JESSICA WITHERS: OK. Hi, everyone. Welcome to today's open forum for staff, hosted by the Employee Assembly. My name is Jessica Withers. Adam had a prior commitment today, so I'm filling in for him.

I represent library and museum staff, and I also happen to be the chair of the elections committee. So in that role, I want to remind you that our annual elections are coming up. Please watch your email for an announcement about that. And I hope that each one of you considers running for a seat on the EA.

In this time of so many unknowns, we are pleased to host these fora as a place for senior leadership to communicate with our talented staff. I know I really appreciate these sessions myself, and I hope you do as well. Today, we're joined by Mary Opperman, vice president and chief human resources officer. Mary, would you like to get us started?

MARY OPPERMAN: Yes. Good afternoon, everyone. I appreciate you being here. These open forums are as helpful to us, and I hope they're helpful to you as well. So we have a great panel today, a number of people you have seen here and a couple that you have not. But I think that we're all very pleased to be here, and so I'm going to get this started, because I know that there's going to be a lot of questions.

So let me turn this over to Jason Cole, who will introduce himself and say a few words. Jason.

JASON COLE: Thank you, Mary, and good afternoon, everyone. I'm Jason Cole. I'm the associate vice president for university relations. And I'm really, really pleased to be here today to provide updates on really our reactivation plans and answer any questions you may have. I really want to echo Mary's thanks and comments to Jessica, Adam, and Hei Hei-- the entire Employee Assembly-- for hosting this open forum today, and, frankly, for putting together all of the weekly forums throughout the summer. Mary's right, these are really, really helpful to us and I think the entire community, and we really appreciate all that EA is doing to keep our campus community informed.

Just a couple of minutes with respect to our activation plans. We're acutely aware of the impacts that these plans have, not only on our campus community, which is why we're grateful for sessions like today, but also the impacts on our greater, I think, the area community in which we all live. And one of the roles in our division and offices in our division is the Office of Community Relations. And they've been hosting similar town hall events all across the area with local officials, business leaders, and neighborhoods clear across the region, to discuss and answer questions around our plans.

We had a community wide town hall a few weeks ago, and I want to flag for everyone here that we're in the planning stages of a joint community event with IC and TC3 early next month. And we'll be communicating that out when those details are set. There have been a lot of communications, many of which our division handles, over the past few weeks, and there's likely to be many more as the faculty, the very talented faculty and staff that we have across

campus, continue to work so hard on implementing our plans and as details become more clear.

So I'm not going to go into a ton of detail on all of those communications past, but I will encourage each of you to bookmark covid.cornell.edu. That's the university's official website where we're updating, sometimes many, many times a day, the latest information on our activation plans. And it's also a place where you can view our submission to the New York State Department of Health. That submission goes into great detail on our plans and answers many of the questions that we've been hearing.

And I'm looking forward to answering those today, and particularly where we have details. And without further ado, and in the meantime, I'll pass it off to Vijay.

VIJAY PENDAKUR: Hi, everybody. It's such a pleasure to be with you during this forum. My name is Vijay Pendakur. I use he/him pronouns. I'm the dean of students, and I look forward to joining a rigorous dialogue this afternoon and chiming in, particularly on issues where students might be at the center of the equation. Oh, and I have the pleasure of turning it over to Angela Winfield.

ANGELA WINFIELD: Thanks, Vijay. You gave me time to unmute myself. So no worries there. Hi, everyone. It's great to be with you this afternoon.

I'm Angela Winfield. I'm the associate vice president for inclusion and workforce diversity, and I am also one of the presidential advisors on diversity and equity. I'm really happy to be with you today. And just to get things kicked off, I want to share just a few things that are going on. I hope that you are all aware of recent situations, recent circumstances, and the highlight on race, racism, and anti-racism that's going on right now. And there's been a lot of activity and movement in these areas that I'm going to share just a little bit of that. And then, hopefully, if you have questions, I can answer those questions.

We've offered a number of programs that we've developed and rolled out to the staff population, including a take on why are people protesting and giving a historical context for this moment in time. We've also offered a program on allyship and how to support our black colleagues right now, as well as a program offered by one of our faculty members in arts and sciences on law enforcement and the tension between law enforcement and underrepresented communities. All three of those programs were very well attended, more than 2,000 individuals attended those, and they are still available through CU Learn. If you haven't had the chance to take any of those programs or engage in that, they're still available.

We're also working on a large-scale program for all staff in conjunction with eCornell. It'll be an online program that is based in Cornell's values, with Cornell's leaders talking about how and why diversity, equity, and inclusion is situated and aligned with our mission, walking you all the way through racism, anti-racism, social identity, oppression-- what that means and what that means at Cornell, as well as modules on how to engage across difference, and interrupt bias

and behaviors that don't align with Cornell's values, and how to infuse equity and an equity lens to your functional work. That's in development now, and we hope to launch it in September.

