the staffing, leadership, and organization of mental health services. In the past two years, it has received authorization to add 0.83 FTE counselor duty time (already in place), to hire two new 0.5 FTE psychiatrists by shifting funds being used for part-time psychiatric consultants, and to increase the duty time of the director of Counseling and Psychological Services by an additional month. It has just appointed a new director of this unit and it has just filled three staff vacancies created by recent staff departures. Even though we attach very high priority to meeting the health care needs of our students, under these circumstances we are not recommending the hiring of additional mental health professional staff at this time. The question of adequate capacity can be revisited after the new director and the new psychologists and psychiatrists have settled in and the restructuring of mental health services has been completed.

One of Dr. Keeling's observations is that Princeton's mental health counselors generally provide fewer direct service hours per week than their counterparts at peer institutions, in part because they have more extensive non-clinical responsibilities than is typically the case. Among other things, counselors at UHS are responsible for training and managing peer educators—a role that is ordinarily assigned to professional health educators and located in health promotion programs. If our recommendation below to add an additional health educator is adopted, it would likely result in the transfer of responsibility for peer educators to that office, and thus free up additional counseling time for some incremental direct clinical service.

Our recommendation below regarding summer coverage includes expanded appointments for three professional staff members in mental health to include work in the summer. As we will note later, demands on UHS are increasingly felt year-round (especially by graduate students, but also by undergraduates on campus for the summer), while UHS staffing models still largely reflect a time past when Princeton was much more of a ten-month institution than it is today.

Recommendation: Medical/Clinical Services

We are making two sets of recommendations in the area of medical/clinical services. The first is to add one additional full-time physician and one additional full-time urgent care (triage) nurse to allow UHS to reduce waiting time; sustain an effective inpatient unit as well as outpatient services; expand regular service hours, including urgent care, at least until 7 p.m.; provide better after hours care; provide some flexibility to respond to the absence of a staff member (for illness, vacation, personal leave, or professional development); and adapt to seasonal or epidemiologically-based variations in demand. This recommendation would add 2.0 FTE positions at an estimated annual cost of just over \$277,000.

The second recommendation is to replace student workers in clinical service areas—both inpatient and outpatient—and increase staff coverage at night and on weekends by adding two full-time support staff positions. Dr. Keeling’s observations confirmed a concern that we heard from students and others that extensive use of student workers in both front desk and inpatient areas creates understandable fears among students about confidentiality and either discourages them from visiting UHS or leads them to try to visit at times when student workers won’t be on duty. The positions we are proposing could serve as patient services representatives, nurses’ aides, or receptionists. This recommendation would add 2.0 FTE positions at an estimated annual cost of \$87,000.

Recommendation: Health Promotion/Health Education

By almost any measure, from usual and customary staffing levels to comparisons with peer institutions, the current staffing of health promotion/health education services at UHS—a single 0.92 FTE professional health educator—is deficient. Nationally, private universities average one staff member for every 2,500-3,000 students (UHS serves more than 6,500 students) and some of our peers have much larger health promotion/education staffs. To make the most productive use of professional health educators, campuses ordinarily provide support staff. As indicated earlier, at most universities professional health educators—not mental health professionals—oversee and manage peer education programs. We recommend adding one additional full-time health educator and one full-time program assistant for the health promotion program. This recommendation would add 2.0 FTE positions at an estimated annual cost of just under \$143,000.

These additional positions would allow UHS to increase its programs of needs assessment and risk assessment and reduction, health education and counseling, outreach programs (including programs in the residential colleges), detection and prevention programs, training and supervision of peer educators, and collaboration with other wellness-oriented programs and services, including nutrition, fitness, and recreation. They could assist students in developing workshops on “healthy living skills,” including decision making, time management, stress and anger management, conflict resolution, self-esteem building, interpersonal relations,

and healthy lifestyles. While these positions would work primarily with students, they would also provide some flexibility to expand, albeit modestly, health prevention, detection, and education programs for faculty and staff as well.

Recommendation: Nutritional Counseling

Princeton's health needs assessment data show that more than 40% of students have concerns about their weight, more than 50% believe they are overweight, and significant percentages report dysfunctional eating behaviors, including vomiting. Students report that eating disorders, nutrition, and concern about body image are common reasons to seek counseling. UHS reports seeing increasing numbers of students with special nutritional needs: varsity and non-varsity athletes, students with metabolic and endocrine disorders (e.g., diabetes), students with nutritional deficiencies and food allergies, and students who wish to control, manage, or lose weight. Concerns about eating, nutrition, and weight are common among employees as well, and in our survey all populations at the University expressed strong interest in better information about nutrition and healthier food. Unlike most of its peers, Princeton does not currently provide any dedicated resources for nutritional education and counseling. We recommend appointing one full-time clinical nutritionist at UHS. This recommendation would add 1.0 FTE position at an estimated annual cost of just over \$98,000.

Among other things, this clinical nutritionist would help to (a) develop and carry out an extensive communications and outreach program to encourage good nutrition; (b) develop innovative education programs for the entire University community; (c) be an active member of and consultant to the Counseling and Psychological Service's Eating Disorders Team at UHS; (d) meet with students who need one-on-one help matching dietary requirements to Dining Services offerings and oversee menu planning; and (e) work intensively with students engaged in athletics and other physically demanding programs, such as dance.

Recommendation: Administrative Services/Essential Infrastructure

While the administrative review in 2001 led to significant improvements in the management of UHS, two critical needs remain unmet. First, the key position of operations administrator—which has core responsibilities for risk management, quality assurance, data collection and analysis, regulatory compliance, and project management—is currently filled on a temporary basis. There is simply no way for UHS to operate without this position, and so our recommendation is that the position of operations administrator be made permanent and full-time. Second, given the size and complexity of the operation at UHS, the importance of digital technologies in managing and documenting clinical and mental health services, and the critical nature of technology in day-to-day practice, UHS must expand its capabilities in information technology development and systems support. We recommend adding either one experienced full-time staff member in information technology or two half-time positions.

In the section on medical/clinical services, we proposed additional support staff to reduce reliance by UHS on student workers in clinical areas. UHS also has other administrative needs, but we believe they are of lower priority than the positions we proposed earlier and the positions in operations and information technology that we propose here. The positions we are recommending in this section would add 2.0 FTEs at an estimated annual cost of just over \$162,000.

Recommendation: Summer Coverage

In his report, Dr. Keeling confirms our view that “Princeton is no longer a 10-month university, nor is it solely an undergraduate institution.” Many key UHS staff members have less than full-time appointments, including the health promotion coordinator, the SHARE (Sexual Harassment and Assault Services) coordinator, nurses, and support staff responsible for both inpatient operations and outpatient care, as well as the head athletic trainer and his entire team of trainers. We recommend the expansion of academic year appointments to permit medical/clinical, mental health, and support services during the summer that are comparable to services provided during the academic year on a per capita basis to meet the needs of graduate students, undergraduates on campus for the summer, and members of the faculty and staff and to permit better overall management of Health Services. To augment summer coverage in mental health, we also recommend that three professional staff positions in mental health be expanded to full-time, full-year appointments. The net impact of these summer coverage recommendations would be to add just under two FTEs at an estimated annual cost of just under \$168,000.

