

The University of Texas Health Science Center at Houston

**Compact with The University of Texas System
FY 2006 through FY 2007**

I. Introduction: Institutional Mission and Goals

As the most comprehensive health science center in the southwest region of the United States, The University of Texas Health Science Center at Houston (UTHSC-H) is uniquely positioned to serve the health needs of the State of Texas.

Mission

Teaching, Searching, Serving

The University of Texas Health Science Center at Houston is a comprehensive health science university composed of six schools, an institute of molecular medicine and a psychiatric center. UTHSC-H's mission is to treat, cure and prevent disease now and in the future by educating health science professionals; discovering and translating advances in social and biomedical sciences; and modeling the best practices in clinical care.

To fulfill its mission, UTHSC-H:

1. Educates health professionals and scientists in a diverse interdisciplinary academic community.
2. Creates and evaluates new knowledge – through basic science and applied research – as it relates to disease prevention, treatment and cure.
3. Provides leadership and advances scholarship in biomedical sciences, health professions, health promotion, public health policy and health care delivery.
4. Models appropriate and compassionate clinical care.
5. Addresses the health needs of the community at large through public health expertise, information, outreach and service.
6. Develops the expanding field of health information science.

As mentioned above, one of UTHSC-H's primary goals is to educate health professionals and scientists in a diverse interdisciplinary academic community. Fall 2004 enrollment demographics include 63 percent (2,145) female and 37 percent (1,254) male. Of these 3,399 students, 55 percent are Caucasian, 13 percent are Asian, 12 percent are Hispanic and 6 percent are African American. The university's 1,247 faculty are 70 percent Caucasian, 19 percent Asian, 7 percent Hispanic and 5 percent African American.

Also as part of its mission, UTHSC-H provides more than \$160 million in un-reimbursed clinical care, most of which benefits the underserved of Southeast Texas.

Vision

“Excellence above all” in the quest to be an acknowledged leader in the collaboration to treat, cure and prevent the most common diseases of our time through education, research and clinical practice

The University of Texas Health Science Center at Houston aspires to be a leader in the collaboration to treat, prevent, and cure the most common diseases of our time by:

1. Utilizing the distinctive capabilities of its schools, clinics, institutes and centers;
2. Collaborating with colleagues in The University of Texas System, the Texas Medical Center and throughout the world;
3. Being an academic health science center that is nationally and internationally recognized in teaching, research and service;
4. Serving as a home for the visionaries and scholars who will lead the way in defining and creating the future of the health sciences; and
5. Providing a diverse work environment that is ethically-based, service-oriented and community-sensitive.

II.A. Major Ongoing Priorities and Initiatives: Short Term Goals and Priorities

UTHSC-H has identified four short term priorities: (1) develop facilities for education, research, and clinical practice; (2) increase the scope of the university's research enterprise; (3) enhance educational excellence; and (4) launch an integrated marketing and development initiative.

II.A.1 Priority: Develop facilities and infrastructure for education, research, and clinical practice

II.A.1.a Objective: *Equip the Center for Nursing Research (CNR) in the new School of Nursing and Student Community Center building* **ACHIEVED**

II.A.1.b Objective: *Complete the Medical School recovery plan on schedule and within budget*

Strategies

1. Complete the construction of the Surgical and Clinical Skills Center by January 2006
2. Seek funds for build-out
3. Complete flood mitigation project to elevate Medical School switchgear and vault by February 2006
4. Complete basement level Vivarium support **ACHIEVED**
5. Complete Tropical Storm Allison recovery project: basement mechanical, electrical, and plumbing (MEP) infrastructure **ACHIEVED**

Resources

1. Surgical and Clinical Skills Center (\$14 million est. Total Project Cost [TPC])

Insurance	\$500,000
Tuition Revenue Bonds	\$3,500,000
Philanthropy	\$10,000,000
2. Medical School switchgear and vault (\$4,251,000 est. TPC)

Insurance	\$750,000
FEMA	\$2,250,750
Tuition Revenue Bonds	\$1,250,250

Progress Measures

1. Complete surgical and clinical skills lab by the spring of 2006
2. Complete the Medical School switchgear and vault by winter of 2006
3. Percent of fund raising target achieved – 20%

Major Obstacles

1. Ability to achieve fund raising goal

II.A.1.c Objective: *Complete construction of the Brown Foundation Institute of Molecular Medicine by Fall 2005*

Strategies

1. Oversee work of architects and contractors
2. Review funding sources for maintenance and operation costs of the building
3. Complete build-out

Resources

1. IMM building (\$120 million est. TPC)

Tuition Revenue Bonds	\$15,000,000
PUF	\$50,000,000
Philanthropy	\$55,000,000

Progress Measures

Percent of projects completed both on time and within budget – 80%

Major obstacles

None at this time

II.A.1.d Objective: *Complete the purchase and assume management control of the Hermann Professional Building (HPB) and parking garage* **ACHIEVED**

II.A.1.e Objective: *Upgrade classrooms, teaching laboratories, and patient care operatories at the Dental Branch by September 2005*

Strategies

1. Expand use of technology in the classrooms and preclinical labs **ACHIEVED**
2. Develop prototype simulation clinic/classroom
3. Establish Faculty Practice Center
4. Replace equipment and upgrade Preclinical lab B-54 **ACHIEVED**
5. Complete replacement of clinic dental chairs/delivery systems as required **ACHIEVED**
6. Replace small clinical equipment **ACHIEVED**
7. Develop/purchase cost effective computerized patient simulators **ACHIEVED**
8. Perform due diligence on environmental health and safety issues **ACHIEVED**
9. Use institution's project management process to support the necessary infrastructure changes **ACHIEVED**

Resources

1. Teaching laboratories/patient care operatories (\$2.935 million TPC)

Dental Branch funds	\$250,000
FEMA	\$35,000
University funds	\$2,650,000
2. Faculty Practice Center (\$750,000 TPC)

University funds	\$750,000
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Progress Measures

- Percent of finances acquired – 100%
- Percent completion of strategies – 60% anticipated by September 2005;
100% anticipated by January 2006

Major obstacles

1. Ability to adapt new equipment to an antiquated building

II.A.1.f Objective: *Finance and plan for a new Dental Branch building*

Strategies

1. Complete building designs and plans
2. Begin to identify and secure resources
3. Begin to identify potential corporate and foundation philanthropic partners
4. Involve Dental Branch alumni
5. Inform legislators of the need **NEW**

Resources

1. Dental Branch Building (\$110 million est. TPC)

Tuition Revenue Bonds	\$60,000,000
Philanthropy	\$50,000,000

Progress Measures

1. Percent completion of development program report – 100%
2. Percent completion of programming of new building – 5%
3. Percent completion of building designs and plans – 0%
4. Percent of fund raising target achieved (depends on outcome of tuition revenue bonds)

Major Obstacles

1. Uncertainty of Tuition Revenue Bond authority
2. Finalization of site for new building
3. Ability to achieve fund raising goal

II.A.1.g Objective: *Finance and plan for a new Mental Sciences Institute building* **MOVED FROM LONGER TERM**

