

STATE UNIVERSITY OF NEW YORK  
**COLLEGE OF OPTOMETRY**

**Periodic Review Report**

**State University of New York  
College of Optometry  
New York, New York**

**Due: June 1, 2016**

**Chief Executive Officer:**

**Dr. David A. Heath  
President**

**Most recent decennial evaluation team's visit:**

**April 10-13, 2011**

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# 1. Executive Summary

## Overview

The State University of New York College of Optometry, founded in 1971, is dedicated to the education of optometrists, the advancement of eye and vision care through research and graduate education, and the care of communities through the provision of comprehensive eye and vision care services. The College of Optometry is one of the 64 campuses that constitute the State's comprehensive public university system. The campus is contained in a single 300,000 sq. ft., twenty-floor facility (two below ground) located at 33 West 42<sup>nd</sup> St. in midtown Manhattan.

The College is a specialized doctoral-degree granting research institution with approximately 376 students. Of these, approximately 95% are enrolled in the Doctor of Optometry professional degree program and 10% are pursuing graduate studies through either the PhD degree program in vision science or the combined OD/MS program. The professional degree program attracted over 550 applications for 100 seats this past year. Average entrance examination scores (the Optometric Admissions Test) of the fall 2015 incoming class were the second highest in the nation (out of 21 schools and colleges of optometry), while the average entering G.P.A. was 3.52.

The College's Graduate Center for Vision Research attracted approximately \$3.2 M in annual extramural support in FY 2015 with \$3.7M projected for FY 2016. Sources for research funding include federal (15), non-federal (15) and foreign (4) grants. Fifteen PhD and 23 OD/MS students currently participate in the College's graduate research programs.

In addition to its educational, research and student life spaces, the building has five floors dedicated to the University Eye Center (UEC), the College's patient care unit. The UEC had approximately 68,000 patient visits during the 2015 academic year. In addition to primary eye care, the UEC is well known for its specialized clinical services including traumatic brain injury, infant vision, pediatrics, visually-related learning disabilities, low vision rehabilitation, ocular disease, vision therapy, contact lenses and sports vision. Moreover, there is an extensive array of clinical satellites and extramural programs that further broaden the scope and diversity of the patient population (an additional 60,000+ visits), enhancing the clinical experience of our students and extending our reach to underserved populations.

The College of Optometry has an all-funds annual operating budget of approximately \$35.7 million (excluding benefits), with approximately 31.7% percent of revenues coming from state allocations. Twenty-Four percent of revenues are derived from patient care, 31.8% from tuition and fees, 11% from grants and contracts and 1.5% from other sources. The College maintains a reserve through its Institutional Reserve Fund-balances of at least \$10M. Starting in FY 2010/11 the College has made significant capital improvements, investing over \$34.6M to renovate over 14.7% of the building's floor space (~44,000 n.s.f.), 36% of its electrical infrastructure, 33.6% of its mechanical infrastructure and 85% of its emergency power system.

## Periodic Review Report Process

The College commenced planning for its PRR in March 2014 when Dr. Steven H. Schwartz, Director of Institutional Research and Planning, attended a workshop on this topic organized by MSCHE. Following this meeting, Dr. Schwartz led discussions on the PRR with the Institutional Research and Planning Committee (IRPC) and President's Council. As discussed in more detail later in this report, the IRPC is broadly constituted of faculty, staff and students.

Subsequently, a document entitled *Overview of PRR Process* ([Appendix 1.1](#)) was developed and distributed to the IRPC and President's Council. This document included a detailed timeline for the formulation of the PRR along with key elements of the development process.

The primary goals for development of the PRR were as follows:

- To the extent possible, utilize existing resources and documentation
- Review the efficacy of outcomes data collection and assessment processes
- Identify key accomplishments linked to assessment processes
- Involve the College community
- Heighten community awareness of the College's assessment program

Elements of the PRR were initially drafted by individuals familiar with relevant aspects of College operations. These were reviewed by the Director of Institutional Research and Planning and compiled into a draft document that was shared with the IRPC. Based on feedback from both this Committee and President's Council, the document was revised.

Following a presentation on the PRR at a March 7, 2016 College Faculty meeting, the revised draft was made available to the entire College community. The draft PRR was again revised based on the feedback received and presented to the College Council on April 14, 2016, which subsequently endorsed the document. The final document was also reviewed and endorsed by the IRPC and President's Council.

## Summary of Major Institutional Changes and Developments

- 1) In 2012, the College initiated a new five year strategic planning process resulting in its *2013-2018 Strategic Plan: A Legacy of Leadership*, effective July 1, 2013. In support of the strategic planning process the College concurrently developed and implemented a comprehensive *Institutional Assessment Plan*.
- 2) The State University of New York (SUNY) initiated a university-wide performance program during 2015 in support of its own strategic plan, *The Power of SUNY*. The performance plan, known as SUNY Excels, required each campus to develop a campus-based Performance Improvement Plan (PIP) that aligned campus priorities with University-wide strategic goals and established key metrics to assess progress towards those goals. The College of Optometry's *Performance Improvement Plan (PIP)* was approved December 22, 2015.
- 3) Since the MSCHE 2011 review, there have been some changes in the College's administrative organization. The position of Vice President for Clinical Affairs which oversaw all clinically related programs, was eliminated and responsibilities were divided into two positions:

- a. Director for Health Care Development: Is responsible for expanding the College's external partnerships within the New York healthcare community and for advancing the College's patient care interests in relationship to ongoing health care reform.
  - b. Vice-President for Clinical Administration: The College's University Eye Center (UEC) leadership structure was re-aligned such that it is now led by a health care executive supported by a Chief Medical Officer. The new structure is in keeping with common hospital and health center structures.
- 4) The College's Enrollment Management Plan, which was under development at the time of the last MSCHE review, was formally approved by the University on November 18, 2011. The plan, based upon a 2010 workforce analysis, sought to expand the annual enrollment in the Doctor of Optometry Program to 100 students per year from 75 in order to meet a projected increased demand for eye care services in NYS. It has been successfully implemented with the first class of 100 admitted in the fall of 2014.
  - 5) Over \$34.6M in capital improvements have been made over the past five years. Examples include a new 2.5 floor Center for Student Life and Learning, expansion of the biological research facility, a new clinical research center, the gut renovation of two lecture halls to support enrollment expansion, and the rehabilitation of the building's primary electrical systems. A lobby renovation is underway and nearly completed.
  - 6) During the 2012 AY, the College conducted a comprehensive review of its own workforce in the University Eye Center. The analysis revealed an over-staffing of providers, which resulted in a right-sizing of the workforce at the start of the 2013 FY with the non-renewal of 24 part-time faculty members. Even after the reduction in FTE, the College maintained the largest faculty among optometry programs in the country while saving over \$1M in expenses during a financially challenging period.
  - 7) The College successfully completed its \$10M "*The Vision & the Promise*" Fundraising campaign in October 2014. This campaign was the first major campaign in the history of the institution.
  - 8) Academically there have been several developments.
    - a. With the increase in class size, the College re-aligned its clinical education design such that final-year doctor of optometry students now spend three out of four quarters in our externship program. This change from two out of four quarters assures an appropriate level of patient-based experiences for all students while increasing their exposure to integrated healthcare settings.
    - b. With the advent of the Affordable Care Act (ACA), health professions education has increased its emphasis on Interprofessional Education (IPE) and Collaborative Practice (CP). The college has taken steps both in its didactic program and through its affiliated clinical network to enhance IPE and CP opportunities for students.
    - c. On March 1, 2012, the NYS Department of Education approved the offering of the MS/OD program as a multiple award degree program (HEGIS #1209.00). Students were allowed to pursue both degrees prior to that time, but only in parallel.
    - d. The College has partnered with Empire State College (SUNY) to develop an Advanced Certificate in Optometry Business Management (HEGIS #0506). As a value added program, our students may earn the certificate while pursuing the OD degree. If successful, those

students may enroll in Empire State's MBA program in Health Care Leadership should they choose to do so. As far as we know, the College is the only optometry program in the country that provides an MBA option.