Below we summarize our recommendations regarding UHS staffing, but also identify additional positions that would be necessary—beyond those we are recommending at this time—for Princeton to reach a level of “best practices.” We will refer to some of these additional positions (including the ones under “Healthier Princeton”) in the next section of our report.

* * * * *

Summary: Recommended UHS Staffing Increases

<u>Position</u>	<u>Salary+Benefits*</u>	<u>Position</u>	<u>Salary+Benefits</u>
Medical Services		Nutrition	
Outpatient Physician	\$196,215	Clinical Nutritionist	\$98,108
Urgent Care Nurse	\$81,102		
Nurse’s Aide	\$35,000	Administration	
Outpatient Services	\$52,000	Administrator	\$88,428
		IT Systems Support	\$73,908
Health Promotion		Summer Coverage	
Health Educator	\$90,300	Summer Coverage	\$167,808
Program Assistant	\$52,324		

Total Recommended Staffing Increases: \$935,193**

* Does not include space costs, start-up costs (where relevant), or operating costs. Benefits are calculated at 26%.

** Proposed increase is 14% of the current UHS budget of \$6.7 million.

To achieve a “best practices” staffing level, UHS would also need to add the following positions:

Counseling/Psychological Services

Psychiatrist	\$184,150
Counselors (2)	\$214,528
<u>Service Rep.</u>	<u>\$57,556</u>

Administration

IT Development	\$88,951
Finance Assistant	\$60,173
Operations	
Coordinator (.32)	\$17,581
<u>SHP Office Assistant</u>	<u>\$52,324</u>

Health Promotion

Health Educator	\$90,300
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SHARE

Clinician/Educator	\$81,102
<u>Clerical Support</u>	<u>\$48,400</u>

Medical Services

Outpatient Nurse	
Practitioner	\$59,813
Inpatient Nurse	\$75,216
<u>Support Staff (3)</u>	<u>\$156,972</u>

Healthier Princeton

Physician	\$196,215
Nurse Practitioner	\$100,274
Health Educator	\$90,300
<u>Office Assistant</u>	<u>\$52,324</u>

Athletic Medicine

Physical Therapists	\$176,594
Head Athletic	
Trainer (summer)	\$10,095
<u>Office Assistant</u>	<u>\$52,324</u>

Total “Best Practices” Staffing Increases: \$1,861,268

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The recommendations we are making in this section of our report are almost entirely focused on the needs of students, although some of our proposed positions (particularly the health educator and the clinical nutritionist) would also benefit members of the faculty and staff. We will discuss below a proposal for expanded support to faculty and staff that would require further additions to staff. One area of need that we identified in our April report but have not included in our list of recommendations concerns physical therapy for students who are not varsity athletes. Students need more and better treatment for non-varsity athletic injuries and for injuries unrelated to athletics (e.g., repetitive stress syndrome from computer usage, or injuries related to dance and musical performance). Additional staffing for physical therapists to help meet this need is included in the “best practices” listing above, underscoring the fact that the positions on this list also are necessary for the University to meet fully the health care needs of its students

We conclude this section with two final comments, the first about funding, and the second about the years ahead.

Obviously we are proposing a significant investment in Health Services at a time when resources are tight. As we noted earlier, other universities use a portion of the student health plan fee to help fund on-campus health services, and we believe that would be a sensible policy for Princeton as well. We also would support modest increases in other fees to help cover some

of the costs of increasing the health services available to students. As we mentioned, the Priorities Committee has made additional allocations to UHS in recent years, and we hope they will continue to do so. As we have discovered, and as Dr. Keeling confirms, there are serious unmet needs in Health Services and there are several areas where Princeton lags significantly behind its peers. Finally, we recognize that the needs we identify in this report cannot be met solely through fee increases and Priorities Committee allocations—that there also is a need for fund-raising among potential donors who share our conviction that Princeton needs to do better. While we suspect that it may be difficult to raise external funds for some of the administrative needs we have outlined or the modest additions necessary to extend summer coverage, we hope that there will be alumni, parents, and others interested in the new initiatives we are proposing in health promotion and nutrition, or in making it possible to add to the quality and capacity of medical services.

Our second comment has to do with Princeton's plan to increase the size of its undergraduate student body by 500 students, beginning in the fall of 2007. The Wythes Committee that proposed this increase anticipated that an increase in UHS staffing would be required to meet the needs of these additional students, and assumed that some of the additional tuition revenues they contributed would be allocated for this purpose. More specifically, it was assumed that there would be an increase of some 6.5 FTEs, including a physician, a counselor, a physician assistant, a nurse, a support staff position, a part-time radiology position, and a health educator. It might be possible to address one of the needs we identify (a second health educator) by filling that position on a term basis now, with the understanding that funding to sustain this position on a permanent basis would then become available as the additional students arrive.

Addressing the Needs of Faculty and Staff

As we noted earlier, the University has already taken several steps that respond to needs identified by members of the faculty and staff as being among their highest priorities. All of the University's employee health plans have been improved by expanding coverage for mental health visits, physical therapy, occupational therapy, cardiac rehabilitation therapy, and mammograms. Support for educational programs has been expanded by increasing the maximum annual grant under the Staff Educational Assistance Plan and extending the Excelling at Princeton program.

The new Carebridge program offers 24-hour-a-day, 7-day-a-week Employee Assistance and Work/Life counseling for faculty and staff (and their household members) at no cost to them. There is also a counselor on campus eight hours a week. The program provides up to six face-to-face or telephone counseling sessions for each issue that requires personal counseling; the face-to-face sessions may be provided on campus or by a counselor in the home community. For other issues (such as assisting with elder care or child care, or with personal financial management or time management), the program provides unlimited consultations, referrals, and information. The Carebridge website provides information on a wide variety of topics, including child care and elder care databases.

Issues covered by Carebridge include:

- | | | |
|--------------------------------|---------------------------|-----------------------------|
| * Child Care | * Time Management | * Legal Assistance |
| * Elder Care | * Financial Concerns | * Depression and Anxiety |
| * Family/Marital Relationships | * Parenting/School Issues | * Grief and Loss |
| * Alcohol, Drug Problems | * College Planning | * Continuing Education |
| * Stress Management | * Adoption Information | * Spouse/Child/Parent Abuse |
| | * Work Relationships | * Relocation Guidance |

In subsequent sections of this report we make recommendations regarding fitness, nutrition, and child care that would benefit members of the faculty and staff in addition to other members of our campus community. In this section we now make recommendations in other areas to improve the health, well being, and work/life balance of the faculty and staff.

Recommendation: Work/Life Coordinator

One of the things we learned through our site visits last year is that Princeton is one of only a few major universities that does not have a full-time work/life coordinator. In fact, most of our peers have full fledged work/life offices that provide a broad range of programs and services to assist members of the faculty and staff in balancing work/life issues. Many of these offices and coordinators receive guidance from broad-based advisory groups that help identify needs and determine priorities. The Carebridge program is an important step forward, but we believe Princeton should also designate a full-time work/life coordinator who would (a) oversee the Carebridge relationship; (b) serve as the University's child care coordinator (a role we describe more fully below in the section on child care); (c) help identify additional elder care initiatives; (d) take responsibility for ensuring that all members of the campus community are aware of the work/life resources available to them; and (e) assess unmet needs and then either assemble information or develop programs to address those needs.