Strategies

1. Confirm that funds are available
2. Confirm site and all necessary approvals
3. Complete plans

Resources

1. Mental Sciences Institute (\$16.5 million est. TPC)
 UT M. D. Anderson \$15,000,000
 TDMHMR \$1,500,000

Progress Measures

1. Complete the analysis of available site options and begin the final design/construction phase of MSI in FY 2006

Major Obstacles

None at this time

II.A.1.h Objective: *Continue to develop and strengthen the Institute for Health Policy* **MOVED FROM LONGER TERM**

Strategies (ALL NEW)

1. Support the work of the Mayor's Task Force on the Health Effects of Air Pollution
2. Provide leadership for policy-relevant survey development, analysis, and dissemination based on the Behavioral Risk Factor Surveillance System
3. Support the work of the UT System Task Force, "Access to Health Care in Texas: Challenges of the Uninsured and Underinsured"
4. Contribute the dissemination/translational component to P30 grant applications for multidisciplinary, multi-center research
5. Participate in the planning and execution of the Texas BioSummit 2006 and the Texas Health Policy Forum 2006 with state-wide collaborators

Resources

1. Institutional (SPH) funds \$300,000

Progress Measures

1. Advisory committees are in place
2. Plans for statewide health policy survey are complete
3. Partnerships with external institutions are established
4. Proposals for external funds are submitted
5. Faculty health policy working groups across the UTHSC-H schools are formed
6. A SPH Development Plan is approved and in place to address IHP facilities and resources

Major Obstacles

1. Need to secure funds to support infrastructure and core activities
2. Recruitment of director
3. Need to create more visibility of IHP as a resource within the UT System and state

II.A.1.i Objective: *Begin plans to expand the School of Public Health building to house the Institute for Health Policy, the Center for Health Promotion and Prevention Research, and the Center for Biosafety and Public Health Preparedness* **MOVED FROM LONGER TERM**

Strategies

1. Identify and secure resources
2. Involve School of Public Health alumni
3. Complete plans

Resources

1. Tuition Revenue Bonds \$15,000,000
2. Philanthropy \$25,000,000

Progress Measures

1. Percent completion of development plan – 90%
2. Percent completion of programming of new building – 0%
3. Percent completion of building designs and plan – 0%
4. Percent of fund raising achieved – 0%

Major Obstacles

1. Uncertainty of Tuition Revenue Bond authority
2. Ability to achieve fund raising goal

II.A.1.j Objective: *Complete construction on the Public Health building at the School of Public Health regional campus in Brownsville* **MOVED FROM LONGER TERM**

Strategies

1. Identify and secure resources
2. Complete plans and begin construction
3. Submit grant to the NIH to support construction of a Level III biosafety lab

Resources

1. School of Public Health Regional Campus in Brownsville (\$4 million est. TPC)
UT System \$1,800,000
NIH \$2,000,000 *relates to number 3 above*

Progress Measures

1. Percent of funding secured – 45%
2. Growth in available research space – 962 asf to 2,762 asf
3. Growth in research activity – FY 2004: \$1,761,427
4. Growth in teaching space – 1,332 asf to 2,532 asf
5. Growth in community meeting space – 0 asf to 2,388 asf

Major Obstacles

1. Uncertainty of availability of funds from the NIH

II.A.1.k Objective: *Establish a long-term plan for new parking facilities* **MOVED FROM LONGER TERM AND REVISED**

Strategies

1. Construct a surface lot in the South Campus for TMC Main Campus remote parking
Provide parking for UT Recreation Center membership
Serve as remote parking (affordable) for the TMC Main Campus (test site)
2. Determine if additional purchase of land within TMC may be beneficial for a parking facility (closer to TMC Main Campus)
3. Partner with UTMDACC on parking within the TMC Main Campus
4. Examine the possibility of expanding the University Center Tower Garage
5. Continue to participate in a TMC task force on parking and mobility needs
6. Work with TMC and UTHSC-H consultants to develop an appropriate plan

Resources

- | | |
|---------------------------|----------|
| 1. TMC parking study fee | \$50,000 |
| 2. UTHSC-H consultant fee | \$25,000 |

Progress Measures

1. Develop a deliverable plan (TMC) by August 31, 2006
2. Participation of main campus employees to remote parking lot (test site)
4. Participation in construction of garages with UTMDACC
5. Locate land sites available (affordable) within TMC Main Campus
6. Reduction of the Parking Management Ratio owed TMC (City of Houston)
Ratio of 1.8 parking spaces per 1,000 sf of building area

Major Obstacles

1. Texas Medical Center space constraints
2. Land availability
3. Minimal funds
4. Minimal parking within TMC main campus
6. Shuttle costs for remote parking
7. Lack of interest in car pooling
8. Lack of interest in mass transit

II.A.1.l Objective: *Implement a long-term plan for deferred maintenance* **MOVED FROM LONGER TERM**

Strategies

1. Audit UTHSC-H's buildings
2. Identify the present condition of the physical plant in terms of deferred maintenance backlog
3. Identify funding levels required to manage the deferred maintenance backlog according to the expectations of the HSC

Resources

- | | |
|--------------------------------------|-------------|
| 1. ISES field audit of HSC buildings | \$74,000 |
| 2. FY 2005 fund balance for FY 2006 | \$2,800,000 |

Progress Measures

1. Improvement in the deferred maintenance backlog – FY 2005 ytd expenditures toward deferred maintenance projects: \$3,409,968

Major Obstacles

1. Ability to provide sufficient funding for the utility account so it does not depend as much on the deferred maintenance account for balancing; deferred maintenance account funds will then be applied to backlog reduction

II.A.1.m Objective: *Enhance the clinical practice and clinical education by expanding the clinical information technology infrastructure*

Strategies

1. Implement the clinic information system (CIS)/eDR (electronic Dental Record) at the Dental Branch
2. Implement a Picture Archive & Communication System (PACS) for digital radiographs and images that is integrated with CIS/eDR
3. Implement FLOWCAST for Practice plan
4. Reconfigure IDX for Practice plan
5. Continuing rollout of Allscripts TouchWorks EMR for Practice Plan
6. Implement Siemens INVISION for HCPC

Resources

1. Dental Branch CIS/eDR and PACS (\$900,000 TPC)
 - LERR \$450,000
 - Dental Branch funds \$50,000
 - University funds \$400,000
2. Practice Plan funds for Flowcast \$100,000
3. Practice Plan funds for Reconfiguration \$50,000
4. Practice Plan funds for EMR
 - MSRDP \$600,000
 - LERR Grant \$300,000
5. HCPC/Harris County \$1,600,000

Progress Measures

1. Dental Branch:
 - a. Selection of new CIS/eDR – 100%
 - b. Selection of imaging (PACS) software – 50%
 - c. Development of project plan – 75%
 - d. Installation of new CIS/eDR and PACS – 50% by January 2006
100% by September 2006
 - e. Installation of system hardware and software – 0%
 - f. Pilot testing – 0%
 - g. Full-scale implementation of systems – 0%
2. Flowcast upgrade of IDX system
 - a. Select upgrade window – 100%
 - b. Revise workflows
 - i. Clinic operations
 - ii. Billing operations
 - c. Software installation
 - d. Client acceptance
3. IDX reconfiguration
 - a. Dictionary updates – 50%
 - b. Heirarchy update – 25%
4. Allscripts EMR
 - a. Percentage of Practice plan physicians using system – 30%
5. Siemens Invision
 - a. Selection of software & services – 100% complete
 - b. System implementation September 2005 – 75%