- 9) The College successfully established the Clinical Vision Research Center (CVRC) in 2013 in support of the College's strategic plan. Since its founding, the CVRC has conducted 25 clinical research studies and significantly increased funding from non-federal sources.
- 10) As shared at the time of the last MSCHE review, The Career Development Center (CDC) was established in 2012. The CDC was created to meet the career needs of SUNY Optometry students, residents and alumni and serves to coordinate co-curricular programming at the college.
- 11) Oversight of the Office of International programs was realigned, shifting from Academic Affairs to Student Affairs in June 2013 as most program activities were not directly related to degree programs.

## Highlights

Over the past five years, the State University of New York College of Optometry has continued to develop its educational, research and patient care programs based on a strong foundation of strategic planning and an institutional commitment to assessment. The College's *2013-18 Strategic Plan: A Legacy of Leadership* ([Appendix 5.3](#)) and 2013 *Institutional Assessment Plan* ([Appendix 5.6](#)) serve as the backbone for program development and the allocation of resources.

The College of Optometry has emerged from the tumult of the 2008 – 2012 economic downturn and state budget cuts stronger than ever. The College's enrollment management plan, judicious deployment of resources, improved fundraising, and our investment in the expansion of research and clinical care activities have all contributed to a positive financial picture, as evidenced by increases in our year-end fund balances of \$1.69M and \$0.895M in FY 14 and FY 15 respectively. We have also been successful securing significant state support for critical capital improvements over the past several years for academic, research and student life areas, which now provide a contemporary educational environment for our students and our programs.

The College's 2011 Enrollment Management Plan for the Doctor of Optometry Program, which was based on a 2010 workforce analysis of New York State, is now being implemented and expands the professional degree program by 32% (up to 100 per entering class). This increase, while designed to meet the eye care needs of NY, has also contributed heavily to the current fiscal strength of the institution. While seeking growth, the College is not prepared to sacrifice quality. Notably the expansion of enrollment has been implemented with no evident decrease in the overall quality of incoming classes, (Section 3, Standards 8 & 9) and our admissions yield is increasing dramatically (currently 71% for 2016, up by 13% compared to 2015).

The College is in an admirable position given the high quality of matriculating students for all programs. Outcome measures, including national board exam performance, point to the success of our students. The strength of existing programs and student success has allowed the College to focus on creating

value-added educational opportunities (elective courses, OD/MS degree program, Advanced Certificate in Optometry Business Management and co-curricular programming offered through the Career Development Center) to meet divergent interests among its students.

Since the last MSCHE review, the college has also demonstrated resilience securing extramural funding. Overall annual research expenditures have been stable for the past several years in spite of cutbacks in Federal research support, and we have diversified sources of grant through the creation of the Clinical Vision Research Center in 2013. There are positive signs for growth, with nearly \$3.5M in new grants secured since January 1, 2015.

Similarly, while patient care revenues from the University Eye Center have been stable, growth has been challenging in the current health care environment. Health care reform and current efforts in NY to redesign the State's Medicaid program have created significant challenges to all health professions and will continue to do so. The College recently restructured the administrative organization of the University Eye Center and created a new position of Director for Health Care Development to promote program growth internally and externally while better preparing our students to work in the emerging health care system.

The high cost of living in the New York metropolitan area continues to be one of the greatest challenges confronting the College. This impacts students, staff and faculty. It is important to note, however, that the overall cost of an education at SUNY Optometry remains relatively low as its tuition continues to be among the lowest of the 22 schools and colleges of optometry in the country. While we maintain a 0% student loan default rate, increasing levels of student indebtedness is increasingly a concern profession-wide.

Most critical, perhaps, is a need to attract new and talented faculty in a high cost environment. We have made significant strides in improving compensation packages for faculty, but so have competing programs and additional efforts will be needed. Our ability to attract mid-career faculty demonstrating academic credentials and leadership skills is a significant obstacle.

## **2. Summary of Response to Recommendations**

The evaluation report for the 2011 collaborative site visit by MSCHE and the Accreditation Council on Optometric Education included two recommendations. These have been met by the College as discussed below.

### **Recommendation #1 (Standard 3: Institutional Resources)**

*The College utilizes an annual budgeting process to identify some of its equipment replacement needs. The College needs to develop a comprehensive and systematic equipment lifecycle process that proactively supports the leadership's identification of future budget requirements.*

As detailed in [Appendix 2.1](#), a comprehensive and systemic equipment lifecycle process that proactively supports the leadership's identification of future budget requirements is accomplished by conducting a systematic review of equipment twice a year. These reviews occur during the annual

- budget development process, usually in March, April and May
- equipment/property control inventory process, usually in September and October.

The annual budget call letter includes both a funding request template and a request for a narrative ([Appendices 2.2](#) and [2.3](#)). For the annual equipment/property inventory control process, a spreadsheet listing the College's equipment is reviewed by area heads ([Appendices 2.4](#) and [2.5](#)). Please note that the spreadsheet in [Appendix 2.5](#) includes the expected lifecycle (in months) for each piece of equipment, thereby supporting the leadership's proactive identification of future budget considerations. Each budget head has this information as they develop their annual budget request.

### **Recommendation #2 (Standard 11: Educational Offerings)**

*The goals and objectives of the PhD program need to be articulated.*

The goals and objectives of the PhD program are designed to provide students complete training and experience in the development, execution, and presentation of significant new knowledge in the vision sciences that will form the basis of successful careers. The program goals and objectives can be found in [Appendix 2.6](#).

## **3. Challenges and Opportunities**

### **Introduction**

The SUNY College of Optometry, founded in 1971, is dedicated to the education of optometrists, the advancement of eye and vision care through research and graduate education, and the care of communities through the provision of comprehensive visual health services. The Doctor of Optometry Program is one of 22 available nationwide, and the only program offered in New York State. Over sixty percent of all practicing optometrists in New York are alumni of SUNY Optometry.