While the Office of Human Resources does not have funds available to create such a position at this time, it has agreed to try to meet at least some of these needs with existing staff. In the absence of a full-time coordinator, it may be particularly helpful to create a broad-based group that can advise on priorities.

Recommendation: Flextime

As we noted in our April report, flexible work schedules (early or late starting times, telecommuting, 10-hour work days, four-day work weeks, etc.) are already permitted under University policies and procedures. In that report we called upon the University to reaffirm support for the concept of flexibility in the workplace as long as the needs of the University and the office are met, and we asked the Office of Human Resources and the Dean of the Faculty to work with managers to encourage them to accommodate flexible schedules whenever possible. The survey results we reported earlier (and the results of the child care survey that we will report later) underscore the importance of making further progress in this area and the willingness of the community to support expanded use of flextime. The survey results also make clear that beyond assisting generally with work/life balance, flextime can greatly reduce the frustrations associated with commuting and can greatly assist in meeting child care needs.

We reiterate our earlier recommendations, but also call upon the Office of Human Resources to work with senior managers to see whether further changes can be made in the University's flextime policies and practices to make them more effective. Last summer the School of Engineering and Applied Science experimented with a pilot program that allowed some members of the staff to compress a full work week into four days; perhaps that pilot could be tested in other areas of the University next summer. At the same time, we also reiterate our April recommendation that the University review its policies regarding 10-month employees to see whether it can provide greater assistance as they seek to make ends meet over the summer.

Recommendation: Sick Leave

In our focus groups and other discussions last year, we heard from members of the staff who had concerns about the adequacy of the University's sick leave policy. (Employees receive 8 sick days per year which they can use for their own illnesses or to care for ill family members; unused days cannot be saved or carried over. After 8 continuous days of being ill, an employee qualifies for short-term disability. If an employee uses all 8 days but has additional intermittent illness that year or wishes time to care for a family member, the employee must use vacation time, optional holidays, time without pay, etc.) Our survey asked employees about their experiences with sick leave, and as reported earlier we found that for most employees, 8 days per year is more than adequate, and for the 14% of our employees who have exceeded 8 days in any one year over the past five years, the average number of additional days was 6 (a not unreasonable number to cover by vacation days given the generous number of vacation days that the University provides). At the same time, we know that some employees face special circumstances that are not adequately met by these policies.

While we know that the University's current policies are satisfactory to meet the needs of most employees, we recognize that the relatively small number of sick days compared to other employers does create anxiety among some members of the staff, and that there is a perceived inequity vis-à-vis faculty (and others overseen by the Dean of the Faculty) who have no limit on sick days. We recommend that the current 8-day annual limit be retained, but that the University consider permitting carryover of up to a maximum of 8 days, plus create some mechanism to address special needs. Unlike vacation time, unused sick time would not be eligible for compensation. Based on our survey data, this plan would allow most employees to meet their sick leave needs with sick days, even though it would not increase the number of sick days allotted to members of the staff over the course of their employment. Employees with modest additional needs would still be able to meet them with vacation days, optional holidays, etc. Rather than try to create a policy that anticipates all cases where employees may have needs that this proposed policy would not meet, we encourage the Office of Human Resources to address those circumstances on a case-by-case basis.

Recommendation: Medical Insurance/Health Care

In our survey, members of the faculty and staff told us that their highest priorities were adequate medical insurance and access to health care. They also told us that, in general, they are satisfied with the University's current medical insurance programs. The one significant exception involves dental care, where the problems are two-fold: (1) the current plan is solely employee funded (i.e., there is no University subsidy of dental care); and (2) participation by dentists in the plan remains minimal, and inconvenient for many members of the faculty and

staff. We encourage the Benefits Committee to continue working to improve dental coverage under the University's medical insurance plans, and to consider whether some of the University's more than \$30 million contribution toward employee health benefits should be allocated to help support dental health.

With respect to health care, our major recommendations are presented below. But one area that we want to mention here involves the possibility of offering on-campus physical therapy services to faculty and staff. Our concern is not with the availability of these services in the community, but with the amount of time it takes to meet these needs off campus. We believe that the University could significantly increase productivity by providing access to physical therapy on campus. To do this, of course, would require additional staff, equipment, and space, although it is a service for which employees would be charged. As mentioned earlier, if the University were to expand its capacity to provide physical therapy, it could increase the services it provides in this area to students who are not varsity athletes. We do not believe it is possible to contemplate addressing this need until decisions are made about the future of the University's physical facilities for health, fitness, and recreation. This is a topic we discuss later. But when these decisions are being made, we hope consideration will be given to allowing members of the faculty and staff to meet some of their physical therapy needs on campus.

Recommendation: A Healthier Princeton

In our January and April reports, we commended University Health Services for initiatives like the FluFest & Cirque de Sante (which last year provided more than 5,000 flu shots and checked the blood pressure of more than 750 people), its smoking cessation programs, and its "HeartSmart" program that identifies risks for heart attack and stroke, and we encouraged other onsite detection and prevention programs. In our survey we found strong faculty and staff interest in these kinds of programs. (We are disappointed that the shortage of flu vaccine will not permit an extensive immunization program this year.) This past summer, we asked Dr. Gray Ellrodt '70, a national expert in innovative community-based health screening, prevention, and early intervention, to help us evaluate a proposal developed by the task force for a "Healthier Princeton" initiative to promote health and well being among members of the faculty and staff.

In Dr. Ellrodt's view, Princeton is in an excellent position to develop such a program. Since it is self-insured and many of its employees remain at the University for many years, an investment in detection and prevention is likely to result, over time, in health care costs that are lower than they otherwise would be. (At Princeton, as elsewhere, health care costs are rising rapidly.) Such an investment is also likely to result in less absenteeism and a reduction in what is called "presenteeism"—employees who come to work but are unable to function at their usual capacity. According to data provided by Dr. Ellrodt, health promotion programs have been shown to produce positive returns on investment (ROI); in nine studies of programs such as the one we propose below (involving exercise, health-risk appraisal, weight control, nutrition information, stress management, disease screening, and smoking cessation), ROIs have ranged from \$1.49 to \$4.91, with a median return of \$3.14 for every \$1 invested.

The leading causes of death in the United States are heart disease, cancer, stroke, and chronic lower respiratory diseases. Tobacco use and poor diet/inadequate physical activity are recognized as the most remediable antecedents of serious morbidity and mortality. As Dr.

Ellrodt pointed out in his report to the task force, “with the explosion of overweight and obesity in the United States, many experts anticipate that poor diet and physical activity will actually exceed tobacco as the leading cause of death in the United States in the near future.” For employers, the conditions associated with the highest annual medical and productivity losses are high blood pressure, heart disease, depression, arthritis, allergies, and diabetes. An effective Healthier Princeton program would seek to identify employees at risk, encourage healthier lifestyles, and foster early intervention and treatment.