Major Obstacles

1. Changing priorities for resources
2. Ability to absorb more change
3. Dependence on vendor resources

II.A.2 Priority: Increase the scope of the institution's research enterprise

II.A.2.a Objective: *Implement an ongoing, university-wide Bridging Grants Fund program that will provide temporary support for investigators who experience a hiatus in funded research*

Strategies

1. Establish guidelines by September 1, 2004, that define the eligibility of investigators for support under the bridging grant program **ACHIEVED**
2. Appoint peer review panels by January 2005 that will review and prioritize bridging grant applications **ACHIEVED**
3. Establish a fund of approximately \$400,000 by September 1, 2005, to support bridging grant proposals and award grants

Resources

1. University funds \$400,000

Progress Measures

1. Percent of successful NIH competitive renewal grant applications – 29.8% (14 of 47)
2. Total number and dollar amount of renewal awards – 14 awards totaling \$42.9 million

Major Obstacles

1. Demand for bridging grants is likely to exceed available funds
2. Inability to fund needed grants will cause a disruption in research activity
3. If increased indirect cost recoveries do not materialize, UTHSC-H must find other ways to support this program

II.A.2.b Objective: *Increase the number of interdisciplinary and inter-institutional research and research training programs*

Strategies

1. Establish a task force by August 31, 2006, to examine ways to reduce the administrative and academic impediments to the development of inter-institutional research programs particularly with institutions within the Texas Medical Center, the Houston–Galveston research zone and with the other institutions of The University of Texas System
2. Increase awareness in the UTHSC-H research community of new opportunities for inter-institutional research included under the NIH RoadMap initiative by August 31, 2006, via an institutional newsletter and presentations to research councils and investigators
3. Increase UTHSC-H's participation in inter-institutional research programs such as the Gulf Coast Consortium, the NIAID Regional Center of Excellence and the programs of the regional campuses of the School of Public Health

Resources

1. NIH RoadMap grant submissions
Small Molecule Screening Center
Welch Foundation \$1,600,000
Philanthropy \$2,500,000
Training Grant in Pharmacoinformatics
NIH (awarded) \$3,000,000

Progress Measures

1. Number of research grant awards to faculty for inter-institutional research grants – 211
2. Number of inter-institutional research contracts initiated by UTHSC-H faculty – 232

Major Obstacles

1. Logistical and administrative issues that confront faculty developing inter-institutional research programs
2. Changing priorities for federally funded research support that suggest increased availability of and greater competition for funds for both inter-institutional and interdisciplinary research initiatives

II.A.2.c Objective: *Develop the infrastructure necessary to support the management of research*

Strategies

1. Implement an electronic system to support the preparation, review, and storage of human subjects research protocols (the iRIS IRB management software system)
ACHIEVED
2. Implement a series of procedures to improve the usability of the institutional Financial Management System (PeopleSoft) by the research community. Continue to refine the software to support research needs **ACHIEVED**
3. Implement a web-based electronic grants management system (COEUS) by August 31, 2006, that will enable the assembly, processing, and submission of research grants in an electronic format
4. Enhance the Post Award process through faculty and staff development and Financial Management System (FMS) upgrades

Resources

1. NIH/iRIS IRB mgt software \$500,000
2. PUF/FMS research improvements \$750,000
3. COEUS grant management system \$170,000

Progress Measures

1. Number of electronic research protocols submitted to the IRB – 236
2. Percent transition to all-electronic IRB environment by Sept. 2004 – 13.5% (32 of 236)
3. Implement FMS 8.8 by June 2005 – 100%
4. Implement FMS reporting enhancements for grant management by 12/31/2005 – 20%
5. Number of research grant applications assembled and submitted in an all electronic format – 16.6% (222 of 1,345)

Major Obstacles

1. Training large numbers of faculty and support staff in both electronic research management systems
2. Defining requirements and gaining consensus on a solution

II.A.3 Priority: Enhance educational excellence

Enhancement of educational excellence at UTHSC-H is an important priority for the institution. UTHSC-H is a comprehensive health science center with a reputation for fine academic programs in medicine, dentistry, public health, nursing, health informatics, and graduate biomedical sciences. Our academic programs involve a faculty of over 1,200 and a student body of nearly 3,400.

II.A.3.a Objective: *Implement a plan for the recruitment and retention of an exemplary and diverse student body*

Strategies

1. Receive approval from UT System on a proposal submitted April 29, 2004, to use race and ethnicity as one of many factors in the recruitment and financial aid processes **ACHIEVED**
2. Begin implementation of UT System-approved revised student admissions policies to use race and ethnicity as one of many factors in individualized, holistic recruitment and financial aid processes **NEW**
3. Increase entering class sizes in the M.D. program (from 200 to 220) in response to a statewide need for additional physicians **NEW**
4. Increase entering class size in the D.D.S. program (from 64 to 74) during fall 2005 in response to *Closing the Gaps* initiative and the statewide need for additional dentists. Additional increase in enrollment of 100 will occur with the construction of the new Dental school building **NEW**
5. Continue the efforts to implement the Institutional Diversity Plan
6. Continue to monitor and update the university's Uniform Recruitment and Retention Plan in light of the State's *Closing the Gaps* initiative
7. Support recruitment efforts including summer enrichment and research programs for high school and college students and visitations to high school and college campuses
8. Support retention efforts including pre-entry programs providing introduction to the professional school curriculum, alternate pathway in the Medical School, tutorial programs, and mentoring and counseling programs directed by the various Associate Deans for Student Affairs
9. Embark on a new fund raising effort targeted at student scholarships

Resources

Realized

Institutional funds	\$200,000	<i>approximately</i>
CANDO grant (HRSA)	\$934,369	
Endowed scholarships (85)	\$5,649,104	<i>book value as of June 30, 2005</i>

Potential

Philanthropy	\$1,000,000+	<i>annual goal</i>
Dental Branch		
Hispanic Center of Excellence	\$1,300,000	<i>in review</i>
Dental Branch and Medical School		
Robert Wood Johnson Foundation grant for Medical and Dental Summer Academic Enrichment (SMDEP)	\$1,200,000	<i>in review</i>
Early Alert for the Retention of Nursing Students (EARNS) program (HRSA)	\$738,058	<i>asked to re-write and re-submit</i>
Short-Term Training Program to Increase Diversity in Health-Related Research (NHLBI)	\$740,000	<i>preparing for submission</i>

Progress Measures (please see page 24)

Major Obstacles

1. Limited pool of underrepresented minorities for entry into the student body of our professional schools
2. Difficulties in identifying and recruiting qualified women and minorities for faculty positions as role models for students

II.A.3.b Objective: *Recruit and retain an exemplary and diverse faculty and staff*

Strategies

1. Develop a strategic marketing plan by August 31, 2006, to enhance and promote the reputation of UTHSC-H with the expectation of improved faculty and staff recruitment
2. Request special item funding for recruiting nationally and internationally recognized faculty and researchers **ACHIEVED**
3. Expand the Academic Leadership Development Program to include both talented administrative staff as well as faculty (now called the Academic and Administrative Leadership Development Program [AALDP]) **NEW**
4. Support efforts to implement the Institutional Diversity Plan
5. Develop plans to address specific diversity issues based on results of an environmental assessment
6. Foster mutual understanding of the importance of diversity through town hall meetings and other communication vehicles dealing with specific diversity issues **NEW**
7. Award \$1,200 base salary increases to those faculty and staff earning less than \$120,000 per year **NEW**
8. Support a merit pool for faculty and staff based on available funds