Now, that's just programming. And programming is wonderful, and it's a key part of our strategy, but it's not the only part of our strategy. We're also looking at systems and structure change. One of the largest kind of umbrella programs that the Vijay and I work on together with Avery August, who's vice provost for academic affairs, is Belonging at Cornell. That's the overarching framework for diversity, equity, and inclusion.

Each one of our colleges and units has a Belonging at Cornell council, and the primary function of Belonging at Cornell in this framework is to measure progress and to ensure responsibility and accountability for movement on climate metrics, as well as demographic metrics in the colleges and units for faculty and staff. If you want to learn more about that, I encourage you to take a look at diversity.cornell.edu. And you can see all of the resources and information that's available, including a link to our Belong at Cornell page.

So that's just an overview, and I will turn it over to Anne.

ANNE JONES: Thank you very much. Hi, everybody. I'm Anne Jones, medical director at Cornell Health. And it's great to see everybody again as well. And thank you, as always, for your support and feedback of health services during this time.

We continue to hear your feedback about how we can improve, and we continue to adjust, and move services, and amplify different programs and services according to feedback, in order to really stay with our finger on the pulse of the community. And so, thank you for that. I know that there are many questions that are out there about both the scientific knowledge of the virus, as well as public health and prevention strategies, and many of the policies that are being developed in order to help Cornell stay ready for the fall semester, as well as incorporating the latest scientific evidence.

And so a couple of those that come to mind for update today is that you may have seen a recent uptick in cases in Tompkins County in the last period of time. And what we have learned from the Tompkins County Health Department is the importance of reinforcing the message of wearing masks, and social and physical distancing, and especially being thoughtful and mindful about doing those things as it relates to social gatherings. And so this is an area that is important to continue to reinforce. There are many, many ways that in the summertime we can stay socially connected and also enjoy the outdoors hopefully. And just want to give everyone that public health message of how important it is to continue to heed that public health guidance.

The other couple of updates that we have as it relates to evolving scientific knowledge is quarantine requirements. As we know, the state of New York has developed a list of states that require mandatory quarantine if travelers are coming into the state. This list of states is updated on a weekly basis. Right now, there are 31 states. But this continues to evolve as more

and more knowledge of outbreaks around the country is known and as the New York State Department of Health understands how best to protect travelers and the community of travelers coming into the state. So as preparations are made for the start of the fall semester, that is one of those areas where that guidance evolves. And it's important to stay aware and up-to-date on the latest states that come on to that list or come off of that list, as people are making travel plans coming into the start of the fall semester.

The other update, and one area of scientific inquiry and exploration right now, is around how we understand COVID positivity after someone has been ill and diagnosed with COVID and how long the tests are positive following that infection. We've had many, many questions coming to us. And the physician community and the health care community is really looking into those questions of what that means for surveillance testing, what that means for diagnostic testing. And we are exploring those currently.

What we still know is that if anyone has developed any symptoms, any concern at all, we are here for you. We are here to help sort out the questions of whether students have symptoms or whether testing is warranted. And so, we want to make sure that our community knows that the students are welcome to come in and to get diagnostic testing here at Cornell Health.

So with that, those, I think, are the key updates from the medical, public health, and scientific lens. And with that, I'll hand it back to Mary.

MARY OPPERMAN: And I will hand it back to Jessica.

JESSICA WITHERS: All right. Thank you to all of our panelists. I'm going to turn things over to Hei Hei Depew. She's the executive vice chair of the Employee Assembly. And, as always, she'll be presenting questions collected directly from staff.

HEI HEI DEPEW: Thank you Jessica. So we've compiled a series of questions from Qualtrics, and I will also be monitoring the Q&A. So if you have any questions, please submit, and we will try our best to get to asking those questions. So I want to begin-- we've received quite a bit of questions on COVID testing. So I'm going to begin with three questions on COVID.

The first question is, does the requirement to get tested for COVID and/or the daily checks apply to staff that are working from home with no plans to come to campus? If yes, why?

JASON COLE: I can take that one. The daily check application-- well, sort of the daily check-- is open currently to only those faculty and staff who have been cleared by their supervisor to return to work on campus. And that app currently sends an email very early in the morning, reminder emails, to each of those staff and faculty who have been cleared to return to campus with a reminder to complete that daily check if they're planning to be on campus on any given day. That's a New York State requirement.

Soon, we'll be rolling this out, I believe-- and Mary, correct me if I'm wrong-- to all faculty and staff, because students are also going to be required. And so for technical reasons, it will be opened up to all faculty and staff within the next few weeks. If you're not planning to come to campus on any given day, you can ignore the daily check. But if you're planning to be there, you will be required to fill out that daily check. And again, that's a New York State requirement.