We recommend that the University build on current programs like FluFest to create an integrated program of health promotion/education, disease detection/prevention, and wellness for faculty and staff that might include the following elements:

- Health risk appraisal/disease screenings for such conditions as hypertension, diabetes, obesity, cholesterol, depression, and tobacco use.
- A drop-in clinic for the diagnosis and treatment of routine health issues, immunizations, and lab tests.
- Fitness/exercise programs, including classes, walking programs, etc.
- Nutritional counseling (healthy lunch seminars).
- Depression screening and awareness programs.
- Stress management programs.
- Weight management.
- Smoking cessation.

How fully the University can develop such a program depends on the degree to which it is prepared to make what we believe would be relatively modest investments in the staffing necessary to coordinate and deliver these services, recognizing the growing evidence that such programs more than pay for themselves over time in reduced health insurance costs and greater productivity. We believe that adding a second health educator and an assistant as we proposed earlier would create some capacity to expand on current programs for faculty and staff, but that to deliver the full range of services described above would require a third health educator and, ideally, a second assistant. The program we have outlined also would require an additional nurse practitioner and at least a portion of an additional physician with expertise in preventive medicine.

Other Recommendations

As we noted in our earlier reports, many large employers negotiate discounts for their employees on health club memberships, movie tickets, admission to local attractions (e.g., Sesame Place, Philadelphia Zoo), etc. There is typically no cost to the employers beyond the staff time necessary to conduct the negotiations and administer the program. The Office of Human Resources is interested in exploring the possibilities and we encourage them to do so.

Negotiations have already begun with fitness facilities in more than a dozen communities in which members of our faculty and staff reside to identify discounts they are willing to provide to University employees. In one case, the Princeton Fitness & Wellness Center and the RWJ Hamilton Center for Health & Wellness (which also has facilities in Hazlet and Old Bridge) would not only offer reduced rates for all employees and family members—including those who

already have memberships—but would offer a wide range of health screenings, fitness classes, and wellness offerings at no or low cost to University employees.

When we discussed our April report with the Academic and Administrative Managers Group (AAMG), several members of the staff encouraged us to think about ways the University could respond better to certain staff needs for spiritual solace or support. Examples might include informing employees and managers of where they can turn for help if an employee wants to speak to a member of the clergy; helping managers deal with life crisis issues, including employee deaths; making employees aware of quiet meditative places on campus; offering lunchtime discussion groups or classes; and reminding members of the staff that the Chapel is available to them as a place for renewal or worship. Tom Breidenthal, dean of religious life, has convened a group to think about how the University can respond to these kinds of needs.

We continue to take seriously the desire expressed in focus groups last spring for a stronger culture of respect on campus for members of the staff. All members of our community deserve to work in an environment where they are valued and respected and where their opinions and needs are taken seriously. Maureen Nash, vice president for human resources and a member of the task force, has agreed to convene a group to follow up on these issues.

Addressing the Needs of Post-Docs

In our April report we provided a thorough description of a broad range of issues pertaining to post-docs that we have identified—issues related to housing, child care, health care and other benefits, and opportunities to teach. We have discussed these issues with the President and the Dean of the Faculty, and they have agreed that these issues require further attention and clarification. Following the collection of additional information about the ways some of our peer institutions have addressed these issues, we have been assured that these issues will receive senior-level attention.

In addition to encouraging substantive change in some of the University's policies, we also want to encourage a greater effort to provide information and assistance to post-docs and to help them integrate more fully into the campus community. Other institutions have developed institution-wide websites that have been expressly designed to address the needs and concerns of post-docs and have made it easy for post-docs to know where to turn for guidance or help. We believe Princeton could do much more to be welcoming and supportive of its post-docs.

Addressing the Needs of Students, Faculty, and Staff: Fitness

From the survey, focus groups, and other comments we received, it is clear that students, faculty, and staff have a high degree of interest in fitness activities at Dillon Gym (especially at the Stephens Fitness Center and the pool) and in the physical education programs, fitness classes, intramural and informal sports, and recreational opportunities that are or could be offered at Dillon and at other locations (including Jadwin Gym, DeNunzio Pool, the tennis courts, and the West Windsor fields). We outlined the offerings at Dillon in our January and April reports.

This interest is not surprising, given the importance that members of our community attach to fitness. Given its central role in healthy living, the University has good reason to encourage fitness by providing effective and accessible facilities, programs, and outreach efforts.

Repeatedly we heard pleas from throughout the community for better and more timely information about the availability of classes; for more, better, and more frequently replaced equipment, and for longer hours—at Dillon and at other facilities. We heard dissatisfaction with the organization, cleanliness, and ambience of Dillon, especially the locker rooms and showers, although, as we noted above, there have been some recent improvements. Some faculty, staff, and graduate students find it difficult to use Dillon because of a lack of parking, a lack of child care, or cost. We found considerable interest in “satellite” facilities of some kinds, especially at graduate student housing areas and at a location east of Washington Road. It was also noted that physical education and recreation have an “orphan” status in a department that historically has devoted the bulk of its attention and resources to intercollegiate athletics.

Our recommendations with respect to Dillon are as follows:

- Significantly renovate and expand the capacity of Dillon. As suggested below, this should be considered in concert with an assessment of how best to meet the future space needs of University Health Services. Dillon needs major structural change to make it a recreational fitness facility that can meet student, faculty, and staff needs.
- In the interim, expand hours of operation at Dillon (and the pool) by moving the opening time from 7 a.m. to 6:00 or 6:30 and the closing time from 10:45 p.m. to 11:30 or midnight and make greater use of Dillon in the summer when many faculty, staff, and graduate students have more time for fitness activities. (Current staffing of Dillon is another example of a 10-month approach to a 12-month need.) This expansion in operation would cost approximately \$15,000 for a half-time evening manager for Stephens plus approximately \$15,000 for a half-time evening manager for Dillon
- Continue the recent program to increase cleanliness, improve maintenance, and make repairs; create greater privacy in locker and shower areas; implement a long-term replacement plan for all fitness equipment; and install a prox-card system for Dillon to track users more easily and improve security. These steps are proposed to increase use and satisfaction while longer-term issues are being addressed. We believe the installation of a prox-card system would cost about \$25,000, but would entail an additional \$200,000 in costs to convert all exterior doors to an emergency exit only; and that a sustainable long-term equipment replacement plan for Stephens would cost roughly \$72,000 a year. While some improvement in cleanliness, maintenance, and repairs can be achieved by reallocating existing staff in Building Services, significant improvement would require a full-time addition to Dillon staff at an annual cost in the range of \$30,000-\$40,000.
- Significantly increase visibility and support of Dillon’s programs of physical education, fitness, wellness, and recreation, including expanded participation in intramural sports by graduate students, post-docs, faculty, and staff. Some of this can be accomplished through better communications, a more user-friendly Dillon website, and better placement on the Athletics department website. Since Dillon itself has no staff with communications expertise, this will either require regular access to other communications staff in Athletics who currently are dedicated solely to the support of varsity sports, funding for other outside assistance, or some addition to staff. With an additional FTE, Dillon could manage a functional and accessible website, improve communications materials and strategies, and do a better job of coordinating and promoting Dillon’s

physical education and fitness programs. But *significantly* increasing the visibility and effectiveness of programs and facilities that help meet the fitness needs of thousands of students, faculty, and staff would require additional staff (perhaps another two-to-three FTEs). It also may require changes in how these programs and facilities fit into the University's overall organizational structure and into its fund-raising priorities.