Resources

1. Special Item – Heart Disease & Stroke Research: \$5,125,000
2. AALDP stipends (for 10 participants: 5 faculty, 5 staff): \$30,000

Progress Measures

1. Increase in number of faculty recruited or retained using special item funds
 FY 2004: 4
 FY 2005: 5
2. Increase in number of women and underrepresented minority (URM) faculty and staff

	Faculty		Staff (class. and A&P)		Total	
	Women	URM	Women	URM	Women	URM
Fall 2003	498 (41.0%)	75 (6.2%)	2,515 (71.1%)	1,639 (46.3%)	3,013 (63.4%)	1,714 (36.1%)
Fall 2004	513 (41.1%)	74 (5.9%)	2,237 (70.0%)	1,427 (44.6%)	2,750 (61.9%)	1,501 (33.8%)
3. Increase in number of endowed faculty
 2003-2004 faculty appointments to endowed positions: 11

	Endowed Positions	Book Value
FY 2003	81	\$26.8 million
FY 2004	93	\$31.6 million
FY 2005 ytd	103	\$38.2 million

Major Obstacles

1. Local and national competition for faculty and staff
2. Budget-related reductions in force

II.A.3.c Objective: *Identify and emulate best practices in educational excellence*

Strategies

1. Solicit suggestions from the UTHSC-H Academic Council on best practices among UTHSC-H's six schools for faculty development as educators
3. Assess the Academic Council's ongoing curriculum review to ensure progress in meeting educational, competency-based, and outcomes-oriented objectives
4. Continue to provide leadership to the ongoing Texas Medical Education Collaboration (TMEC) among the six UT System health campuses resulting from the Chancellor's Health Fellow in Education program **NEW**
5. Establish applied and research education tracks in the School of Health Information Sciences **NEW**
6. Establish and launch a Certificate Program in Health Informatics **NEW**
7. Establish and launch a Certificate Program in Public Health by September 1, 2005 **NEW**
8. Begin to explore the development of joint degree programs with the School of Health Information Sciences and the Medical, Nursing, Dental, and Graduate Schools **NEW**
9. Begin the process of gaining approval for the Doctor of Nursing Practice Degree **NEW**
10. Participate in the UT System Academy for Medical Education **NEW**

Resources

1. Master Teacher Program (State funds [Medical School]): \$480,000
2. Scholarships for new SHIS tracks: \$25,000
3. Educational Scholars Fellowship Program (ESFP) Faculty Development Collaboration among Baylor College of Medicine, UT Medical School, and the UT Dental Branch: \$10,000
4. HSC Learning and Technology Advisory Team (LTAT) Small Grants in Technology Program: \$30,000

Progress Measures

1. Number of Master Teacher program participants – FY 2005: 29, FY 2006: 23
2. Number of Fellows graduating from the ESFP program – FY 2005: 7, FY 2006: 8
3. Number of LTAT Small Grants funded – FY 2005: 8

Major Obstacles

1. Uncertainty of continued funding of the LTAT Small Grants Program

II.A.3.d Objective: *Enhance support for academic information technology*

Strategies

1. Enhance educational efforts through the use of instructional technology for interactive and distance education. These efforts include expanded use of the Internet2, Lone Star Education and Research Network (LEARN), Southeast GigaPop, National Lambda Rail (NLR), BlackBoard online course management system, web-based course development, videoconferencing capabilities, and The University of Texas TeleCampus
2. Train faculty and staff in the use of this technology

Resources

- | | | |
|-------------------------------|-----------|--|
| 1. State funds | \$249,315 | |
| 2. UT TeleCampus | \$40,000 | <i>for B.S. in Dental Hygiene Completion Pgm</i> |
| 3. National Lambda Rail (NLR) | \$56,000 | <i>annually</i> |
| 4. Southeast GigaPop | \$41,500 | <i>annually</i> |

Progress Measures

2. Hire BlackBoard administrator – 100%
3. UT TeleCampus – Dental Hygiene Course in preparation: starts fall semester
4. Paid NLR assessment for past two years – 100%
5. Joined Southeast GigaPop – 100%
6. Increase use of educational software and distance learning courses – active BlackBoard-supported classes increased from 50 to 248 from 1/04 to 1/05

Major Obstacles

None at this time

II.A.4 Priority: Launch an integrated institutional advancement initiative
MOVED FROM LONGER TERM AND REVISED

II.A.4.a Objective: *Begin planning for a new university-wide capital campaign with fund raising priorities determined through the university strategic planning process*

Strategies

1. Link campaign strategies to the university's overall strategic plan
2. Use the upcoming strategic planning process to establish approved university campaign priorities, both school-by-school and general university-wide
3. Begin soliciting campaign volunteer leadership for each school and for the overarching University volunteer group
4. Begin identifying lead and major donor prospects
5. Complete the case statements for each school and for the university as a whole

Resources

None needed for the planning stage

Progress Measures

1. Percent of planning process complete – 50%

Major Obstacles

None at this time

II.A.4.b Objective: *Enhance and manage the identity, image, and reputation of The University of Texas Health Science Center at Houston*

Goals

1. Develop and implement an integrated institutional advancement plan for the UT Health Science Center at Houston that will enhance and manage the identity, image, and reputation of the University of Texas Health Science Center at Houston; create, communicate, and deliver value to all stakeholders; manage relationships in ways that benefit the institution and its constituents; and position the institution as an exemplary academic health science center achieving its mission and vision through excellence in education, research, and service
2. Develop and implement an institutional communications plan to support the integrated institutional advancement plan
3. Integrate the integrated institutional advancement plan into the institutional strategic planning process

Strategies

1. Develop and conduct a community awareness survey by January 1, 2006
2. Survey and develop guidelines for institutional signage by January 1, 2006
3. Enhance and promote institutional graphic standards by January 1, 2006
4. Organize the UT HSC Volunteers Program by August 31, 2006
5. Organize the UT HSC Speakers Bureau by August 31, 2006
6. Expand the UT HSC Community Relations Program by August 31, 2006
7. Develop the UT HSC Health Leader Information Network by August 31, 2006
8. Fully utilize the UT HSC President's Executive Luncheons by August 31, 2006
9. Develop new institutional mission and vision statements by August 31, 2006

Progress Measures

1. Increase in number of media placements
FY 2004: 3,538 FY 2005 ytd: 2,805
2. Increase in number of page views to Public Affairs online publications
FY 2004: 901,749 FY 2005 ytd: 1,106,307
3. Increased placement of speakers
FY 2004: 30 FY 2005 ytd: 42 (includes 30 speakers/panelists at one event)

Major Obstacles

None at this time

II.B. Major Ongoing Priorities and Initiatives: Longer Term Goals and Priorities

UTHSC-H has established the following four longer term priorities: (1) provide facilities to support academic excellence; (2) recruit and retain outstanding educators, researchers, clinical practitioners, students, administrators, and staff; and (3) increase the scope of the institution's research enterprise.