With respect to testing, that began about 10 days ago for students who are currently in Ithaca or are arriving. This is their arrival test that they're going to be required to take before they can enroll in classes. That testing is occurring on Tuesdays and Thursdays right now. We're still working out the details on faculty and staff testing, including the addition of, I understand, maybe five to six additional testing sites around campus so it's convenient for faculty and staff. But the details on when that begins and the frequency of testing for faculty and staff are still being worked out, as we try to manage those arrival tests for students here in the very near term. And we'll communicate those changes and updates as we receive them.

MARY OPPERMAN: Jason, thank you. So just to confirm what Jason was saying, we do intend to have some form of surveillance testing for staff and faculty who are on the campus. The frequency of that has not been determined, and it is possible-- and I don't want to say probable, but possible-- that the surveillance frequency may differ, depending on the extent to which you are in contact with students.

So more to come. I appreciate the fact that we often say, well, we're not quite sure, we're not quite done. But testing is actually a really, really big part of our reopening strategy, and the science of the type of test, the importance is the frequency-- this is now I'm just talking about surveillance, not symptom-related testing-- is something that our medical folks have been involved in from quite some time ago now, and they're honing in on the plan. As soon as we have it for staff and faculty, we will definitely share it.

HEI HEI DEPEW: Another question we received in the Q&A is, I understand that Cornell testing data was to be included in the Tompkins County composite COVID-19 data, however the numbers don't appear to be there. Would you please let us know where the data is compiled?

JASON COLE: Right now, my understanding is-- and Anne or Mary, you may have more information-- TCHD, the Tompkins County Health Department, is compiling that data and aggregating it on their side. We're working with them to understand and reach agreement on what data they will allow us to report. We're hoping to, at a minimum, report the number of individuals tested positive, hospitalizations, et cetera, et cetera. We're also, and this was in one of the committee reports, the CTRO report, working to develop a dashboard to look at early, medium, and late-stage factors to help us understand how we're doing with prevalence of virus and frankly other indicators that aren't testing-related to monitor how we're doing. Not just with prevalence of virus but prevention measures.

An example in the CTRO report is, do you have an individual with a clipboard in one of the dining halls, monitoring and observing-- just observational data-- compliance with physical

distancing or face masking. And if you can have sort of a daily dashboard that's consistent, showing that data, it can be very useful in particularly early stage interventions on these sorts of things. So that is also in development through the Health Considerations Committee, which is being reconstituted to work on these sorts of thing. Anne, I don't know if you have other material to add.

ANNE JONES: Yeah. Echoing those comments, I would say, what I heard in the question was that the numbers sometimes don't match up. And that is a complexity that we are working through. Some of what is underneath that is that the Tompkins County data is, of course, only from Tompkins County. And sometimes, with individuals who live outside of Tompkins County or are located outside of Tompkins County, those numbers are worked into other health departments, other county's health departments data.

And so we know that Cornell University brings together many individuals from many different counties. and so, sometimes those numbers don't always match all the way up. And that's part of what we're looking to work on together, as Jason mentioned, to come together to actually meet the goal that I think we all have, which is to be as transparent as possible to our community about the evolution of virus and its spread or containment in the community. So hopefully that helps a little bit with the numbers question. It is a reality, and it is a frustration for sure, and one that we're hopefully working toward clarifying in the future.

HEI HEI DEPEW: Thank you. Another question received in the Q&A is, can you please explain the logic behind surveillance testing? If all students are tested upon arrival, quarantine, and social distanced with no visitors allowed in campus buildings, then what is the risk of campus exposure?

ANNE JONES: So I think, with that question, that also brings up the question and the distinction between surveillance testing and diagnostic testing. And I think that that's another key piece to discuss with that question. So in terms of testing strategies broadly, there are, generally speaking, two different types of testing.

Surveillance testing is a method of determining, as best as possible, the prevalence of disease in the population. Whereas diagnostic testing is done to identify disease in an individual person. Each have its benefits and each have its limitations. Surveillance testing has its benefit in that if we can get as many people tested as possible, then we can do our best to estimate from there the prevalence of disease in the population. But that's only possible if everybody participates as much as possible. Whereas diagnostic testing is limited, in that if the only testing that's done is by individuals who come to get tested, then we could be missing people who aren't a part of the population but who don't come in for diagnostic testing. The benefit of diagnostic testing is that we're able to arrive at a diagnostic result.

Those are the two different testing strategies that are out there. And I think that the rationale of using them together is that by using them both, we can do our best to identify the disease prevalence and disease burden in the population I saw a couple of questions coming in through

the Q&A, which I think link to that question, Hei Hei, that you just asked. I think that the overall strategy that is being used here is to try to use both in combination, so that we can estimate the disease burden as best we can.