The College is nearing completion of its enrollment expansion as approved by SUNY Administration in early 2012. The college enrollment was 379 as of January 2016. Full implementation will have occurred with the entering class in the fall of 2017. Over ninety percent of students are enrolled in the professional degree program. The College supports a vigorous research program with \$3.2M in extramural funding for FY 2015. It also provides vital vision care services to the New York City community with approximately 68,000 patient visits to its University Eye Center per year (FY 2015) with an additional, 60,000+ patient encounters managed by students assigned to off-site affiliated clinical rotations.

The College is guided by its strategic plan, "**2013-2018 Strategic Plan: A Legacy of Leadership**" ([Appendix 5.3](#), published at [http://www.sunyopt.edu/2013\\_strategic\\_plan/](http://www.sunyopt.edu/2013_strategic_plan/)), and proactively managed through a comprehensive Institutional Assessment Plan ([Appendix 5.6](#), published at [http://www.sunyopt.edu/offices/institutional\\_research/assessment\\_plan](http://www.sunyopt.edu/offices/institutional_research/assessment_plan)) approved in July 2013. The

alignment of the College's 2013-2018 Strategic Plan with the State University of New York's own plan, "The Power of SUNY", is expressed through the College of Optometry's Campus Performance Improvement Plan (PIP) which was approved by SUNY Administration on 22 December 2015 ([Appendix 5.5](#), published at [http://sunyopt.edu/pdfs/about/SUNY\\_Excels\\_Performance\\_Improvement\\_Plan.pdf](http://sunyopt.edu/pdfs/about/SUNY_Excels_Performance_Improvement_Plan.pdf))

## External Environment

Challenges facing the SUNY College of Optometry reside primarily in changes in the external environment. To provide a context for a MSCHE Standards based analysis, the following are key environmental trends to which the College will need to respond over the next several years.

**Health Care Reform (Standards 2, 3, 5, 10, & 11):** With the implementation of the Affordable Care Act, the health care system is undergoing unprecedented change. The impact has been magnified by New York State's own Medicaid redesign program (DSRIP). Changes in health care delivery create challenges for the College's owned and operated clinic (the University Eye Center) financially, operationally and in its role within health care generally. Health care reform also requires changes in the doctor of optometry's didactic and clinical education programs to ensure graduates are well prepared for practice within the new health care delivery environment.

**Inter-Professional Education & Collaborative Practice (IPE/CP), (Standards 3, 11, 14):** Imbedded in health care reform are improved patient outcomes and cost containment through team-based/coordinated care. This requires the College to pursue curriculum design changes and expand community-based clinical training opportunities to ensure that our students participate with other health care providers in a team-based environment. This effort will require that we significantly expand our footprint in the health care system of NYC.

**State Support for Higher Education (Standards 2 & 3):** The State has not significantly reinvested in operating support for higher education since the cut-backs that occurred several years ago. This has required SUNY campuses to develop alternative funding sources. While state support has stabilized, significant increases in the future cannot be counted on.

- **State Operating Support:** Five years ago, the State agreed to maintain the then base level of funding, while allowing the SUNY Board of Trustees to set tuition (within limits) to help compensate for the loss of state funds. That agreement has run out and renewal is uncertain. The threat of it being taken away is a major challenge to long-range planning. Notably, the State did not increase the base of funding to support union-negotiated salary increases, leaving the campus to cover those cost from student tuition.
- **Capital Funding:** Similarly to operating support, the State's capital investment in SUNY was established for a 5 year period, and the College received significant investment during that time. That agreement has also ended and the State has cut its level of funding by 60%. Decreased capital investment by the State may have a negative impact on the College if it continues. A critical priority for the College over the next 5 – 10 years will be in the University Eye Center, which requires both critical maintenance and strategic improvements if we are to provide the highest quality of care and clinical training.

- **Tuition:** With State support for operations covering a smaller part of program costs, there has been an increasing dependence on tuition. Historically, SUNY health professions degree programs were highly competitive with low tuition levels. Over the past five years, those tuition levels have increased significantly and now fall in line with public higher education benchmarks nationally. While still competitive, the College's tuition advantage for recruitment is no longer as great. Because of this and the uncertainties of state legislative action, tuition increases are unlikely to be a reliable source of revenues in the future.

**Increased Competition (Standard 5, 8, 9, 10):** In the last six years, the number of optometry programs nation-wide increased from 17 to 22 and two additional programs are in development. This has created a highly competitive environment for recruiting students, faculty, and senior administrators.

- **Students, (Standards 8 & 9):** In the past decade, the number of doctor of optometry programs has expanded from 17 to 22. The total number of entering students and similarly the number of graduates has increased approximately 25% while the applicant pool has lagged. The College of Optometry has historically attracted students from the top tier. Maintaining this edge will be a significant challenge.
- **Faculty and Administration - Hiring & Retention (Standards 5 & 10):** The increase in the number of programs nationally has made recruiting faculty and academic administrators much more competitive. This challenge is compounded by the cost of living in New York City. We have reviewed and are upgrading our faculty compensation packages in order to attract the most qualified clinical faculty. While we are currently in a financial position to do so, many competing programs in lower cost of living cities are improving their compensation packages as well.

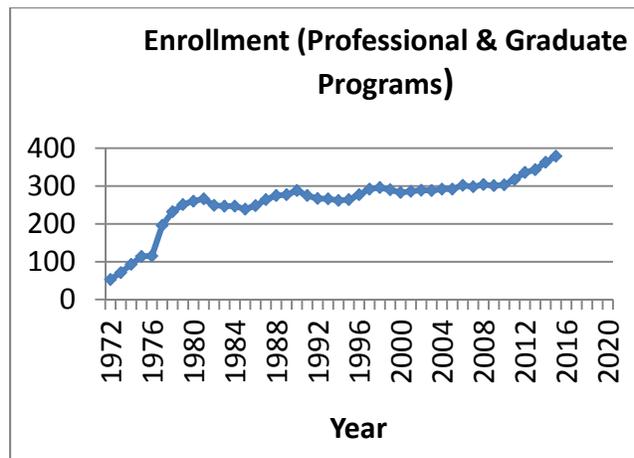
**Diversity (Students & Faculty) (Standards 8 & 10):** Diversity is an identified priority of the SUNY System generally and on the College of Optometry campus specifically. The College has a very diverse staff with 69% of staff coming from minority populations (55% are under-represented minorities), and a culturally diverse student body (AY 2016 – 47.7%), but increasing the number of under-represented minority students remains challenging. While the student body is becoming more diverse, further improvement is desired (currently 10% under-represented).

**Extramural Funding for Research:** Over the past decade the College's research program has been challenged by significant cuts in federal research funding. Nevertheless, the College's research faculty has successfully competed for federal grant funding, and through targeted resource allocation it has broadened the research mission to include alternative funding sources including industry sponsored funding. The College has also made initial investments into developing clinical research infrastructure and intends to increase translational and clinical research activity.

## Accomplishments, Opportunities & Challenges

With these environmental forces in mind, the following section will look at our institutional strengths, chief accomplishments, opportunities and challenges within the context of MCHE Standards.

**Key Update - Enrollment Management:** At the time of 2011 MSCHE review, the College had just completed a comprehensive study of the eye care workforce for New York State and had submitted to SUNY System administration an enrollment management plan to expand the Doctor of Optometry Degree Program by 32% (25 additional students per year) to meet the future eye care needs in New York State. That plan was subsequently approved and full implementation will occur with the class entering in the fall of 2017. At that time total enrollment is expected to reach about 400. This is noted here as it impacts virtually every standard.