II.B.1 Priority: Provide facilities and infrastructure to support academic excellence

II.B.1.a Objective: *Demolish John Freeman Building **ACHIEVED** and construct a new Research and Vivarium Facility (Replacement Research Facility)*

Strategies

1. Build a mitigated facility designed to withstand the effects of flooding and other natural disasters (contractor identified)
2. Deliver an expansion of research space
3. Restore the Vivarium using NIH grant support

Resources

1. Research and Vivarium Facility (\$80.53 million est. TPC)

Tuition Revenue Bonds	\$23,600,000
Insurance	\$16,600,000
Philanthropy	\$9,330,000
NIH Grants	\$6,000,000
UT Board of Regents	\$25,000,000

Progress Measures

1. Achieve substantial completion of the full replacement facility by the fall of 2007
2. Percent increase in research activity upon building's completion
MS FY 2003 research expenditures: \$94,999,993
MS FY 2004 research expenditures: \$95,633,230

Major Obstacles

1. Meeting construction deadlines imposed by FEMA and NIH grants
2. Lack of strong project management

II.B.1.b Objective: *Assist in the development of the Advanced Imaging Center in the UT Research Park*

Strategies

1. Successfully partner with UTMDACC in the design, construction, and operations of the Center

Resources

- | | | |
|------------------------------------|--------------|----------------------|
| Texas Enterprise Fund | \$25,000,000 | |
| GE Medical Systems (GEMS) | \$30,000,000 | <i>over 10 years</i> |
| UTMDACC/UTHSC-H philanthropy/other | \$25,000,000 | |

Progress Measures

This project is managed by UT M. D. Anderson, so progress by UTHSC-H is measured as timely input, provided upon request, into the programming and design phases

Major Obstacles

1. Achieving the job requirements attached to the Texas Enterprise Fund
2. Achieving philanthropic goals

II.B.2 Priority: Recruit and retain outstanding educators, researchers, clinical practitioners, students, administrators, and staff

II.B.2.a Objective: *Recruit leaders in biomedical research to key academic and research leadership positions*

Strategies

1. Hire a permanent Dean for the Dental Branch **ACHIEVED**
2. Hire a permanent Dean for the School of Public Health **ACHIEVED**
3. Hire a permanent Dean for the School of Health Information Sciences (SHIS)
4. Formulate a campaign to include fundraising for new endowed chairs **NEW**
5. Develop school-specific plans for faculty and department chair recruitment and retention

Resources

1. Special item – Heart Disease & Stroke Research \$5,125,000
2. Institutional funds – SHIS Dean recruitment \$20,000

Progress Measures

1. Progress in faculty promotion and tenure as measured by the number of faculty advancing in rank on the tenure track and gaining tenure
Number of faculty promoted and/or awarded tenure – FY 2004: 27, FY 2005: 26

2. Increase in number of faculty, staff, and administrators

	Faculty	A&P	Staff
Fall 2003	1,215	259	3,279
Fall 2004	1,247	235	2,961

3. Increase diversity of faculty, staff, and administrators

	Faculty		Staff (class. and A&P)		Total	
	Women	URM	Women	URM	Women	URM
Fall 2003	498 (41.0%)	75 (6.2%)	2,515 (71.1%)	1,639 (46.3%)	3,013 (63.4%)	1,714 (36.1%)
Fall 2004	513 (41.1%)	74 (5.9%)	2,237 (70.0%)	1,427 (44.6%)	2,750 (61.9%)	1,501 (33.8%)

Major Obstacles

1. Acquisition of additional funds is a major obstacle to faculty retention and recruitment

II.B.2.b Objective: *Recruit and retain new faculty with expertise in research*

Strategies

1. Continue to support and promote programs designed to enhance faculty retention
2. Fill faculty vacancies within the existing budget in order to enhance the institution's academic programs
3. Establish and fund university-wide bridging grants program **NEW**
4. Determine amount of and adequately fund start-up costs for new faculty **NEW**
5. Implement school-focused development programs to obtain philanthropic support for research and academic development **NEW**

Resources

1. Special item – Heart Disease & Stroke Research: \$5,125,000

Progress Measures

1. Percent of faculty vacancies filled within budget
2. Percentage of candidates who accept faculty positions

Major Obstacles

1. Ability to reallocate funds and/or achieve fundraising goals

II.B.2.c Objective: *Establish a merit pool for faculty and staff* **NOW A STRATEGY UNDER II.A.3.b**

II.B.2.d Objective: *Increase the number and diversity of graduate students and postdoctoral research fellows* **NEW**

Strategies

1. Provide resources (financial and administrative) to support successful acquisition of pre- and postdoctoral training grants and individual fellowships
2. Increase school-based support for graduate research assistants to match increases in the number of HSC faculty and to maintain competitive stipends and benefits
3. Establish an office to support postdoctoral training programs
4. Develop recruiting materials and maintain contact information to support schools' recruiting activities
5. Develop summer research programs that explicitly target prospective graduate students
6. Increase the involvement of HSC faculty in the recruitment process

Resources

1. Institutional funds \$200,000 *GSBS stipends*

Progress Measures

1. Increases in graduate students and postdoctoral fellows while maintaining quality measures – FY 2004: 224
2. Number of training grants and individual fellowships – FY 2004: 49
3. Increases in number of under-represented (URM) students enrolled and graduated from graduate programs

	URM Enrollees ¹	URM graduates
Fall 2003	316 (9.2%)	58 (7.2%)
Fall 2004	333 (9.8%)	70 (7.9%)

Major Obstacles

1. Ability to reallocate funds to support this effort

¹ includes master and doctoral students only

II.B.2.e Objective: *Increase start-up funds for research* **NOW A STRATEGY UNDER II.B.2.b**

II.B.3 Priority: Increase the scope of the institution's research enterprise

II.B.3.a Objective: *Sustain the growth of the research enterprise at a level that meets or exceeds the growth in federal biomedical research support*

Strategies

1. Recruit new research scientists to UTHSC-H
2. Implement training programs to support the research career development of "new" investigators
3. Improve the research infrastructure through the development of new resources to support biomedical, clinical, and community-based research programs
4. Develop new interdisciplinary and inter-institutional research programs
5. Introduce new research initiatives in areas of biodefense, biotechnology, and nanobiology

Resources

Special item – Heart Disease & Stroke Research: \$5,125,000

Progress Measures

1. Growth of research expenditures at a rate that either matches or exceeds the rate of growth in federal expenditures in support of biomedical research

	2002	2003	2004
NIH Budget Growth	9.5%	13.5%	2.6%
UTHSC-H Research Expenditure Growth	8.1%	8.1%	-0.9%
Difference	-1.4%	-5.3%	-3.5%

2. Maintenance of a rate of publications in peer-reviewed journals by the institutional faculty that matches or exceeds the rate of publications in 1998-2003 – average 1,397

Major Obstacles

1. Ability to allocate institutional resources to the research enterprise in ways that have the greatest impact on the growth of research

III. Future Initiatives of High Strategic Importance

Future Initiative: *Complete the development of the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Diseases (IMM)*

The University of Texas created the Institute of Molecular Medicine for the Prevention of Human Diseases in 1995 under the leadership of Dr. James T. Willerson and Dr. Hans Muller-Eberhard to address the diseases of our time. Following Dr. Muller-Eberhard's untimely death in 1998, Ferid Murad, M.D., Ph.D., who was later named a Nobel Laureate, became director of the institute. Today, the institute consists of six key research centers: Cardiovascular Diseases, Cell Signaling, Human Genetics, Immunology & Autoimmune Diseases, Protein Chemistry, and Vascular Biology.