HEI HEI DEPEW: Thank you. A question that we received through Qualtrics is, as we struggle to keep COVID out of the Cornell community, will testing by Cornell be extended to Cornell families?

MARY OPPERMAN: Is the question-- I just want to verify before we see who wants to answer-- do we intend to provide surveillance testing to extended families? Is that what-- Hei Hei, I just want to make sure I understand.

HEI HEI DEPEW: Correct.

MARY OPPERMAN: So just a reminder that anyone who wants to be tested in our community can go be tested, but the surveillance testing plan is for those who are on the campus in order to be able to manage the community understanding of the virus. But Anne or Jason, do you want to confirm?

JASON COLE: I believe that's right, Mary, that the surveillance testing will be for Cornell faculty, staff, students and not extended beyond. But you're right, anyone who wants to get tested can do so at the facility out at the mall.

HEI HEI DEPEW: Thank you, shifting away from COVID testing, I'm going to go into some of the other Qualtrics questions that we've received. The next question is, I am grateful that the university has created programming to educate people about racism and is encouraging people to educate themselves, but what is being done for those that are already informed and those targeted by racism. namely black, indigenous, and other people of color?

ANGELA WINFIELD: Yes, I'll be happy to take that one. So there are a number of things that are happening to support our BIPOC community. One that I'd like to call out and kind of give a shout out to is our Men of Color and Women of Color Colleague network groups. Those are our affinity-based groups that come together and meet. They hosted a staff of color meeting, a gathering, last week, which was extremely powerful and very needed. A lot of issues were surfaced-- concerns were surfaced-- some known, some new.

And from that gathering, we are setting up and structuring three subcommittees to do a deep dive on some of the systemic issues that are facing our BIPOC community. So the three subcommittees are, one, to look at work, life, health, and wellness for the BIPOC community, including looking at the availability in therapists of color, looking at wellness, parenting support, as well as equitable access to the benefits of employment. The second subcommittee is looking at systemic issues in employment, and this actually ties into one of the programs that President Pollack announced in her message around succession planning, professional development. So the committee will be looking at the different stages of employment.

And then the third committee is focused on how to elevate and celebrate the voices and experiences of our black, indigenous, and people of color communities here at Cornell. One existing platform that we have already is the inclusive Excellence podcast series that has been going on for about 18 months already. And as part of that, we've launched a special series. Blackness at Cornell, where faculty and staff, but primarily staff-- but faculty are certainly welcome to share in their own words and their authentic voice what blackness means to them.

We have some prompts to help people articulate that, but it can be anything-- any emotion, any feeling. It can be artistic. It can be an essay. We have three episodes of that out already, featuring our colleagues. You can check that out at diversity.cornell.edu. But we'll be using that platform more, and the subcommittee will be looking at other ways to make sure that we are integrating and sharing the story of those communities. So those are three really large areas that these subcommittees will be focused on. We'll be meeting together. We'll also be meeting with functional and operational leads in the areas to better understand what's happening, where some gaps may be, and coming up with solutions, recommendations, and process changes to make things more equitable.

The other thing that we've been working on and we'll be hosting is conversations with our local law enforcement. This has been something that we've done in the past, where we've gathered with leaders from Cornell University Police Department, as well as Ithaca, Cayuga Heights, Tompkins County Sheriff, as well as the state troopers. And we're doing it again this month. We have a group together to have that conversation and talk about the concerns of our community, what's happening in the different law enforcement agencies, what changes they are going to be making or won't be making. But that conversation will be happening, and I'm sure there will be continued conversations and continuing actions that come out of that.

So those are a few things that are happening. The work is being done. It's good work. It's hard work. But it is happening, which is a wonderful thing.

HEI HEI DEPEW: Thank you. What circumstances will define campus closure, move to 100% online learning, or other increased restrictions? Other universities are publishing infection rate thresholds. What are these defined circumstances for Cornell, and where can staff find this information?

JASON COLE: I'll take a shot at that. Ultimately-- and we're working closely within the Tompkins County Health Department and the New York State Department of Health will make those determinations. But the dashboard I referenced earlier, talking about those early, middle, and late-stage indications, will help us make adjustments short of closure. A lot of those-- and that whole sort of shutdown plan is outlined in detail in our submission to New York State. Again, that's available at covid.cornell.edu on our website, and it's the last section of that plan.

And I'd highly recommend and encourage people to take a look there, because it goes into great detail and probably too much so to cover here. But ultimately, Tompkins County Health

Department and New York State Department of Health will be at the forefront of making a closure decision. But we'll be monitoring, through this dashboard, other indicators on how to dial-up or dial-down activation plans.