### Standards 1, 2 & 7: Mission, Goals, Planning and Assessment

The College maintains a strong commitment to strategic planning and evidence-based decision making. Commensurate with strategic planning is a systematic commitment to assessment. We believe this is a significant strength of the College that has guided decision making and the deployment of resources. Foundational to this is the College’s institutional assessment plan, which was approved in 2013. More details on planning and assessment are provided in Sections 5 and 6 of this Periodic Review Report.

The College has embraced openness and transparency as an integral part of that commitment. Detailed outcomes data are publicly available at <http://www.sunyopt.edu/offices/institutional-research/factbook/>. (The opening page for *Factbook* is in [Appendix 5.1](#).) The president’s most recent status overview of the current strategic plan was presented to the College community as part of the *2016 State of the College Address*. All state of the college addresses can be found at [http://www.sunyopt.edu/offices/institutional\\_research/state\\_of\\_the\\_college\\_addresses](http://www.sunyopt.edu/offices/institutional_research/state_of_the_college_addresses). (An example is given in [Appendix 5.12](#).)

### Key Challenges

In addition to a focused discussion of progress on the strategic plan, the president’s *2015 State of College Address* identified four broad themes for institutional development. These themes embrace the challenges before the College and express tactically the strategic goals and objectives of the strategic plan. Each also represents an opportunity for growth that can contribute to long-term financial stability of the institution while expanding the College’s programming and impact as a doctoral-research institution.

1. **Institutional Reach:** To meet the challenge of interprofessional education, expand the College's partnerships within the New York City health care community by collaborating with additional hospitals and community health centers to provide contemporary health care education in interprofessional practice environments. The College will seek to develop IPE opportunities in its didactic curriculum through creative programming and partnering with other health profession institutions in the greater New York area.
2. **Infrastructure – the University Eye Center:** Based on the need for a comprehensive renovation of the College's clinical care facility, develop an academic health center environment that supports flexibility, anticipates future trends in eye care delivery, and provides exceptional education for our students and care of our patients.
3. **Intellectual Leadership:** To remain an intellectual leader in the profession, continue to invest in and expand the College's basic, translational and clinical research programs in a manner that increases the impact of the research programs, attracts highly qualified researchers to the College and students to the professional and graduate programs, and diversifies sources of funding.
4. **Institutional Mission:** To diversify the College's economic base while meeting the challenge of health care reform and the increasing emphasis on team-based health care, the College should examine its mission and consider the development of additional health professions degree programs.

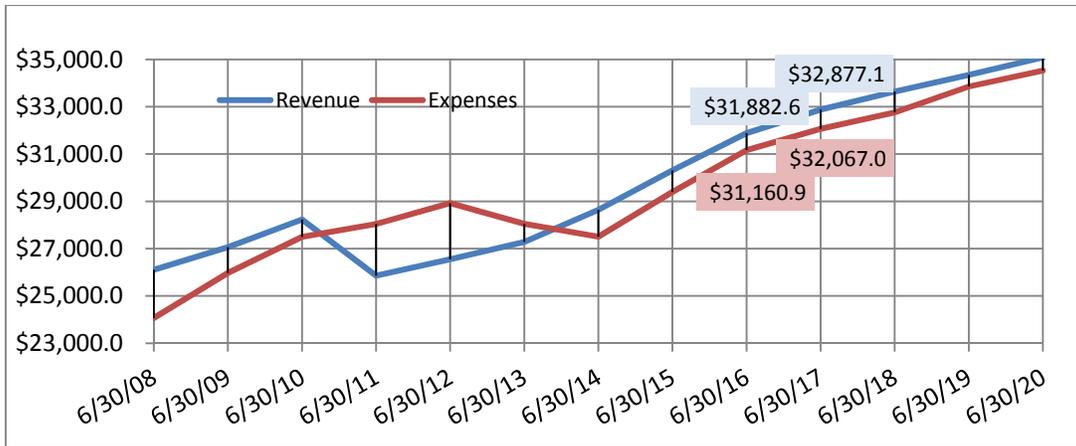
### Standard 3: Institutional Resources

#### Operating Funds

The College of Optometry is in a strong financial position in spite of the cutbacks several years ago during the Great Recession and limited investment by the State since. A combination of financial discipline, right-sizing and program (enrollment) expansion has put the College on solid footing for the foreseeable future. Specific actions/outcomes since 2011 include:

- New revenue growth associated with the expanded enrollment in the professional degree program.
- Review and right-sizing of faculty for the University Eye Center. Identified as a challenge in 2011, this resulted in the non-renewal of 24 PT Faculty (most of whom retired) and a savings of over \$1M.
- Successful completion of the College-affiliated foundation (OCNY) \$10M campaign: *The Vision & the Promise* in the fall of 2014.
- Judicious use of fund balances, allowing for a soft landing following State cut-backs.
- The leadership team's adherence to sound fiscal stewardship.

The College uses a multi-year all-funds projections model. Based on the actions above, the College compensated for the decrease in State funding, and the next several years should continue to result in funds added to our fund-balance. Those, in turn, will finance new initiatives and capital investment. Summary projections are as follows:



Following three years of deficits secondary to State cutbacks, the College’s fund balances were increased by \$1.17M and \$0.9M in FY 2014 and 2015 respectively, with total fund balances of \$11.18M at the beginning of FY 2016.

**Capital Investment**

1. **Facilities:** The College building is over 100 years old, necessitating significant improvements to provide contemporary teaching facilities and enhanced student life space. For the period of 2008 – 2013, the State provided significant investment in our facilities leading to major renovations (some completed and others ongoing) that have transformed a challenge into one of our strongest assets. Student satisfaction with the facilities has increased from 35% four years ago to 78% last year. Since 2011, nearly \$40M has been invested and the following projects have been completed:
  - Student Center of Life & Learning
  - Student Fitness Center
  - Research Offices and Laboratories on 16<sup>th</sup> & 17<sup>th</sup> floors including needed core facility repair and improvement
  - Two lecture halls gut renovated with technology upgrades
  - Complete renovation of the lobby level providing enhanced security, establishment of art gallery and patient welcome desk
  - Complete rehabilitation of the College’s electrical systems
  
2. **Capital Equipment and Information Systems:** In addition to state capital support, the College has made substantive investment beyond regular replacement and renewal of equipment and information technology. Major acquisitions include:
  - AV and technology upgrades to all teaching spaces
  - Acquisition and implementation of new Electronic Health Record and Clinical Management systems (NextGen)
  - Creation of new Simulation & Virtual Reality Laboratory for clinical training
  - Replacement and renewal of clinical equipment
  - Expansion of security systems

## Alumni/Philanthropy

The College successfully concluded a \$10M campaign, (*The Vision & the Promise*), October 1, 2014. This was the first formal campaign in the history of the College, and its success holds promise for the future. The College is currently working to build upon the Campaign's success and improve its annual fundraising operation. We have set a target of doubling the percentage of alumni giving annually by 2020. We anticipate the next major campaign will coincide with the College's 50th Anniversary in 2021.