UTHSC-H is winding down a successful \$200 million campaign to build and equip a state-of-the-art home for the IMM, to recruit and retain the world's best molecular and genetic scientists, and to provide them with the resources they need to excel. With the vision of Dr. Willerson, and the leadership of Dr. Murad, UTHSC-H will embark on its second phase. As a part of this phase, the IMM will expand its current exploration into the genetic and molecular aspects of disease and enhance its current efforts aimed at disease prevention and cure. The Institute will also add the efforts of biomedical engineering and biotechnology to provide translational support to all of the IMM research centers. Once fully established, the IMM will lead the way in Texas to new discoveries, higher levels of education, increased collaboration among our sister Texas Medical Center institutions, more effective patient care, and ultimately, prevention of common human diseases.

Measurable outcomes for this initiative include:

1. Number of faculty members hired
2. Number of faculty awards and honors
3. Number and dollar amount of new and renewed contracts and grants

Future Initiative: *Develop the University of Texas Research Park*

UTHSC-H is partnering with UT M. D. Anderson Cancer Center, and collaborating with other Texas Medical Center entities, in the development of a research center designed to foster the growth of the life sciences industry in Texas through new business formation, expansion of existing businesses, technology transfer, and education of a highly skilled technology workforce. When developed, the park will contain more than 1.2 million square feet of modern, well-equipped research, laboratory, office, and support space for public-private partnerships and not-for-profit research and will bring together a critical mass of technological interests in the basic, translational, and clinical sciences.

Supported by funding from a multitude of private and governmental sources, the park will boast state-of-the-art laboratories, offices, training centers, and conference or business resource/support facilities to assist new companies in testing the viability of their ideas.

Measurable outcomes for this initiative include:

1. Number and dollar amount (indirect and direct) of contracts and grants
2. Number and dollar amount of technology transfer that result from new discoveries
3. Number of partnerships or collaborations with participating private companies

IV.A. Other Critical Issues Related to Institutional Priorities: Impact of Initiatives

1. Enrollment Management

Please refer to pages 10 and 16 regarding recruitment and retention

2. Diversity of Faculty and Staff

Please refer to pages 11 and 15

3. **Community and Institutional Relations** Maintaining cordial relationships with the community and other institutions is a vital factor in managing UTHSC-H's image and reputation, as well as cultivating support from those sources. In support of both short-term and long-term goals, the institution provides the following offices that perform community and institutional relations activities:
 - a. The Office of Development: Donor Relations, Capital Campaigns, Endowment Campaigns
 - b. The Office of Governmental Relations: Federal and State Relations
 - c. The Office of Public Affairs: media relations, community services, health information services, publications
 - d. The Office of International Programs: international affiliations and education
4. **Finances (tuition and market issues)** In addition to revenue sources identified elsewhere in this document to support meeting our institutional priorities, UTHSC-H has already earmarked new revenue generated from increasing tuition beginning with the 2004-2005 academic year (6.8 percent overall increase over FY 2003) to enhance the quality of our educational programs and the recruitment and retention of excellent faculty. All of the new tuition revenue (estimated at \$1.3 million) will go directly to the schools and will be used to support faculty recruitment and retention efforts, improve the quality of teaching, provide basic student services, and ensure that the infrastructure is in place to support our academic programs and the development of outreach efforts through distance education. This new revenue will facilitate our efforts to ensure that our academic programs remain competitive and further our ability to attract the best faculty and students.
5. **Facilities**
Please refer to pages 2-6 and 14
6. **Other Infrastructure Issues**
Not applicable

IV.B. Other Critical Issues Related to Institutional Priorities: Unexpected Opportunities or Crises

During the past year, executive leadership has focused a significant amount of attention on matters related to institutional governance. The result of this effort has been the creation of the Executive Budget Committee, the Compensation Committee, and the IT Governance Committee. Leadership hopes that these entities will be significant forces in the quest to gain efficiencies during continued times of constrained budgets.

V. System and State Priorities

Increasing Student Access and Success In accordance with the State's Uniform Recruitment and Retention Strategy and *Closing the Gaps* initiative, UTHSC-H has several programs in place to attract, enroll, retain, educate, and graduate students who reflect the socio-cultural and ethnic composition of Texas. Select programs include:

- a. Medical Assured and Dental Early Acceptance Programs
- b. Dental Branch Summer Enrichment Programs
- c. Medical School Alternate Pathway Program
- d. Medical School Pre-Entry Program

In addition, the Medical School is increasing the size of its fall 2005 entering M.D. class from 200 to 220. The Dental Branch's D.D.S. class size will rise from 64 to 74 starting in fall 2005. Other

programs will follow suit given sufficient faculty levels and classroom space needed to support larger class sizes.

Collaborations among UT System Institutions Collaboration among UTHSC-H faculty, both within and without the university, is a critical factor in helping advance the health of the people of the state of Texas. UTHSC-H has several collaborative efforts in place with other UT System institutions (as included in the UT System Collaboration Survey):

- a. The Center for Academic and Reading Skills (CARS) [UT Austin]
- b. The Gulf Coast Consortia [UT M. D. Anderson Cancer Center, UT Medical Branch]
- c. Support of Human Subjects Protection Program at UTHSC-H and Regional Consortium of IRBs [UT Brownsville]
- d. Programs in Biotechnology [UT M. D. Anderson Cancer Center]
- e. Hispanic Health Research Center (Lower Rio Grande Valley) [UT Brownsville]
- f. Collaborative Doctoral Degree in Nursing [UT El Paso]
- g. Collaborative Master of Public Health Degree [UT El Paso]
- h. The University of Texas Graduate School of Biomedical Sciences at Houston joint graduate programs with UT M. D. Anderson Cancer Center

Increasing External Research Funding UTHSC-H's FY 2004 research expenditures totaled \$148.3 million. In the past five years, research expenditures rose 38.5 percent while the past decade has seen an 89.4 percent increase. Over the next five years, we anticipate a 3 to 4 percent increase in federal research expenditures each year. As the NIH decreases funds allocated to research, growth in research expenditures could follow a downward trend. However, we hope that recruitment efforts underway for the Brown Foundation Institute of Molecular Medicine, coupled with strong school-based research programs, will counteract this NIH decrease.

Increasing Tangible Marks of Academic and Health Care Excellence

- a. UTHSC-H National Institutional Rankings Summary
 - #86 in FY 2002 science and engineering expenditures (NSF, 2004)
 - In top 26-50 of public research universities (TheCenter, December 2004)
- b. UTHSC-H National School Rankings Summary
 - School of Nursing – top 10 percent of graduate programs (*U.S. News*, 2004)
 - School of Public Health – doctoral program in Health Education ranked #1 in the nation (independent study by researchers at the University of Illinois, Urbana-Champaign, and the University of Alabama, 2003)
- c. UTHSC-H Faculty Strength
 - 1 Nobel Prize laureate
 - 1 Prince Mahidol Award for Medicine winner
 - 4 Institute of Medicine members
 - 1 National Academy of Science member
 - 3 Academy of Arts and Sciences Fellows
 - 14 American Academy of Nursing Fellows
 - 2 American College of Medical Informatics Fellows
 - 6 American Association for the Advancement of Science Fellows
 - 8 American Society for Clinical Investigation members
 - 19 faculty members named as *America's Top Doctors*
 - 11 faculty members named as *The Best Dentists in America*

Development and Alumni Relations The health science center's five-year, \$200-million New Frontiers Campaign for the Institute of Molecular Medicine (IMM) is 95 percent complete after only four years into the effort. Funds for the new building are already committed and, once raised, the remaining \$10 million will help recruit and retain top scientists for the IMM. In addition to the campaign efforts, the health science center received gift commitments of \$1

million or more from 42 individuals or foundations, the total of which amounts to nearly \$125 million. Also, 54 new endowments have been donated, adding nearly \$24 million to the book value of the university endowment (growing from \$46 million to over \$70 million). The market value has increased by almost \$30 million.