HEI HEI DEPEW: Thank you. With the July 24 deadline for the voluntary retirement incentive program, is there a sense of how many staff and faculty took advantage of it? Additionally, is there a plan to consider revisiting or lifting the hiring freeze?

MARY OPPERMAN: Yeah. We have-- thank you for asking-- our early indication of the applications now. We are just making sure that there aren't any hard copy mailings today that are postmarked from Friday. That can happen. And then we'll have a sense of the application numbers.

Over the next week or so, we'll be looking at the applications and determining how many of those we can accept. That will give us a better sense. And I'm reluctant to give any data until we have those conversations. But it was a good take rate. We had over 870 people who were eligible, and, right now, early numbers are a couple of hundred have expressed an interest.

So now to the-- and let me take the next one and then try to bundle this back to what might be behind that-- question about a hiring freeze. So if a department feels that a position that has been vacated is one that they need to refill, there are exceptions to the hiring freeze that can be requested. But just a reminder that the retirement incentive had two goals-- one was to give people who were thinking that this would be a good time to depart the opportunity to do so with a little bit of financial security.

The other, though, is the realization that the effects of COVID on our finances have been and continue to be profound. We have revenue realities, and we have new costs, a lot of them, that have significantly impacted our financial well-being. So the goal of all of these efforts is to try to attenuate new costs by giving us all an opportunity to look into different ways that we can get things done.

So it may be that by the time the retirement incentives are accepted and other vacancies are considered, that there will need to be some build back in certain areas. And we understand that, and we'll take those into account. But I do want to say that we need to be mindful of the reality of the financial circumstances. People have been very expressive, and I'd like to thank so many of you for writing to me about your feelings related to some of the decisions that we've had to make. I understand that. But the financial fallout from this virus is really, really critical, and we need to do everything we can to continue to manage our cost structure while we see what plays out.

We're still-- we're only in July, and we still have to understand what happens to the community based on the virus. And so, we cannot let off of our approach to try to retain as many people as we can and to manage what is starting to feel like a pretty significant set of costs. So we are

going to keep, for now, the hiring pause on, but we have regulators if we need to make exceptions.

HEI HEI DEPEW: Thank you. We received a question through Qualtrics and also in the Q&A very similarly. The question is, how will Cornell support parents working remotely to choose Ithaca City School District's virtual learning options? What ideas has Cornell considered to assist on-site essential employees with school-aged children, given the complexities of child care and both in-person online classes for youth across multiple local school districts, and how can the staff be a part of ideas brought to leadership?

MARY OPPERMAN: So thank you very much. We actually have a very small team of staff, faculty, and students looking at this very issue right now. We are looking forward to getting their recommendations in the next couple of weeks. I do want to acknowledge the pressure and stress that is being faced by our employees and students who have children. It's significant, and we know that.

Each of the school districts have started to float their plans. They haven't been approved yet, but they're starting to float their plans. And I wanted to acknowledge that they're not all the same. They have different ways that they're trying to manage this, and it will have an impact on how our employees are able to deal with their work responsibilities while prioritizing their family's well-being.

So we know that. In terms of what we can do, I think we are trying to come up with strategies that we think will be helpful in dealing with this. But I want to be completely honest in saying, there's a limitation to how much we're going to be able to actually make this issue go away or fix it. But we are looking at ways that we can be supportive with either new programs or new resources.

And so, we hope to be able to share some more information in the next few weeks. And I just want to acknowledge that we know this is a serious issue, a real one that families are facing, and we're trying our best. I'm just on a call with HR people from across the country, and it's an issue everywhere. So we're trying our best to get you out some recommendations soon.

HEI HEI DEPEW: Thank you. We've received a question via email from a EA member in which he states, in the prior July 2 returning to campus EA forum, a question was posed in regards to how safety measures would be enforced. The response from John Clarke was, as far as enforcing what other folks do, I'm not sure if the university is going to have a policy that's very strict about that. Many staff members have voiced their discomfort with this direction and feel the university should take a stricter policy. Can you please speak a little further as to why we cannot have a stricter enforcement of safety measures, such as masks, social distancing? In addition, what guidance would you provide to staff members who feel unsafe because there isn't a strict policy and enforcement of COVID-related safety measures?

MARY OPPERMAN: So let me start and then maybe turn it over to Jason. So we are aware that people have identified folks on the campus that are not wearing their masks. Not everyone is comfortable saying something about that to an individual, so we know now-- by the way, you always have the ability to put a concern about noncompliance into Maxine, and it will be looked at immediately. Our problem is, as you can well imagine, that most of us are not going to know who we're seeing.