### Key Challenges:

- The expansion of enrollment in the Doctor of Optometry Program was critical in compensating for the loss of state funding during the period of 2010 – 2012. Further enrollment growth beyond 2017 is not possible. The College will need to look towards research, patient care, philanthropy and/or the development of new educational programs for additional revenues.
- The State has been pulling back on capital investment. The College will need to be creative in both procuring State funds and developing new sources of funding to continue the upgrade to its facilities and enhance its clinical care/clinical education facility.
- Health Care Reform will dramatically change the reimbursement model of care. The College's University Eye Center must be proactive in protecting and expanding its patient census.
- As we look at future fundraising campaigns, we will need to significantly improve alumni engagement. While Alumni giving (in terms of dollars) is up, the percentage giving is only 8%; this needs to at least double before we begin the next major campaign.

### Standard 4, 5 & 6: Leadership, Governance, Administration & Integrity

The leadership and governance structure of the College has been relatively stable since the last MSCHE review. Changes in administrative structure include since 2011 include:

**University Eye Center:** The most significant changes have occurred within the College's University Eye Center (UEC). Prior to June 1, 2015 the College's clinical care programs (both College-owned and affiliated) and their administration was overseen by the Vice President for Clinical Affairs who was also an optometrist. With increasing administrative burdens on health care facilities and the need for the College to expand its partnerships in the NYC health care community, the area was reorganized.

1. *Vice President for Clinical Administration/Executive Director of the UEC:* Ms. Liduvina Martinez-Gonzalez (formerly UEC COO) assumed this position on June 1, 2015. She is responsible for all aspects of the University Eye Center. This is the first time that a health care executive rather than an optometrist assumed the top administrative post in the UEC. This arrangement is more consistent with health care management structures seen in hospitals and health centers nationally. At that time, a newly defined position of Chief Medical Officer was created.
2. *Chief Medical Officer:* This position was filled as of January 11, 2016 by Dr. Michael McGovern, an optometrist with extensive private and public sector experience. In this role, Dr. McGovern reports to the VP for Clinical Administration and is responsible for the quality of care and the professional staff of the UEC.

With these changes, we believe the UEC is now better positioned to meet the demands of health care reform and to expand its services in the years ahead.

**Office of Health Care Development:** Consequent to changes in the administrative structure of the UEC, the Office of Health Care Development was created with Dr. Richard Soden (prior VP of Clinical Affairs) serving as director. The Office of Health Care Development oversees the development of collaborations with hospitals, health centers and health care systems on behalf of the College. This office will be critical in protecting and advancing the interests of the College as they relate to clinical care and health care reform.

**International Programs:** Oversight of the College's international programs was shifted from the Office of Academic Affairs to the Office of the Student Affairs effective June 1, 2013.

**Student Affairs:** Following a national search, Dr. Guilherme Albieri was appointed to the position of Vice-President for Student Affairs in April, 2016.

### Key Challenges

- **Recruitment of Administrative & Professional Leadership:** With more optometry programs developing across the country in lower cost communities, we have found it to be increasingly difficult to attract well qualified leadership to the institution. Given the high living costs associated with living in the New York City metropolitan area, it will be challenging to offer competitive compensation packages. While always looking and recruiting externally, the College continues to develop faculty internally with appropriate skills and interests as well.
- **Bureaucracy:** At a time when there is need to focus resources on program growth, the increasing demand of regulatory processes in higher education, health care and research exerts pressure toward an increase in administrative personnel. Containing administrative growth will be needed in the years ahead.

### Standards 8 & 9: Admissions, Retention and Support Services

As noted previously, enrollment expansion in the Doctor of Optometry Program has been a key initiative for the College. Formal approval by the University was received in January of 2012, and the expansion from about 75 per incoming class to 100 per class was initiated with the entering class in the fall of 2012.

**Doctor of Optometry (OD):** The College of Optometry continues to offer one of the strongest Doctor of Optometry (OD) degree programs in the country. In a highly competitive recruitment market the College has expanded its enrollment by 32% while maintaining all quality indicators. This is evidenced by the profile of the entering class (see chart below) and the performance of our students on national board licensing examinations (discussed in detail in Section 5 of this Periodic Review Report).

<b>Profile - Entering Fall of:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Entering Class Size	100	98	88	87	79	76	78	76	72
Overall Class GPA	3.50	3.51	3.51	3.53	3.56	3.48	3.50	3.50	3.41
Pre-Req's Class GPA	3.37	3.38	3.33	3.40	3.42	3.35	3.42	3.38	3.35
Total Science Class OAT	346	346	342	347	350	353	366	361	361 <sup>1</sup>

The College's average Total Science performance on the Optometry Admissions Test (OAT) has been the second highest in the country since at least 2004 (200 – 400 scale; National average of accepted students = 316) while the average entering GPA is among the top five programs. For classes entering from 2001 to 2011, about 95% of students graduated within 5 years of initial matriculation.

Our "Yield" rate is providing an early but positive indication that our strategies to maintain or even improve the quality of our incoming students is working. The Yield (% of students accepted who actually matriculate) was 58% for the class entering in the fall of 2015 and 54% for the fall of 2014. Currently, for the fall of 2016, the yield is 71%, which represents a 13% improvement over the prior year.

During the current academic year, 73% of all matriculated students are women and 10% are unrepresented minorities (African-American, Hispanic and two or more races). The latter is an increase from 3% in 2010. For all-minorities the percentage increases to 47% for the 2015 entering class due to the high number of Asian students.

*Other key items related to these standards include:*

**Graduate Research Programs:** The College's graduate research program offers MS and PhD degrees in Vision Science. The programs have become increasingly competitive, and there were 13 completed applications for available 2 positions in the PhD program for the fall of 2015. For AY 16 the College will have 23 MS (in OD/MS program) and 15 PhD candidates. Increasing enrollment in these programs will be largely dictated by continued growth in the College's research program.

**Diversity:** During the 2014 academic year, the College's student body profile was 73% female, 43.8% minority (all) and 10.2% underrepresented minority. According to the SUNY Data Warehouse, among the 64 SUNY campuses, the College of Optometry has the fourth highest representation of minority and international students representing 51.2% of total enrollment. Notably, doctoral-level health professions programs have historically had difficulty in increasing the number of under-represented minority students. While the college has a high level of cultural/ethnic diversity among its students and is well above the average for its sector (doctoral-research – 29.7%), it continues to be challenged in its efforts to increase the number of underrepresented minority students.

The College is investing in its diversity efforts. The College receives State support for its C-Step program, which is geared toward increasing the number of underrepresented minority students; has established

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<sup>1</sup> For the classes entering in 2004, 2005 and 2006, which had entering enrollments of 71, 74 and 75, the total science OATs were 336, 342 and 342, respectively.

the position of Director of Minority Recruitment and Enrichment; and in recent years expanded student support services with the creation of the College's Career Development Center. The SUNY system has increased its investment in increasing the representation of minorities among the student body state-wide. The Board of Trustees recently passed a resolution requiring that each campus appoint a chief diversity officer to enhance campus efforts and coordinate on a state-wide basis.