As the New Frontiers Campaign winds to a close, a comprehensive campaign to benefit all six schools, HCPC, and some general university-wide priorities is now in the planning stages. While specific campaign details (i.e., fund raising targets, priorities, etc.) are not yet finalized, the campaign will include all philanthropic elements contained in this Compact. It will also likely include faculty and scholarship endowments and several significant capital building projects. University leaders plan to launch the campaign via a public announcement by spring 2006.

VI. Compact Development Process

Building on the success of the health science center's inaugural 2005-2006 Compact with The University of Texas System, UTHSC-H leadership continues to meet quarterly to ensure that Compact objectives are both programmatically and fiscally sound. The Steering Team, which consists of the Senior Executive Vice President, Executive Vice Presidents, Deans, Vice Presidents, the HCPC Administrator, and the Chief Legal, Human Resources and Audit Officers, last met on March 30, 2005, to finalize contents for this 2006-2007 Compact draft due on May 1, 2005. As was the case in the past year, each priority objective has an assigned owner who is responsible for monitoring progress and ensuring that projects remain on track.

During April and May 2005, Michael McKinney, M.D., Senior Executive Vice President, and L. Maximilian Buja, M.D., Executive Vice President for Academic Affairs, hosted a series of brown bag Town Hall meetings to share the draft Compact with the university community. They also met with the Student InterCouncil, InterFaculty Council, and Diversity Council to ensure that development of the health science center's strategic objectives is inclusive in nature.

In addition to the priorities listed in this Compact document, there are others that fall outside the Compact's FY 2006-2007 period. For this reason, UTHSC-H will create and maintain a longer-term planning document that will allow the development of a more strategic process with mechanisms to tie budgeting to planning and develop appropriate and quantifiable progress measures. An Executive Budget Committee is now in place to review and make recommendations on budget requests that occur during the formal budgeting process as well as incrementally throughout the year. Additionally, UTHSC-H leadership is gearing up for an executive-level planning retreat this fall. This Compact will serve as a springboard with the hope of extending plans out over the next seven to ten years. This timeframe will encompass a new Advancement Initiative as well as the health science center's next SACS re-accreditation site visit in 2010.

UTHSC-H leadership views this as a dynamic process that will evolve over time and contribute to the university's long term strength and stability.

VII. System Contributions

- Legislative funding (Governmental Relations)
- Capital building (Facilities Planning and Construction)
- Faculty and staff salaries (Governmental Relations; External Relations and Development)
- Marketing health science by the entire UT System (Health Affairs; Public Affairs)

VIII. Appendices

VIII.A. Budget Summary

**The University of Texas Health Science Center at Houston
Operating Budget
Fiscal Year Ending August 31, 2005**

	FY 2004 Adjusted Budget	FY 2005 Operating Budget	Budget Increases (Decreases) From 2004 to 2005	
			Amount	Percent
Operating Revenues:				
Tuition and Fees	\$ 14,585,501	17,668,267	3,082,766	21.1%
Federal Sponsored Programs	118,200,108	125,185,465	6,985,357	5.9%
State Sponsored Programs	25,475,673	25,183,382	(292,291)	-1.1%
Local and Private Sponsored Programs	111,035,109	105,224,131	(5,810,978)	-5.2%
Net Sales and Services of Educational Activities	13,539,247	14,138,054	598,807	4.4%
Net Sales and Services of Hospital and Clinics	8,790,350	8,790,350	-	0.0%
Net Professional Fees	99,895,626	117,033,719	17,138,093	17.2%
Net Auxiliary Enterprises	13,767,770	13,360,557	(407,213)	-3.0%
Other Operating Revenues	5,891,025	8,831,988	2,940,963	49.9%
Total Operating Revenues	411,180,409	435,415,913	24,235,504	5.9%
Operating Expenses:				
Instruction	237,175,049	253,879,295	16,704,246	7.0%
Academic Support	22,492,473	23,066,208	573,735	2.6%
Research	120,529,511	119,919,359	(610,152)	-0.5%
Public Service	13,284,167	17,524,476	4,240,309	31.9%
Hospitals and Clinics	69,400,966	75,140,422	5,739,456	8.3%
Institutional Support	54,168,118	60,656,318	6,488,200	12.0%
Student Services	4,602,680	4,757,052	154,372	3.4%
Operations and Maintenance of Plant	20,077,523	17,598,972	(2,478,551)	-12.3%
Scholarships and Fellowships	2,207,789	5,079,493	2,871,704	130.1%
Auxiliary Enterprises	14,401,061	14,333,536	(67,525)	-0.5%
Total Operating Expenses	558,339,337	591,955,131	33,615,794	6.0%
Operating Surplus/Deficit	(147,158,928)	(156,539,218)	(9,380,290)	6.4%
Nonoperating Revenues (Expenses):				
State Appropriations & HEAF	137,753,540	145,030,102	7,276,562	5.3%
Gifts in Support of Operations	5,368,278	9,103,067	3,734,789	69.6%
Net Investment Income	5,262,936	6,954,338	1,691,402	32.1%
Other Non-Operating Revenue	4,287,655	-	(4,287,655)	-100.0%
Other Non-Operating (Expenses)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	152,672,409	161,087,507	8,415,098	5.5%
Transfers and Other:				
AUF Transfers Received	-	-	-	-
AUF Transfers (Made)	-	-	-	-
Transfers From (To) Unexpended Plant	-	-	-	-
Transfers for Debt Service	(8,391,593)	(8,431,643)	(40,050)	0.5%
Other Additions and Transfers	4,080,823	4,080,823	-	0.0%
Other Deductions and Transfers	(4,432,912)	(4,048,823)	384,089	-8.7%
Total Transfers and Other	(8,743,682)	(8,399,643)	344,039	-3.9%
Surplus/(Deficit)	\$ (3,230,201)	(3,851,354)	(621,153)	19.2%
Total Revenues	\$ 563,852,818	596,503,420	32,650,602	5.8%
Total Expenses and Debt Service Transfers	(566,730,930)	(600,386,774)	(33,655,844)	5.9%
Surplus (Deficit)	\$ (2,878,112)	(3,883,354)	(1,005,242)	

Note: Operating Budget Highlights with a glossary of terms are included on Page 1.