- Consider creating a facilities permit fee scale based on ability to pay or other means to encourage greater use of Dillon by lower paid staff.
- With respect to satellite facilities, consider creating:
 - * shower and dressing areas in several buildings throughout campus so people who want to jog at lunchtime, bike to work, do yoga, etc. can shower afterward without going to Dillon.
 - * a modest fitness facility/yoga room at a location east of Washington Road. Perhaps this could be located in unfinished stadium space, or could be designed into a future academic building or expanded child care space.
 - * modest fitness facilities at selected graduate student housing sites, such as Lawrence Apartments, the Graduate College, Hibben-Magie, or Butler.

In closing, we note that the Wythes Committee assumed an 11 percent increase in staffing for athletics to accommodate 500 additional undergraduates. Since the increase in students will not entail an increase in varsity athletes, it is expected that these positions will support intramural and recreational sports by adding a full-time manager for Dillon and a coordinator of intramural sports. It was also assumed that the additional students would necessitate renovation and expansion of Stephens and more intramural field space (including upgrades to the West Windsor fields).

Addressing the Needs of Students, Faculty, and Staff: Nutrition

While the task force was not surprised to find a concern about eating disorders and an interest in healthy eating among members of the campus community, it was surprised by the depth and breadth of the interest it found in matters related to nutrition among all campus constituencies—undergraduates, graduate students, post-docs, faculty, and staff. Members of the campus community want more and better information; healthier foods in venues ranging from dining halls to vending machines; and attention to their needs over the summer, in the evenings, and over breaks. We were pleased by the responsiveness of Dining Services to these concerns, but also reminded of the staffing and budgetary constraints they face. We believe that even within these constraints Dining Services can do better, and we hope that initiatives like the visits to campus by *Conscious Cuisine* chef Cary Neff will be a step in that direction.

Our April report made a number of recommendations. Two of the most important have already been discussed: (1) the creation of a Healthy Eating Lab in Frist, which is already operational; and (2) the appointment of a clinical nutritionist on the Health Services staff.

Our other recommendations are: (a) encourage Dining Services to increase quality and health consciousness in food preparation and presentation, working closely with the task force

chaired by Professor Michael Jennings that will be developing recommendations this year for dining in the four-year residential college system; (b) encourage the provision of better and more usable information about nutritional issues, including better signage; and (c) expand the quality and availability of food over breaks, in the summer, and during hours that are not covered by the colleges or Frist.

Addressing Facilities Needs—McCosh, Dillon—and the Concept of Integration

In our January and April reports, we expressed serious concern about the capacity of the McCosh Health Center and Dillon Gym to meet the current health, fitness, and wellness needs of students and other members of the campus community. This concern only deepens when we add the demands that will result from an increase in the size of the undergraduate student body beginning in 2007.

Both of these facilities have served Princeton exceedingly well—in the case of McCosh since 1925 and in the case of Dillon since 1947. McCosh has benefited enormously from the devotion and support of the Auxiliary to the Isabella McCosh Infirmary which was formed in 1902 to help support the University's first infirmary (which had been constructed in 1892). The Auxiliary helps to fund health care equipment and other needed resources, and has always had a special attachment to the inpatient services that McCosh provides to students and their families—services that our consultant, Dr. Keeling, and others have pointed to as one of the great strengths of the Princeton program. Dillon was initially designed to house the University's indoor intercollegiate teams, but its role changed dramatically following the construction of Jadwin in 1969. As intercollegiate athletics moved to Jadwin and other facilities, Dillon became a locus of physical education and fitness programs and intramural and recreational sports (for faculty and staff as well as students), as well as a heavily used facility for such non-athletic events as student registration, alumni gatherings, conferences, and concerts. Except for the creation of Stephens Fitness Center, which was oversubscribed from the moment it opened in 2000, there has been little modification of Dillon since it was constructed almost 60 years ago.

In the view of the task force, McCosh and Dillon are both straining at the seams and are in desperate need of renovation and expansion. Neither will be able to meet the University's future needs at their current size and configuration. This would be true even if the University chose not to expand its commitments to health education and promotion, nutrition, employee health, fitness, wellness, or recreation as we have proposed in this report. We hope the University *will* expand its commitments in those areas, in which case it would face increased demand for more, and more usable, space.

We also hope that the University will consider seriously the synergies that we believe could result from closer integration of the kinds of health services and health education programs currently offered at UHS with the kinds of fitness and physical education programs currently offered at Dillon. In their west coast site visit, members of the task force had an opportunity to inspect a facility at Berkeley that links health care and wellness programs and to meet with an architect at Stanford, Curtis Snyder '68 P'06, who specializes in the design of campus health facilities. Other members of the task force visited Princeton-area health and wellness centers which integrate a range of fitness, wellness, education, and nutrition programs. The task force has discussed a concept of integration that spans a broader spectrum of programs and services

than has yet been attempted elsewhere, encompassing essentially all of the above, from health services and health promotion through fitness, wellness, and physical education programs and recreational athletics—the range of programs offered now at McCosh and at Dillon. We do not believe that all of these services could or should be offered in one facility, but they could conceivably be offered in nearby, adjacent, or linked facilities, especially if it is determined that McCosh cannot be sufficiently expanded and renovated to support Health Services and that the needs of Health Services cannot be adequately addressed by decentralizing its operations.

As indicated earlier, in our survey all groups on campus reacted positively to the concept of a combined facility that could provide an integrated and comprehensive approach to addressing health and wellness issues. In overwhelming numbers, members of all groups said they would use such a center. Since 2002 the Student Health Advisory Board has been surveying undergraduates and graduate students about the idea of an integrated health and wellness center and has received overwhelmingly positive feedback. The Board endorses the idea and recommends that the University take steps to investigate such an endeavor further.

As a task force, we believe we have pursued this set of issues far enough to propose that a separate group be constituted to work with a consultant to examine the following questions:

1. To what extent and in what ways could McCosh Health Center be renovated and expanded to meet the health service and related needs of the years ahead?
2. To what extent and in what ways could some UHS programs and services be based outside of McCosh—perhaps in the residential colleges or at Frist—and what would be the implications for quality, efficiency, collaboration, and integration?
3. What benefits could be achieved by constructing a new home for UHS, expressly designed to meet the health care, health promotion, and related needs of our students and other members of our community in these early years of the 21st century?
4. What further benefits could be achieved by locating such a new facility in a way that encouraged programmatic integration and other synergies with Dillon?
5. To what extent and in what ways could Dillon be renovated and expanded to meet the University's fitness, wellness, and recreational sports needs of the years ahead?
6. In each case, what would be the costs and what other considerations regarding campus planning, timing of renovation/expansion/construction, etc. should be taken into account in deciding how best to meet this important set of facilities needs?

We believe that the group working on these issues should include some members of our task force along with representatives from the University's Facilities office and the Provost's office, others with experience and expertise in these areas, and perhaps some outside advisers. McCosh and Dillon are major facilities for Princeton, and there is merit in thinking about each in light of the other. It is our expectation that the modernized, improved, and perhaps integrated (or at least more closely related) facilities that come out of this examination will be attractive to donors who will want to be associated with facilities that meet such central and growing needs of our campus community.