**Career Development Center/Student Engagement:** This has been a strategic priority for the College, and the Career Development Center (CDC) was in the planning stages at the time of the last MSCHE visit. The Center opened shortly thereafter and serves as the framework of all co-curricular programming and student engagement. The CDC has also been central to our efforts to ensure students are informed about developments in health care as they consider their future career path. Over the past five years, the annual Student Exit Survey has shown rapid increases in satisfaction with co-curricular College-related activities (82%, up from 50%) and career planning services (80%, up from 30%). Overall student satisfaction with the quality of the education at SUNY Optometry has held steady at over 90%.

**Tuition, Debt & Financial Literacy:** Recent years have seen the cost of health professions education shifted from the states to students, and as a state-supported institution that has experienced no recent increase in state support we have been unable to avoid this trend. Over the past five years, the annual resident tuition for the OD degree has increased from \$ 17,380 to \$26,250, (51%). Even with the increase, the current tuition level is slightly below the national average of public university programs and significantly below the independent sector. This increase was universal among SUNY health professions programs state-wide.

Student default rate on federal student loans couldn't be lower than it is currently: 0%. Nonetheless, we recognize that student debt will continue to increase and could negatively impact recruitment and perceived career options. Continuing to offer a high quality program taught by distinguished faculty that provides a rich clinical care experience and intellectually engaging research environment provides the foundation for assuring that we can attract, recruit and enroll well qualified students. However, we have also been proactive in putting in place additional programs to maintain as near as possible our current success in this area. Specific examples include:

- The College fully participates in SUNY Smart Track program for financial literacy.
- The Career Development Center that was described above provides financial management courses for both personal and professional development.
- We initiated an advanced graduate certificate and MBA programs in optometric business management.
- Clinical externship rotations have been developed in practice settings located throughout the State, which provide possible postgraduate employment opportunities
- The required coursework that covers business aspects of optometric practice and the health care delivery system has been upgraded
- Elective coursework in personal financial planning for the new optometrist is offered to third-year students

The average debt of graduating students remains in the lowest quartile when compared to the other programs in the country.

**Student Satisfaction:** As evidenced by the annual OD exit survey, student satisfaction is high. Satisfaction with the education has always been high, but satisfaction with the student life spaces, opportunities for engagement and career development programs have improved with increased investment in student life.

<b>% Satisfied/ Very Satisfied</b>	<b>2011</b>	<b>2012<sup>2</sup></b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Overall Education	98	64	95	91	95
Student Life Space	36	6	54	79	86
Career Planning Services	30	25	37	63	72
Non-Academic Activities	50	45	61	77	82
Participation w/ prof. org.	71	68	64	70	77

**Key Challenges:**

- **Quality of Admissions:** While we have succeeded at increasing enrollment with no discernable decrease in quality, maintaining the quality of the incoming students will require constant attention and adjustment to strategy.
- **Affordability:** Increases in tuition need to be held in check as we move forward. This will require discipline, increases in student aid and the development of new revenue streams.
- **Diversity:** While the College has a diverse student body as reflected in its all-minority profile, there remains a dearth of under-represented minorities in the field of optometry generally and on our campus as well. Under-represented minority representation has improved over the past 5 years, but we are still below our goals.

**Standard 10: Faculty**

**Faculty Profile:** The College of Optometry has 104 faculty members representing 77.3 FTE. Eighty percent of the FTE is made up of full-time faculty (N = 62) and 20% is part-time (N = 42, or 15 FTE). Of the 62 full-time faculty, 17 (27%) have been appointed within the last 5 years. All faculty hold terminal degrees. About 48% of full-time faculty members are women, 3% are under-represented minority and 20% represent “all minorities”.

There have been several shifts in the faculty profile since the 2011 self-study:

- There was a reduction in faculty FTE beginning in the 2013 FY following a work force analysis of University Eye Center staffing needs. The review resulted in the non-renewal of 24 PT and 2 FT faculty members equaling approximately 10.0 FTE. Approximately 60% of those part-time faculty members elected to formally retire from the university. As one would expect these actions did have a negative impact on morale at the time. Even after these reductions, according to Association of Schools and College of Optometry (ASCO) data the College had and still has the largest faculty among optometry programs in the US. While the reduction was intended to right-size staffing based upon the needs of the University Eye Center for providing

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<sup>2</sup> We believe the depressed metrics for the class of 2012 was a result of the convergence of a curriculum redesign implementation along with a large construction project that eliminated most student life space for nearly 2 years.

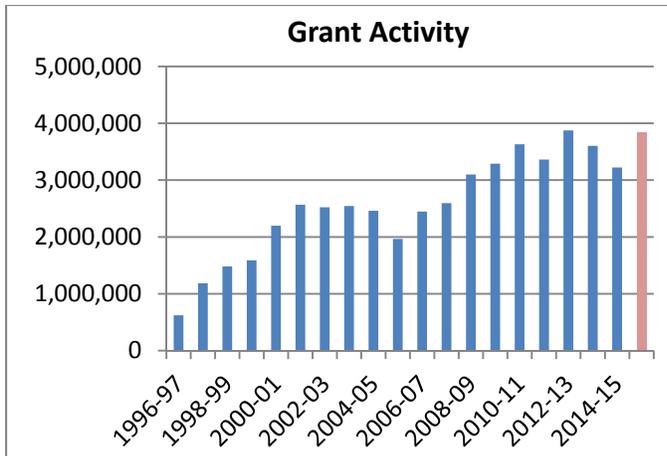
patient care and education, the reduction also significantly helped the College financially as state support was being reduced. Since the reduction, we have increased faculty FTE by approximately 3.0 positions.

- There have also been a significant number of retirements by full-time faculty who first began with the College around the time of its establishment (1971). This has provided the College with an opportunity to reinvigorate its ranks and realign the expertise of its faculty with strategic priorities.
- There has been an increased commitment to full-time faculty. Five years ago the proportion of FT:PT was approximately 70%:30%. That ratio is now 80%:20%.
- Diversity: The gender profile of the faculty has shifted with the majority of faculty now being female (55%). This shift is reflective of the overall shift in the profession of optometry. Approximately two-thirds of all students nationally are women, while according to a 2012 national eye care workforce study 40% of optometrists are women.

**Faculty Recruitment & Retention:** A consistent challenge for the College has been the ability to attract highly qualified faculty to the New York City area with competitive compensation packages. The importance of better compensation, particularly for young faculty, was increased with the decision to increase the number of faculty who are full-time. As a result, over the past several years the College has made a concerted effort to improve starting faculty salaries. Over the past five years, the College has increased the starting salary for new faculty who completed a residency from \$65,000 per year to \$90,000 per year (effective 7/1/16). While the increase is significant, this may still be too low.

**Faculty Development:** In addition to improved compensation, the College has increased its efforts to provide new faculty with a blend of assignments in teaching, patient care, research/scholarship and service that will expand their opportunities to develop as members of the faculty. Increased attention is also being given to the professional development of new clinical faculty. As their professional training does not provide them with sufficient preparation for an academic career path, the academic leadership team has been developing a more formal and extended orientation and mentoring process to increase clinical faculty's likelihood of thriving as faculty in an academic health center environment.