VIII.B. Overall Financial Condition

Statement of Revenues, Expenses and Changes in Net Assets (SRECNA)

FY 2004 Actual	FY 2005 YTD/ Annualized		FY 2005 Operating Budget		FY 2006 Projected SRECNA
Operating Revenues:					
14,514,251	15,114,251	Net Tuition and Fees	18,744,943	(1,500,000)	17,244,943
133,822,478	135,722,478	Federal Sponsored Programs	130,274,206	9,000,000	139,274,206
10,632,444	10,951,417	State Sponsored Programs	25,863,223	(13,449,200)	12,414,023
90,987,576	93,717,203	Local and Private Sponsored Programs	124,919,244	(16,004,175)	108,915,069
33,790,496	25,863,729	Net Sales and Services of Educational Activities	31,744,520		31,744,520
29,703,240	31,831,855	Net Sales and Services of Hospitals and Clinics	8,790,350	20,453,375	29,243,725
99,820,240	107,500,000	Net Professional Fees	109,162,963		109,162,963
13,162,050	21,501,499	Net Auxiliary Enterprises	21,080,949		21,080,949
33,706,014	8,342,701	Other Operating Revenues	6,470,043		6,470,043
<u>460,138,789</u>	<u>450,545,133</u>	Total Operating Revenues	<u>477,050,441</u>	<u>(1,500,000)</u>	<u>475,550,441</u>
Operating Expenses:					
246,576,557	258,171,454	Instruction	284,507,420	(3,787,499)	280,719,921
18,644,779	20,701,812	Academic Support	24,030,671	(105,067)	23,925,604
115,660,457	117,306,675	Research	123,995,945	(113,000)	123,882,945
18,166,290	20,170,533	Public Service	17,182,129		17,182,129
65,558,429	72,791,332	Hospitals and Clinics	74,294,579	(933,317)	73,361,262
56,214,668	60,416,696	Institutional Support	65,936,018	(2,074,832)	63,861,186
3,927,311	4,360,602	Student Services	5,190,750	(127,227)	5,063,523
18,562,487	20,610,441	Operation and Maintenance of Plant	18,199,825		18,199,825
3,398,621	3,771,583	Scholarships and Fellowships	4,080,293		4,080,293
10,724,945	13,763,946	Auxiliary Enterprises	22,662,814	(4,443,572)	18,219,242
16,576,488	17,315,698	Depreciation and Amortization		18,159,058	18,159,058
<u>574,011,032</u>	<u>609,380,772</u>	Total Operating Expenses	<u>640,080,444</u>	<u>6,574,544</u>	<u>646,654,988</u>
<u>(113,872,243)</u>	<u>(158,835,639)</u>	Operating Surplus/Deficit	<u>(163,030,003)</u>	<u>(8,074,544)</u>	<u>(171,104,547)</u>
Nonoperating Revenues (Expenses):					
137,829,853	145,030,102	State Appropriations	152,856,071		152,856,071
7,720,179	33,078,643	Gifts in Support of Operations	8,395,493		8,395,493
10,415,730	10,126,604	Net Investment Income	6,701,249		6,701,249
11,372,468		Net Inc./ (Dec.) in Fair Value of Investments		10,065,450	
<u>(3,806,079)</u>	<u>4,019,455</u>	Other	<u>2,837,655</u>	<u>-</u>	<u>2,837,655</u>
<u>163,532,151</u>	<u>192,254,804</u>	Net Non-Operating Revenue/(Expenses)	<u>170,790,468</u>	<u>10,065,450</u>	<u>170,790,468</u>
Transfers and Other:					
12,035,320	7,255,497	Capital Approp., Gifts and Sponsored Programs		15,000,000	15,000,000
3,069,388	3,200,000	Additions to Permanent Endowments		3,500,000	3,500,000
<u>(12,030,159)</u>	<u>(13,349,683)</u>	Transfers for Debt Service (Principal & Interest)	<u>(14,439,485)</u>	<u>1,080,491</u>	<u>(13,358,994)</u>
48,679,599	15,911,726	Other	-	3,000,000	3,000,000
<u>51,754,148</u>	<u>13,017,540</u>	Total Transfers and Other	<u>(14,439,485)</u>	<u>22,580,491</u>	<u>8,141,006</u>
<u>101,414,056</u>	<u>46,436,705</u>	Change in Net Assets	<u>(6,679,020)</u>	<u>24,571,397</u>	<u>7,826,927</u>

VIII.C. Statistical Profile

UT Health Science Center - Houston

<i>fall</i>	2000	2001	2002	2003	2004
Enrollment headcount					
Biomedical Sciences	416	443	465	490	514
Dental	374	414	413	398	377
Health Information Sciences	45	64	62	74	64
Medical	817	829	825	837	847
Nursing	581	646	683	698	760
Public Health	910	890	886	908	837
Total	3,143	3,286	3,334	3,405	3,399

<i>fall</i>	2000	2001	2002	2003	2004
Enrollment by ethnicity					
White	1,926	1,948	1,950	1,939	1,882
African American	173	210	196	189	200
Hispanic	322	380	392	425	411
Asian American	425	430	457	448	436
Native American	16	17	11	16	15
International	265	276	279	299	401
Unknown	16	25	49	89	54
Total	3,143	3,286	3,334	3,405	3,399

<i>academic year</i>	99-00	00-01	01-02	02-03	03-04
Certificates and degrees awarded					
Biomedical Sciences	74	67	75	86	77
Dental	146	143	156	132	149
Health Information Sciences	3	15	12	9	25
Medical	201	186	214	186	194
Nursing	213	232	208	233	249
Public Health	142	147	154	147	213
Total	779	790	819	793	907

<i>fiscal year</i>	1999	2000	2001	2002	2003
Licensure exam pass rates					
Allied Health	100.0%	97.0%	97.4%	100.0%	100.0%
Dentistry	95.0%	99.0%	96.5%	96.7%	91.3%
Medicine	95.0%	91.0%	91.0%	91.0%	91.0%
Nursing (BSN)	95.0%	91.0%	94.0%	97.0%	94.0%
Nursing (MSN)	55.0%	62.0%	66.0%	73.0%	68.0%

<i>fiscal year</i>	2000	2001	2002	2003	2004
Total research expenditures	\$122,914,171	\$128,161,248	\$140,827,726	\$152,117,064	\$150,220,206
Federal research expenditures	\$82,991,431	\$91,267,003	\$101,738,767	\$111,170,193	\$110,438,174
Total number of grant proposals	968	956	1,000	1,121	1,345
Total NIH awards (\$)	\$79,440,110	\$83,903,275	\$90,452,217	\$89,956,123	

VIII.D. Institution-specific Information

Peer Analysis

UTHSC-H is looking at ways to benchmark progress against a set of comparative and aspirational peer institutions. Comparative peer institutions are likely to include UT Southwestern Medical Center, UTMB-Galveston, UTHSC-San Antonio, University of North Carolina-Chapel Hill, and the University of Michigan. Aspirational peer institutions could include University of Washington-Seattle, University of California San Diego, University of California San Francisco, University of California Los Angeles, Johns Hopkins University, Stanford University, Harvard University, Yale University, and Washington University St. Louis.

VIII.D. Links to Web Resources

UTHSC-H 2006-2007 Compact with The University of Texas System
www.uthouston.edu/compact/

UTHSC-H *Fact Book 2005*
www.uth.tmc.edu/factbook/2005/index.html

UT System Accountability and Performance Report
www.utsystem.edu/cha/Accountability.htm

UT System Statistical Handbook
www.utsystem.edu/isp/stathandbook.htm