And so, when we get those reports, they're difficult to act on. But we are looking at different strategies that we can use that will provide more help on the campus for addressing issues of non-compliance. And we're trying to figure out how to make those viable on a big campus. And so, we hear you. We agree. We all need to play our part in part by being vigilant about wearing our masks, social distancing, doing all the things that we know how to do to minimize the number of individuals that we have to try to address this with, but we do know it's an issue. Jason, did you want to add anything, or Anne?

JASON COLE: Yeah, I'll add a couple of things. And actually, I may kick it Vijay and Anne, as well, to respond. Very soon, hopefully this week, two things will happen. They'll be rolling out-- and it will just be a launch, and understand that it will change and adapt over time-- of a pretty robust public health campaign for everyone on campus-- faculty, staff, and students-- that, as Mary touched on, will continually reinforce and try to drive a culture of compliance around physical distancing, wearing masks, good hygiene, and being responsible, and an understanding that we're all in this together.

There will be physical signage. There will be social media pushes-- a lot on Instagram, really targeted to students. We're planning some paid advertising, including up on TCAT buses. Right now around 15 buses, that's what's available for advertising on-- we're looking at launching with. And that will expand and change over time.

Initially, a lot of the campaign will focus on reactivation, and restarting, and beginning. For students, do your reentry checklist. For faculty and staff, make sure you're doing your daily check. For students, get your gateway or your arrival test-- those sorts of messages.

As we get into the semester, there will be more messaging around safe dining, working safely within labs or offices, and other things, where we'll have an editorial calendar that really speaks to the need at any given time. So that initial launch will be around really starting and how to live smarter in that respect. The other thing that we'll be rolling out very soon-- and again, hopefully this week, and Vijay can speak more to this-- is a behavioral contract that all students are going to need to first take a course-- an educational module-- on COVID, its prevalence, how it's contracted, and so on and so forth.

Our friends at Cornell Health and Skorton center were really instrumental in pulling this course together. They'll have to take the course, they'll have to pass a quiz, and then they'll have to review and attest to the behavioral compact, all before enrolling in classes. That behavioral compact will be enforced by Vijay, which is why I'm going to turn it over to him, through a new

Cornell help me out here, Vijay-- Compliance Team. You'll have the acronym. And maybe you can speak a little more about the teeth and enforcement on the behavioral compact that's coming.

VIJAY PENDAKUR: Thanks for the setup, Jason. So again, the behavioral compact is a student-facing mechanism of establishing some guidelines and criteria on what we expect students to do this fall. So the actual compact itself is a set of practices that the university is saying, this is how you're going to have to behave if you want to be with us this fall. And as Jason was mentioning, the students actually have to complete a course on Canvas, which is their online learning management system, that takes them through some big picture information about COVID, about the pandemic. There's some myth-busting, some really good information in there.

And then, also, they have to go through learning modules about the different elements of the compact. And then they have to attest, and basically say, I will do this. And that gives us then the ability to hold them in a new social contract around, OK, you said that as a condition of your returning you were going to behave this way. So when students don't behave that way, we are in the process of building a reporting tool that anyone-- community members, staff, or faculty-- can use to submit electronic reports indicating that they see students not following the guidelines and the compacts. And the guidelines in the compact are no surprise to anyone-- masks, physical distancing, don't gather in large groups, that kind of stuff.

And so, when those reports come in, they get triaged by a group called the CCCT, which is the Cornell Compact Compliance Team. Probably easier to remember that it's just the triage team. We just call it the triage team on the inside. So there's a team of people that will be managing these reports.

And then, I don't want to get too into the weeds on this, but we've actually created a multi-level system for understanding the nature of infractions. Because in any conduct or disciplinary model, there's weighting that goes in to how you engage with people based on their behavior and how big an infraction it is. So if somebody forgot to wear their mask once inside a university building, you don't come down on them the exact same way you would on somebody who hosted a party with 150 people indoors in Collegetown.

So there's actually level 1 infractions, level 2 infractions, level 3 infractions. There's a logic model as to how people are engaged with and treated as the result of the nature of their infraction. And what we want students to know is that Cornell takes this very seriously and that serious infractions will have serious consequences, all the way up until temporary suspensions and/or even potentially separation from the institution.

And the behavioral compact applies not just to individual students but also to organizations of students. So organizations drive culture, and drive events, and gathering, and choice-making as well. And so the compact isn't just about individual behavior, but it's also about organizational behavior. We're still in the process of building a lot of it, but that's kind of a high-level flyover of what our accountability enforcement model looks like in the student space.

I'll kick it over to Anne. I think she can probably add more, or maybe we'll take more questions. I'm not sure if you want to jump in, Anne, at this point.