**Research and Scholarship:** The expansion of basic, translational and clinical research is a strategic priority for the College. In spite of a contraction in federal support for research over the past decade, the College research program has maintained its extra-mural funding level. In the past 12 months alone, we have seen \$3.4M in new grant commitments. Our Campus Performance Improvement Plan as approved by the University set a goal of \$4.25 in research activity annually by 2020.



In February 2013, the College established the **Clinical Vision Research Center (CVRC)** in response to the desire to increase clinical research called for in the 2008-12 strategic plan. The CVRC serves as a vehicle for advancing clinical research at the institution and has successfully attracted over 25 clinical studies during the ensuing two years and shows promise to develop into a nationally recognized leader in clinical vision research within optometric education. Notably, through the creation of the clinical research program and the work of the faculty and staff who oversee and assist it, the College has new opportunities for achieving its mission through the education and scholarly development of clinical faculty, strengthening the research partnership between the College research programs and the University Eye Center, and improving patient care through evidence based practice.

### Key Challenges

**Faculty Recruitment & Retention:** The College has successfully recruited a number of junior faculty over the past several years, and it has been able to offering increasingly attractive compensation packages. It has been considerably more difficult to attract highly accomplished faculty at any level into leadership positions. The College will need to continue its efforts to be competitive in the coming years to not only attract new faculty, but to also retain current faculty through compensation and development opportunities.

**Research Expansion:** While extramural research funding has been and will continue to be a challenge, the college also sees it as an opportunity. The College has been successful at building a diverse clinical, translational and basic research program with proven success and potential for development, and has established an ambitious goal for continued growth. This will require a commitment of resources and the addition of well-qualified funded research faculty.

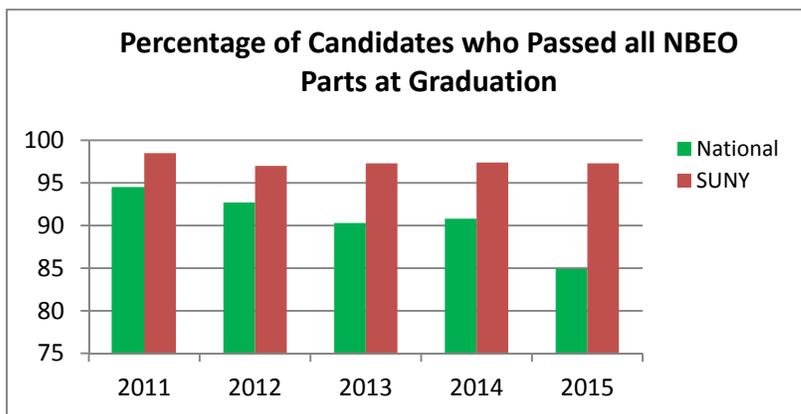
### Standards 11 & 14: Educational Offerings and Assessment of Learning

#### **Professional Degree Program (OD):**

The Doctor of Optometry degree program is reviewed and modified annually. While there have been adjustments to the curriculum content of the program, the actions over the past several years have focused on accommodating increased enrollment to 100 per class, increased use of educational technology including virtual reality/simulation advancements, and an increased emphasis on teaching

and performing the principals of evidence based practice and inter-professional education/collaborative practice.

- **Increased Enrollment** – To accommodate the increase in enrollment didactically, all three lecture halls and key teaching laboratories were renovated. Additional lab sections were added where needed. Clinically, external clinical training opportunities for fourth-year students were expanded through the College’s network of clinical affiliates (hospitals, health centers, practices). Previously, fourth-year students spent two out of four quarters in our externship program and two as interns at the University Eye Center. This has been changed to three out of four in the externship program, allowing the College’s clinical care unit (the University Eye Center) to provide these increased numbers of pre-fourth year students with consistent and appropriate patient care involvement. The anticipated impact is an increase in students’ patient care experiences prior to graduation.
- **Educational Technology** – Coincident with the renovations of the Colleges teaching spaces, there has been a major investment in educational technologies including virtual reality/simulation technology for preclinical training; lecture capture; digital examination lanes for preclinical training; and upgraded assessment programs including the Scantron products ClassClimate, Parascore and Paratest.
- **Inter-Professional Education (IPE)** – Health Care Reform demands that health professions education prepare students to work in interprofessional team-based environments. Modifications have been made didactically and clinically to ensure students demonstrate the interprofessional competencies required for success as an integrated member of the health care team. These include team taught clinical medicine, grand rounds with interprofessional panel discussions, and an emphasis on interprofessional collaborative care experience in clinical rotations.
- **Performance on National Board Examinations:** Section 5 of this Periodic Review Report, which discusses the College’s Institutional Assessment Plan, details the processes and measures used to assess student learning. For health professions, success on national licensing exams allows comparison with national performance data. Virtually all optometry students take a three-part national board national board examination (NBEO) prior to graduation. Passage is required for licensure. SUNY College of Optometry students have been highly successful in passing all parts of the NBEO prior to graduation, consistently performing well above the national average.



**Graduate Research:** The PhD and MS programs have undergone significant reform (as shared in the 2011 Self-Study) and become highly competitive. In AY 2016, we have 15 PhD students, (up from 11 five-years before) and had 13 applicants for two open positions. Review of and modifications to the program are ongoing. The combined OD/MS program has attracted highly qualified candidates, but students are finding it increasingly difficult to balance the demands of the professional degree and the graduate degree.

#### **New Program Developments:**

Over the past three years, the College has developed (or is developing) three new educational options. These are comparatively small programs are designed to provide value-added opportunities around the existing degree programs.

**OD/Certificate/MBA Option:** In the last self-study we indicated our interest in developing an MBA/OD option. The program has come to fruition through a partnership with Empire State College and is fully operational. Student enrolled in the OD program may apply for the *Advanced Graduate Certificate in Optometric Business Management*. Upon successful completion of the certificate program they may continue in Empire State College's MBA in Health Care Leadership or other emphasis areas (management, finance, etc.). The program was reviewed and approved by both State University and NYSED. There are currently 8 students enrolled in the certificate program. We hope to eventually increase that to 10 new students per year (40 total).

**Advanced Standing International Program (OD):** The College is piloting an advance standing program for internationally trained optometrists and physicians. Two students (MDs) from a partner institution in China have been enrolled in the OD degree program with advanced standing. Based upon a faculty review of their credentials, credit was given for certain courses and a plan was developed that will allow them to complete the balance of the OD degree coursework in three years.

**Graduate (MS or PhD)/Residency Program:** The College has developed a two-year combined Graduate/Residency program. Student-residents will continue in the PhD program as clinical fellows following completion of the residency portion of the program. The goal is to develop clinician scientists who have an interest in pursuing a career in academic optometry. While the program has been designed and submitted to the Accreditation Council on Optometric Education for review (residency accreditation), there has been limited interest and no candidates have enrolled to date.