Whatever decision is made about these facilities, we want to conclude this section by encouraging closer integration in planning and programming between University Health Services and Dillon. Some increased integration has occurred already from the fact that both UHS and Dillon have been represented on this task force. We believe there are more opportunities for conceptual integration, even in advance of or in the absence of physical integration.

Child Care

Our task force was asked not only to make recommendations to improve the health and well being of Princeton students, faculty, and staff, but to identify the recommendations that we believe are of highest priority. Among our highest priority recommendations are the ones we make in this section of our report, to significantly improve access to affordable and high quality child care.

In our January report we noted the work of the Task Force on the Status of Women Faculty in the Natural Sciences and Engineering that called for the creation of affordable child care as a “critical element in a larger strategy to recruit more women and help them to succeed.” This is important for the recruitment of women faculty in all fields, as well as for graduate students, post-docs, and senior staff, and in many cases can be a critical element in the recruitment of men as well. That task force noted the importance not only of nursery school programs, but of programs for infants and toddlers and for “school’s out” and “back-up” care during school vacations, bad weather days, or when other child care arrangements fall through.

In our focus groups we heard similar messages, along with requests for greater flexibility in enabling members of the campus community to meet their child care responsibilities (especially when children are sick), and requests for clearer information on where members of the staff can turn for help in meeting child care needs in their home communities.

Our January report described in some detail the two existing University-affiliated day care programs, both of which are located in a University-owned building at 171 Broadmead.

- U-Now is a 34-year-old full-day/full-week program for children from three-months through four-years. It enrolls approximately 80 children, and this year 91% of the children come from University-affiliated families. While tuition is at the upper end of the range of charges in the Princeton area, reflecting the high quality and low turnover among teachers, small class sizes, and teacher-child ratios that exceed national standards, the University provides considerable financial aid based on need. Last year the University provided \$84,000, which was distributed to 8 graduate students, 6 members of the bi-weekly staff, and 1 member of the monthly staff. This year the financial aid amount increased to over \$104,000. U-Now also offers summer sessions for children enrolled during the academic year.
- U-League is a 55-year-old 10-month morning cooperative nursery school for children ages two-and-a-half to four that also offers non-cooperative programs through lunch, until 3:15 (extended day), or all-day (to 5:30). University-affiliated families receive priority in admission, and this year 58% of U-League families are affiliated with the University. Tuition varies with the length of the program, and all University families pay

a discounted rate. The University provides scholarship support based on need; as indicated earlier under “steps already taken,” this support increased last year from about \$6,000 to almost \$24,000.

In April we reported that the University had engaged Bright Horizons, one of the most highly regarded companies in the child care field, to conduct a thorough child care needs assessment among all graduate students, post-docs, faculty, and staff and to provide advice on the development of a comprehensive long-term child care strategy. Bright Horizons conducted a survey and focus groups; interviewed senior University officials; reviewed the programs at U-League and U-Now; examined other area programs; provided benchmark data about child care programs at other universities; and made recommendations to the task force which we have discussed at length with them and with representatives from U-League and U-Now.

The needs that Bright Horizons identified were very similar to the ones we anticipated in our January report. They include:

- Affordable and reliable child care of high quality, both for infants and toddlers and for pre-school children.
- Flexible work policies, both on a regular basis (such as flextime, telecommuting, job sharing, etc.) and when a child is sick.
- Part-time child care options.
- Year-round enrollment.
- Extended operating hours.
- School’s out care (vacations, inclement weather).
- Back-up care (when a care-giver is temporarily unable to provide care).
- Summer camps.

The Bright Horizons assessment looked not only at what levels of care were currently needed, and were likely to be needed over the foreseeable future, but where members of the community would prefer to have that care. In some cases, especially among graduate students, post-docs, and faculty, there is a very strong desire for care on or close to campus. Among staff there is also interest in care on campus—especially for school’s out and back-up care—but there is greater interest in finding affordable, high quality child care in their home communities, particularly when their children become old enough for pre-school programs (i.e., past the age of infants and toddlers). Bright Horizons found that Princeton employees have approximately 650 children under the age of six and of those, approximately 260 are under the age of three. While more than 70% of the staffs overseen by the Dean of the Faculty’s office live within five miles of the campus, this is true for only 25% of the staffs overseen by the Office of Human Resources.

One high priority request among all groups is for better and more timely information about child care options, and greater awareness about where to turn for information and advice.

Our understanding is that Princeton would like to do a much better job of helping parents meet their child care needs, in part to be able to compete more effectively when recruiting students, post-docs, faculty, and staff, and in part to improve the capacity of members of our community with child care responsibilities to meet both the obligations of the workplace and their family obligations more satisfactorily and with greater balance. With this goal, and based on both our own assessment and the assessment and advice that have been provided to us by Bright Horizons, we make the following recommendations.

Recommendation: Provide Better Information and Coordination, Greater Flexibility

This recommendation has three parts:

- Provide more and better information to graduate students, post-docs, faculty, and staff about child care resources currently available on campus, other child care resources in their home communities, and policies already in place at the University that provide flexibility for meeting child care needs. We addressed this recommendation in the faculty and staff section of our report in calling for greater clarity about flextime policies and the availability of sick leave to care for family members, and in our description of Carebridge. One of the attractions of Carebridge is that its counselors are knowledgeable about child care (including emergency and back-up care), so part of this recommendation can be met by ensuring awareness on campus that information and advice about child care are available through Carebridge. In addition, it might be helpful to organize information fairs where providers of day care, school holiday camps, summer camps, and back-up sick care can describe their programs and answer questions, and perhaps to create a discussion group—in person or electronic—where more experienced parents can share information with newer parents about child care resources in the community. There is also a need for more effective distribution of printed or electronic materials describing the programs, admission policies, and timetables at U-League and U-Now.
- Provide more and better coordination of child care services. One of the positive steps taken last year was the designation of a member of the staff, on an interim basis, as the University’s principal coordinator for child care matters. We believe that the University needs a principal child care coordinator on a continuing basis, and that members of the campus community need to know that this is a person who can help them find the information and help they need when they don’t know where else to turn. Ideally this person would be the work/life coordinator that we proposed earlier, or at least would work closely with that person, and would oversee the child care aspects of the Carebridge program, disseminate information about on-campus and off-campus child care programs and resources, and encourage awareness and improvement of University policies and practices that help parents meet their child care responsibilities. This coordinator would also be the University’s principal liaison to U-League and U-Now (and to any additional University-affiliated child care program); would explore the possibility of making arrangements with other providers in the home communities of University staff members for priority access, discounts, or back-up and emergency care; and would examine possibilities for additional summer day care on or close to campus.
- Provide greater flexibility: When respondents in the Bright Horizons survey were asked to identify “highly desirable” programs and services, the largest percentage asked for flexible work policies when a child is sick. Ranked second were flexible work options

such as part-time, flextime, telecommuting, and job sharing. Related issues for faculty and graduate students revolve around practices and policies regarding child leave, part-time appointment, tenure review, and dissertation completion. Our view is that in addition to more effective communication of existing policies, there is a need for better training and consciousness-raising of managers and supervisors, and in some cases there may be a need for policy change to permit even greater flexibility, or to ensure that students, faculty, and staff can feel comfortable making use of existing policies. (For example, a faculty member may not be willing to ask for additional time to tenure review following the birth of a child, even if University policy permits such an extension, but would gratefully accept such an extension if University policy provided it without requiring a request.) Our goal is an environment in which members of the campus community with child care responsibilities feel that the University—in its policies and its practices—is responsive and supportive as they seek to meet their responsibilities.

