Mission

Vision:

The Vision of the School of Allied Health Sciences is to be recognized nationally and globally as a leader in graduate health sciences, and a provider of excellent health care professionals for the state of Indiana and beyond.

In fulfilling its vision, the School of Allied Health Sciences seeks to develop and maintain a scholarly and competent faculty who will provide excellence in: 1) the teaching/learning process for programs in fields related to health professions, 2) the advancement of knowledge through research, scholarship and creative activity, and 3) the development of lifelong commitment to civic engagement locally, nationally, and globally. Each of these core activities is characterized by: 1) collaboration within and across disciplines, the university, and the community, 2) a commitment to diversity, and 3) the pursuit of best practices.

With SAHS restructuring in 2002 the faculty developed new Vision & Mission statements (approved September 27, 2002) and Goals & Strategies (approved November 22, 2002) for strategic planning that will be completed in the spring 2003.

Goals and Objectives

Fiscal Health

In March 2002 the Chancellor and IUPUI Faculty Council Executive Committee accepted an academic and budgetary plan for the School of Allied Health Sciences through 2009 with a supporting economic model. The acceptance of that plan followed a two year deliberative process addressing an increasingly worsening budgetary climate for the school that ultimately led to restructuring starting July 2002 and ongoing through 2005-06. Certain critical academic goals must be achieved to realize the plan and those are articulated in the Major Initiatives section of this report. Corresponding financial benchmarks must be realized for academic program stability. This section highlights progress towards those financial goals:

1. The economic model developed for the SAHS in January 2002 projected 5,319 credit hours for the 2002-03 academic year to generate $988,710 in tuition & fees. The revised projection based on November 2002 estimates is 6,539 credit hours generating $1,178,961. This much more favorable profile emerges from several sources. Student recruitment efforts directed at both the undergraduate and graduate levels have proven successful in that anticipated class size was achieved or exceeded. This recruitment was probably facilitated by the worsening economy, particularly in the technology area, and the choice of students to investigate healthcare as a career. Significant sign-on bonuses are also being offered by hospitals and the job market is improving. Second, the approval of the Doctoral of Physical Therapy degree in December 2001 allowed the program to be competitive statewide, regionally and nationally to achieve its anticipated startup class size in fall 2002. Finally, with some programs slated for closure in 2005-06 students are completing the degree requirements.

2. The SAHS had cash carry-over of $247,396 for operations from 2001-02 to the 2002-03 academic year. Effective November 2002 the cash reserves have grown to $348,890 due to increased tuition & fee revenue, faculty salary savings, and adjustments in physical space rental. The 2002-03 budget projects a ($333,802) deficit between income and realistic expenditures, however, that will be offset with cash savings thus keeping the school in the black through 2002-03. The revised economic model projections through 2009-10 will be shared at the budget hearing. They show significantly better balances through the next five years due to cost savings provided the school does not incur another round of budget cuts.

3. Student recruitment for the 2003-04 classes are presently on target for expected class size, but the final assessment will be in
4. Since restructuring, the SAHS has created a more focused development initiative that was recently highlighted with the signing of an agreement to create the school’s first endowed professorship in physical therapy with a $500,000 alumni gift. This gift, and other endowed scholarships and unrestricted gifts, have far exceeded the school’s campaign goal set in 1997. The next challenge for the school is to raise funding to renovate teaching laboratory space to accommodate the transition of occupational therapy from undergraduate to graduate education and its move out of Ball Basement.

5. As evidenced by the Fiscal Health Report, the SAHS relies heavily on tuition revenue and state appropriation dollars. Thus, it must diversify its income so that the Indirect Cost Recovery and Other Revenue elements grow. This is being addressed through the nature of future faculty hires, the securing and equipping of research space, strategic planning initiatives for contracts, and the development of faculty incentives.

6. An economic model will be presented at the budget hearing showing the impact of a 1 to 3% state appropriations cut for the school in 2003-04 given certain realities. An additional troubling element is the potential lost of 1 month’s state appropriations as cash. The model will demonstrate the thin margin on which the school is operating as it makes its transition to graduate professional education in the health sciences.

Reallocation Plan

No campus reallocation funds were received. The SAHS did receive a reduction in its assessments amounting to $274,286 during the 2000-01 academic year due to dramatically declining enrollments. That base adjustment was used to allocate faculty salary adjustments for the 2001-02 and 2002-03 academic years.

Other Question(s)