ANNE JONES: No, certainly. I mean, this question of compliance and behavior as it relates to public health guidance is a difficult issue for sure. And as we've been saying today, I think is one that many organizations, employers, and industries, as well as the health care industry, is grappling with right now. I think that what we know in terms of public health guidance is that effective strategies for public health education and harm reduction can really go a long way in accomplishing what organizations hopefully aspire to do in the end, which is actually to improve behavior and improve morale among everybody in the population.

I think that one of the things that we know from public health literature, as well as the feeling of being in a community, is that being in a community where messages of doing the right thing are not done in a punitive way, but done in a way that you know really empowers everyone to play their role, is what we know is effective from some of the literature that's out there already. Certainly, this global pandemic is creating us an opportunity to really look at that literature again and for each organization to determine how it applies to them. And so the work that's being done is certainly within that space. And I could say that the public health guidance is evolving still on this topic.

HEI HEI DEPEW: Thank you. Switching gears, how is diversity, equity, and inclusion (DEI) action being measured and assessed across the university? How will Cornell respond to departments who are not moving towards DEI change?

ANGELA WINFIELD: Sure. So I will start on this one. And Vijay, if you want to add anything, you certainly can.

VIJAY PENDAKUR: Sure thing.

ANGELA WINFIELD: So this goes back to Belonging at Cornell, the framework that we launched last summer. Belonging at Cornell is a metrics-driven framework. So there are three climate metrics that we've started with, and this is for faculty and staff in this particular phase-- looking at the self-reported sense of belonging, the sense of fair treatment in your department, and the recommendation score-- sometimes called the net promoter score-- of whether you would recommend Cornell as a good place to work. Those are the three high-level climate metrics that we're measuring.

You may recall a survey went out in February, earlier this year. I know it feels like it was quite some time ago, but it was really only five months ago. That survey went out. It closed just before we went remote. And that data is now available to the local college and unit leaders.

That data has been put on to dashboards for them so that they can splice it. There are anonymity thresholds on there, confidentiality thresholds on the data. But they can look at

their data by race and ethnicity. They can look at it by marginalized identities. They can look at it by individuals who have experienced or witnessed marginalizing behaviors in their colleges and units. And what this allows them to do is really begin to pinpoint functional areas, systems, and structures that are causing inequitable outcomes.

What we've asked for each college and unit to do is to use a toolkit that we've developed that ties each one of the survey items to a particular recommended action. They're able to look at a survey item, see how they score in comparison to the overall university average for that particular metric, and then they get suggestions on what to do. The councils for the college's units will be working on their action plans and putting that together, what they're going to be doing.

And the thing that makes this new framework a little bit different and more enhanced than what we've done in the past is the accountability is built-in. Because we have metrics, we can set targets. And we can say, the needle needs to move, and the needle needs to move in these particular metrics, and here are the systems and structures that we know correlate to a strong sense of belonging, that correlate to a sense of fairness in the workplace, as well as whether someone would recommend or not recommend Cornell.

So it's a data-driven, metrics-driven, research-driven approach to diversity and inclusion that goes from bottom to top and top to bottom. Meaning that the presidential advisors on diversity and equity-- so myself, Vijay, and Avery-- have access, can look and see what the scores are. But also the deans, vice presidents, President Pollock, as well as Provost Kotlikoff have access to be able to see what's happening in the colleges and units. And then in two years, we will do another survey to see whether or not we have movement in any of these areas.

Vijay, is there anything that you want to add?

VIJAY PENDAKUR: Oh, that was such an awesome explanation, Angela, of the Belonging at Cornell framework. I'll just tag on that we also have some-- Angela was really focused in on explaining the inclusion metrics and also the toolbox that is available to leaders on how to change when they find that there's a growth edge in their area. We also have some compositional metrics, because in the diversity, inclusion, and equity space, we also want to continue to drive a process of having our university grow in its composition. And who's in the room also matters, and we want to make sure that we strive for our staff and faculty matching the tremendous diversity of our students.

And in the composition space, we've been able to add some nuance to not just looking at, well, who's here, but also really important factors like your proportional hiring rate for your unit. So like in key searches in your unit, if underrepresented group members, let's say women in certain units, or people of color in certain units, veterans, people with disabilities, other identities that are tracked, if they are 25% of the pool of applicants, but over and over and over again, for a certain position type, they're only ending up as 8% of the people hired, that gives us-- it's like a little alarm bell that rings. And it gives the institution and the unit leader the

chance to go in and start to look at, OK, in our funnel of the talent acquisition and the talent management funnel, where might there be some problems in the way that we're actually trying to bring people into our community that's leading to a disproportionate meld of underrepresented, or marginalized, or vulnerable folks.