Recommendation: Clarify and Enhance Relationships with U-League and U-Now

The review by Bright Horizons of U-League and U-Now confirmed what we learned from many other sources, which is that these are both high quality and highly regarded programs and that any comprehensive, long-term University child care strategy should incorporate continued reliance on these two programs to help meet the University's child care needs. At the same time, the University's relationships with these two programs have suffered over the years from a lack of clarity about expectations and needs, and from the fact that there has not been any member of the University staff with clear responsibility for overseeing and facilitating these relationships. We believe the relationships between the University and U-League and U-Now should be regularized in written form and there should be a member of the University staff who serves as the principal liaison to these programs. In addition to clarifying the programs and policies of the two schools, such a partnership agreement should clarify the policies under which the University provides scholarship support (we strongly support the continuation of significant levels of financial aid) and might identify ways in which the University could provide additional support, beyond the current provision of free space, perhaps through OIT assistance with information technology needs and help from other offices with emergency preparedness.

One significant achievement of this past year has been a series of very constructive conversations with U-League and U-Now about ways in which they, and we, believe that both U-League and U-Now can do an even better job of meeting the needs of University families. In our discussions with both organizations we have talked about:

- expanding the number of students they serve and, in the case of U-League, expanding the percentage of University-affiliated families; with U-Now we have discussed the possibility of increasing infant care by as many as 17 spaces if appropriate space can be found, and with U-League we have discussed the possibility of expanding the all-day program from 28 to as many as 42 children.
- ways to ensure that spaces are available mid-year or after the close of the regular admission process for members of the University community who could not have participated in the regular admission process or could not have started at the beginning of the school year.

- serving more children in the summer, and for more of the summer.
- making some provision for school's out care.
- opening somewhat earlier at U-Now and staying open somewhat later at U-League.

We have been very pleased by the willingness of both U-League and U-Now to try to accommodate University needs. We believe some changes could be in place as soon as this year.

Recommendation: Create Expanded Capacity

While the steps we have already proposed—the provision of more information, better coordination, greater flexibility, and enhanced relationships with U-League and U-Now—would be clear steps forward, the survey results and the Bright Horizons assessment provide compelling evidence that Princeton University cannot adequately address the child care needs of its graduate students, post-docs, faculty, and staff without expanding the availability of on-campus child care, and especially care for infants and toddlers. Based on the assessment of need and the advice we have received from Bright Horizons, we recommend that the University contract with a provider of high quality child care to operate a center, complementary to U-League and U-Now, that would result in a number of on-campus child care spaces that exceeds current levels by 160 infants, toddlers, and preschool children, with the expectation that roughly 100 of these added spaces would be for infants and toddlers. We also recommend that this new center be designed to provide both school's out care and back-up care. The school's out and back-up care would be available to any members of the campus community; the back-up care would be available to children up to age 5, while the school's out care would be available to children up to age 12.

Much work would need to be done to determine the precise characteristics of this third University-affiliated center (class size, teacher ratios, teacher salaries, admission policies, availability of part-time care, tuitions, scholarship support, etc.). Until some of these decisions are made, it will not be possible to develop firm estimates of the annual operating subsidy that would be required from the University to support this center. We asked Bright Horizons to develop a preliminary estimate that assumed teachers would be appropriately paid and tuitions would be affordable; that the center would be heavily weighted toward infant and toddler care, which is much more expensive than preschool care; and that it would provide school's out and back-up care (which also drive up the expense). Their estimate is that the required University subsidy would be just under \$500,000 a year.

Recommendation: Construct New Child Care Facilities

Bright Horizons estimates that the 13,000-15,000 square foot facility needed to house the child care center we are proposing would cost between \$2.2 and \$2.4 million; that the capital required to outfit the facility with furniture, equipment, and supplies would be approximately \$400,000, and that other start-up costs (recruitment, teacher salaries during set-up and training, informational materials, etc.) would add another \$200,000. Thus, the total capital and start-up costs for the new center would range from \$2.8 to \$3.0 million.

As we have noted in our earlier reports, U-League and U-Now operate with significant space constraints in a deteriorating building whose design is problematic for child care programs.

There are several attractions to their current site, including proximity to campus, parking, and playground space, but both programs would be able to operate much more effectively in space explicitly designed for their use. It is our understanding that the University's long-term space planning anticipates the eventual demolition of 171 Broadmead. The University may wish to consider accelerating that plan so that it could construct new and purposefully designed space for U-League and U-Now in approximately its current location, and in concert with planning for a new facility for the new center we are proposing in the same general area. Whatever the specific construction plan, the end result we are proposing is a comprehensive response to child care needs that expands preschool capacity, adds significant new capacity for infants and toddlers, and offers school's out and back-up care for any interested members of the campus community.

Continuing the Work of the Task Force

All members of the task force have considered it a great privilege to be able to work on this broad range of issues. We have enjoyed the experience of working together and learning from each other. We brought very different interests and experiences to this assignment, and we are united in presenting the recommendations in this report. We have been heartened by the interest the community has taken in our work, and we are grateful for the many comments and suggestions we have received. Many have told us how much they appreciate the President's decision to focus attention on these issues, how pleased they are with the "steps already taken," and how much they hope that the University will act as quickly as it can on the recommendations we are presenting.

We look forward over coming weeks to discussing our report with various groups and organizations on campus and with the University family at large. We recognize that in many areas where we have made recommendations, there remains much work to be done by others to whom we now pass the baton. In some cases this work will be done by offices and other entities (such as the Priorities Committee) that make decisions about the allocation of University resources or about its fund-raising goals and priorities. In other cases the work will be done by offices that have administrative responsibilities in the areas we have addressed (such as Human Resources overseeing the Carebridge relationship and developing new approaches to flextime and sick leave). In some cases we have made specific recommendations that groups be formed to carry on some of our work, such as the group to examine facilities needs at McCosh and Dillon or the advisory group to advise Human Resources on work/life issues.

We believe the University would be well served by having a clear understanding of who has responsibility to ensure ongoing attention to issues related to health and well being; to monitor the impact of steps that are taken in response to our recommendations; to identify additional steps that might be helpful; and to serve as a continuing repository for suggestions, questions, and concerns. Even as we complete our work, we would encourage the University to consider asking a group composed as we were of students, faculty, and staff to provide ongoing assistance and advice in meeting these responsibilities. We believe that such a group could help to ensure that the University does the best it can to live up to the principles that we reiterated at the beginning of this report.