So turnover rate, I think, is a really important addition to the compositional space-- or, sorry, proportional hiring rate-- and then we've also put an increased emphasis on looking at turnover rate. So in units that are doing a great job of bringing people in, if you're not investing just as much in keeping them, then you might have a disproportionately high turnover rate for underrepresented, marginalized, and vulnerable communities. And so, that's another number that can actually serve as a litmus for ecosystem issues that might be about a chilly climate for those staff, or pay equity issues, or fairness in treatment issues. And so the both the compositional side and the inclusion side of the Belonging at Cornell plan use metrics to actually drive the ability to take a focused look and then rethink aspects of a unit, or college, or school ecosystem, so that we can achieve our goal of living inclusive excellence.

ANGELA WINFIELD: And if I just may add one thing on that, thanks for bringing up the compositional metrics as well. So that is something that we do-- so my department, the Department of Inclusion and Workforce Diversity, does as part of our annual analysis, our workforce analysis that we do. And we have annual meetings with leadership of each of the colleges and units to go over that data. The Belonging at Cornell councils will be looking at that as well and helping to formulate strategies. But that is something that we will continue to do is have these meetings with HR directors, as well as the leadership of the colleges and units, and really going deep into seeing, what are the issues, what are the things that need to change?

I also did see-- and I'm sorry to kind of preempt you here, Hei Hei-- a question about whether disability will be included in the Belonging at Cornell metrics. Absolutely, yes. That is one of the things that was asked in the survey, and it is also one of the filters that we're able to splice and see whether there are differences in the experience of individuals with disabilities as well. So that is included. Sexual orientation, gender identity, veteran status is also included, as well as race and ethnicity.

HEI HEI DEPEW: Thank you. A question that we received in the Q&A is, why is our approach to ignore the daily check questions if you're not coming to campus? It seems that we would be better able to monitor and control spread of the disease if all faculty, staff, and students were required to answer the questions each day.

MARY OPPERMAN: So let me start that. It's a fair point. Let me just say, though, that that's a daunting task to have everyone complete the daily check every day and then have the follow-ons for those who answer one of the questions in a way that requires a telemedicine visit. So right now, what we're focusing on is the campus itself and making sure that we have people talking with a medical professional before they step onto the campus if they have experienced any of the sorts of potential warnings, symptoms, or behaviors or experiences that require them to a medical professional.

So I understand the idea, but we have, I think, to be practical about whether we can-- because you got to be able to get all the way through so people can get into work if they have to come in. And so if we have what's included, people who don't intend to come into the campus at all, that will make it very difficult for Cayuga Medical to get through all of the telemedicine visits that would be necessary to ascertain whether someone actually can come back. So Anne, I don't know if you want to add to that.

ANNE JONES: Yep, certainly. I think that the balance between creating a system that requires certain steps to be taken to come back to work, and then creating a system that actually identifies symptoms or exposures of concern is something that I think is actively trying to be balanced with this system of the daily check. And because we're rolling out these processes in a stepwise fashion, it is about taking the steps to roll them out in a way that will create a system that can work. I certainly think that anyone who has concerns about symptoms or exposures, whether that's coming up through the daily check process or whether that's something that's coming up because of symptoms or exposures, is something that I would advise that everybody then speak with their health professional.

If you're a student and you can come to Cornell Health, come on by. We have telehealth appointments and a testing clinic that operates Monday through Friday. We have 24/7 on-call services. If you're not a student and are a staff member, then your primary care provider or the many urgent care or hospital systems in the area would be where to go.

There are testing areas that have now actually become available in many different communities. There is the testing site at the mall. There's also a testing site in Cortland and in Syracuse. There are many out there. So I think that the message is, any symptoms, any exposures, are important to receive health care for, whether that's through the daily check process or seeking health care where you are.

JESSICA WITHERS: Thank you, everyone. We're out of time, but great questions today, thoughtful questions, and thoughtful answers. Before I turn things over to Mary for closing, I'd like to remind you all that we have three fora left, and next Wednesday's forum is on campus gatherings. Mary.

MARY OPPERMAN: So thank you, Jessica. Great job standing in for Adam. And as always, I thank you to the Employee Assembly and to the office of the assemblies for their excellent work. Thank you to my fellow panelists, who, I think, did an amazing job in answering some really important questions. And finally, thank you to all of you.

I know these times are difficult. And I've been saying this to you for a while, we are going to get through this. But each time we sort of enter a new phase of planning, it is understandable, normal, natural, and actually really healthy to exercise your questions and concerns, and ask them, as you always do, in a forthright manner. We'll give you the best answers we can. We

don't always have all the right answers right away, but we try to be very honest and transparent with you.

But we will get through this. We are a strong community, and we appreciate your ongoing assistance and support.

JESSICA WITHERS: Thanks. Goodbye, everyone.

MARY OPPERMAN: Thanks, everyone.