Appendix 1: Summary of Major Recommendations

Communications

- Develop communications strategies to increase awareness of programs, services, and benefits related to health and well being.
- Focus special attention on improving communication about fitness and recreational activities offered by the Department of Athletics, Physical Education, and Recreation.
- Develop strategies to encourage participation in health education and disease detection and prevention programs, and in programs that encourage fitness, wellness, and better nutrition.
- Create a health and well being newsletter.

Student Health Plan

- Increase plan coverage for outpatient mental health expenses from 50% to 80% of the cost of visits and increase the number of visits per year from 24-30.
- Reduce fees for dependents so the ratio of the student fee, the fee for one dependent, and the fee for more than one dependent is 1:2:3.
- Charge post-enrolled graduate students (DCCs) the same health fee as other graduate students, with no additional fee for access to University Health Services (UHS).
- Increase the Student Health Plan fee by an additional \$250 to \$350 above the amount (\$50) needed to fund the proposed plan improvements to help fund positions at UHS that provide critical services and programs to students.

University Health Services Staffing

- Add approximately 11 FTE staff positions, at an estimated annual cost of just over \$935,000. These positions would include:
 - One additional physician and one additional urgent care nurse to reduce waiting times, expand hours, and for other purposes.
 - Two additional support positions in medical/clinical services to replace student workers and increase coverage at night and on weekends.
 - One additional health educator and one program assistant to increase needs assessment, risk assessment and reduction, health education and counseling, outreach programs, detection and prevention programs, and other services, and to take over the training and supervision of peer educators, thereby freeing up time of the mental health professional staff for increased clinical service.
 - One clinical nutritionist.
 - Permanent status for the existing term-funded position of operations administrator and either one full-time or two part-time positions in information technology.

- An expansion of academic year appointments to full-year appointments to increase medical/clinical, mental health, and support services over the summer.
- When possible add additional positions to achieve a level of service closer to “best practices,” including expanded physical therapy services for non-varsity athletes.

Faculty and Staff

- Designate a work/life coordinator to oversee the relationship with Carebridge, serve as the University’s child care coordinator, help identify elder care initiatives, and improve communication about programs and benefits.
- Create an advisory group to help identify work/life needs and priorities.
- Encourage greater awareness, use, and support of flextime; explore possible pilot programs.
- Consider permitting carryover of up to 8 sick days and create a mechanism to address special needs not met by current policy.
- Consider improving dental coverage under the University’s medical insurance plan.
- Consider providing on-campus physical therapy for non-work-related injuries.
- Create an integrated “Healthier Princeton” program of health promotion/education, disease detection/prevention, and fitness/wellness for faculty and staff; in addition to the UHS staff positions proposed earlier, this would require one additional nurse practitioner and a portion of an additional physician.
- Facilitate discounts and special programming for members of the campus community at area health clubs.

Post-Docs

- Focus senior level attention on issues of concern to post-docs, including housing, child care, health care, and opportunities to teach.
- Provide better information and assistance to post-docs and help them to integrate more fully into the campus community.

Fitness

- Significantly renovate and expand Dillon Gym.
- In the interim, expand hours, increase cleanliness and repairs, improve maintenance, regularly replace equipment, etc.; this would require 1-2 FTEs.
- Increase visibility and support for Dillon’s programs of physical education, fitness, wellness, and recreation, including expanded participation in intramural sports by graduate students, post-docs, faculty, and staff; this would require one or more FTEs.
- Consider a facilities permit fee scale based on ability to pay or other means to encourage greater use of Dillon by lower paid staff.
- Consider creating shower and dressing areas at strategic locations around campus; a fitness facility/yoga room east of Washington Road; and one or more fitness facilities at graduate student housing sites.

Nutrition

- Sustain and expand the Healthy Eating Lab.
- Appoint the full-time clinical nutritionist proposed earlier.
- Increase quality and health consciousness in food preparation and presentation.
- Provide better and more usable information about nutritional issues.
- Expand the quality and availability of food over breaks, in the summer, and during hours not covered by the colleges or Frist.

Facilities Needs—McCosh, Dillon—and Integration

- Develop a plan to address the inability of McCosh Health Center and Dillon Gym to adequately meet current needs; these needs will increase when Princeton begins admitting larger freshman classes in 2007.
- At McCosh, examine options that include renovation, expansion, and possibly construction of a new facility.
- At Dillon, examine options for renovation and expansion.
- In assessing these options, examine opportunities to encourage programmatic integration and other synergies between UHS and Dillon.

Child Care

- Provide more and better information about child care to graduate students, post-docs, faculty, and staff.
- Designate a child care coordinator to oversee the child care aspects of the Carebridge program; disseminate information about on-campus and off-campus child care programs and resources; encourage awareness and improvement of University policies and practices; serve as principal liaison to the U-League and U-Now nursery schools; improve access to child care resources and services in surrounding communities; and examine possibilities for additional summer day care.
- Provide greater workplace flexibility for staff and more supportive policies regarding tenure review and dissertation completion for faculty and graduate students to permit appropriate attention to child care needs.
- Clarify and enhance relationships between the University and the U-League and U-Now nursery schools, which should continue to play central roles in the University's comprehensive long-term child care strategy.
- Create a new University-affiliated child care center, with particular emphasis on infant and toddler care and with capacity for school's out and back-up care.
- Construct a new facility for the proposed new University-affiliated center and a new facility for the U-League and U-Now nursery schools.

Continuing the Work of the Task Force

- Establish a clear understanding of responsibility to ensure ongoing attention to issues related to health and well being, to monitor the impact of steps taken in response to

these recommendations, to identify additional steps that would be helpful, and to collect further suggestions, questions, and concerns.

Appendix 2: Members of the Task Force on Health and Well Being

Co-Chairs:

Janet Dickerson, Vice President for Campus Life
Robert Durkee, Vice President and Secretary of the University

Faculty:

Elizabeth Gavis, Associate Professor of Molecular Biology
Uwe Reinhardt, Professor of Economics and Public Affairs; James Madison Professor of
Political Economy
Eldar Shafir, Professor of Psychology and Public Affairs

Staff:

Jonathan Baer, Director of Building Services
Lisa Herschbach, Dean, Wilson College
Joann Mitchell, Vice Provost for Administration (through 6/30/04)
Terri Harris Reed, Associate Provost for Institutional Equity (beginning 9/7/04)
Maureen Nash, Vice President for Human Resources
Daniel Silverman, Chief Medical Officer of Princeton University and Executive Director
of University Health Services
Eric Stein, Associate Director of Athletics

Graduate Students: Rachel Kimbro, Sociology
Ian Parrish, Astrophysics (Plasma Physics)

Undergraduates: Adam Castano '05, Molecular Biology
Scott Grant '05, Chemistry
Elona Toska '05, Woodrow Wilson School
Tamara Whitaker '06, Chemical Engineering (on leave 2004-2005)

Serving as staff to the task force: Megan Adams, Director of Risk Management; Janet Finnie, Associate Director, University Health Services; Ann Halliday, Associate Secretary; Karen Jezierny, Director of Public Affairs; Stephen LeMenager, Director of Planning and Administration in the Office of the Vice President for Campus Life; Alison Nelson, Manager of Benefits and Compensation; and Karen Woodbridge, Special Assistant to the Vice President and Secretary.