#### **Key Challenges:**

The College is well positioned to continue to provide a high quality educational experience for its students. Central to being national leader will be our ability to advance in the following three areas:

- **Inter-professional education:** As a highly specialized campus, the College needs to integrate inter-professional programming into the didactic and pre-clinical education programs. This is challenging as there are not currently other health professions education program on campus. However, there are collaborative opportunities in the NYC area and the possible addition of other health care degree programs as options.

- **Collaborative Care:** Our professional degree students need to be exposed to collaborative care environments as a part of their clinical training. The College has numerous clinical care affiliations and has recently added more in hospital and health center settings. The educational/clinical experience of the students will need to be well managed to assure educational goals at these sites are achieved. The College is developing interprofessional education and collaborative care opportunities in the University Eye Center through existing and new affiliations with health care professions.
- **University Eye Center:** The College's UEC needs investment in terms of facilities and capital equipment to ensure it is able to provide students (and patients) with the most advanced care environment which supports our mission as an academic health center.

### **Standard 12: General Education**

The College offers only first professional and graduate degrees. Admission to degree programs requires entering students to have completed general education courses and/or an undergraduate degree.

### **Standard 13: Related Educational Offerings**

#### *Experiential/Applied Learning*

**Affiliated Clinical Network:** A fundamental element in health professions education is the use of affiliated clinical care facilities to provide students with experiential, patient-based learning opportunities. Indeed, experiential learning is a required element for specialty accreditation in optometry. The College's structure and quality assurance processes for our Affiliated Clinical Network have not changed since the last MSCHE site visit.

We have increased the percentage of clinical experience provided through our externship program. The fourth year of the professional program at the SUNY College of Optometry is devoted entirely to the Clinical Education Track and consists of a four-quarter clinical rotation system that requires student optometrists to participate in external clinical site training as well as clinical rotations within the University Eye Center (UEC). Prior to AY 2014, students were assigned to two quarters within the UEC and two quarters in our externship program. Beginning with AY 2014, students completed one quarter in the UEC and three quarters in the externship program. The one internal and three external balance is typical of most programs nationally.

External clinical affiliations include hospitals, multidisciplinary practices, health care centers and private practices. Additionally, rotations through some of the UEC's specialty clinic areas are also part of the externship program. These experiences provide participants with a wide range of patient care opportunities in primary, secondary and tertiary care settings. With the changing health care environment, the identification and selection of affiliated sites has changed to ensure our students are exposed to interprofessional collaborative practice opportunities and prepared to practice in the evolving health care system.

#### *Certificate Programs:*

**Graduate Certificate in Optometry Business Management:** As mentioned under Standard 11, qualified students working toward their OD degree may apply for the Advanced Graduate Certificate in Optometry Business Management. The certificate is offered jointly by the College and SUNY Empire State College. Upon completion it is applicable to an MBA in Healthcare Leadership also offered by

Empire State. Students may enter the program in the summer between their first and second year of the OD Program. The certificate is a six-course, 18 credit program. Two courses are part of the optometry curriculum, and four are offered online by Empire State College. This program was in the development phase during the last MSCHE visit. It was reviewed and approved by both institutions, the State University of New York and the NY Department of Education.

**Residency Education:** The College trains 36 Residents per year through the College's University Eye Center and other affiliated clinical sites, (VAMC, Hospitals, Health Centers, etc.). Optometry residencies are one year in length and residents receive *Certificates of Advanced Competency* upon the successful completion of the program. The number of positions increased from 32 in 2010 to the current 36. We anticipate having 41 training slots by 2020.

#### ***International Programs:***

The College continues to have strong international links to China. In partnership with the Wenzhou Medical University and the Chinese Government, the College provides international study for its students, partners in a Center of Excellence in Low Vision in Wenzhou and has a Confucius Institute specializing in health care. More recently the College has begun collaborating with the University of KwaZulu-Natal in Durban, South Africa on practitioner education (CPE) for the use of therapeutic pharmaceuticals and is in early discussions regarding other collaborative opportunities. Students from the University of Melbourne observe in our clinics during the summer (4 weeks), and plans are in development for an exchange program with the University of Flinders. Finally, the College has added exchange students during the summer (4 weeks) from the Institute Superior Optique (ISO) in France and from Wenzhou Medical University (2 weeks).

#### ***Continuing Professional Education (CPE):***

The College maintains an active continuing professional education program for practicing doctors of optometry both domestically and abroad. Our CPE has not changed significantly over the past few years and continues to engage practitioners through live event, webinars and online courses.

#### **Key Challenges**

Related educational offerings have been developed to provide a valued added educational opportunity for our students and alumni. Each complements the professional degree program while providing additional revenues to the institution. At this time, we don't see significant challenges in continuing these efforts.

## **4. Enrollment and Finance Trends and Projections**

The College's largest program is the four-year, post-undergraduate Doctor of Optometry (OD) Program, which enrolls about 100 new students per year. This is an increase of about 32% over the number of new students enrolled for 2010 -2011, the time of the College's most recent MSCHE site visit. The expansion of enrollment was included in our last self-study reviewed by the MSCHE. Past, current and projected enrollment data for both the professional (OD) and graduate programs (MS, PhD) are given in [Appendix 4.1](#).

The College is financially sound. Its all-funds financial condition, as evidenced in the attached IPEDS data trended over the period FY 2010-11 through FY 2018-19, indicates steady growth in Total All Revenues & Other Additions (see [Appendix 4.2](#) for data and explanatory notes.) These data also indicate that Total Expenses & Deductions track revenues appropriately, and spending<sup>3</sup> is kept within available resources.

Please note that since the College is a campus of the State University of New York system, it does not have its own audited financial statements or management letter. SUNY does have an annual, consolidated audit that is provided in [Appendix 4.3](#).

Capital projects are funded through bond sales made by the Dormitory Authority of the State of New York, according to the State's enacted budget, and administered on behalf of the Campus by the SUNY Construction Fund. Since FY 2010-11, the College has benefitted from a capital budget that has enabled many significant projects to proceed to completion. These projects are in addition to a minor critical maintenance budget of \$150,000 per year and salary/fringe for the College's capital programs coordinator. Examples of recently completed projects with their respective budgets are:

- Expansion of the Biological Research Facility and renovation of several office suites housing research faculty. Budget: \$2.56M
- Renovation of Lecture Halls 101 and 103, including all new audio/visual equipment. Budget: \$2.47M
- Creation of the Center for Student Life and Learning located on portions of floors 2, 3 and 3M. Budget: \$9.9M
- Installation of new audio/visual equipment in Lecture Hall 206. Budget: \$241K
- Rehabilitation of the building's primary electrical systems. Budget: \$9.2M

The following additional projects are currently underway:

- Renovation of the main lobby floor of the building. Budget: \$5.95M
- Rehabilitation of the building's primary mechanical (HVAC) systems. Budget: \$5.5M
- Design of the Lower Lobby Level to accommodate student teaching labs. Budget: \$494K

Projects anticipated for the next three fiscal years include:

- Lower Lobby Level construction based on the design mentioned above. Budget: \$4.9M
- Continuation of the mechanical systems project mentioned above. Budget: \$9.1M
- Renovation of clinical/patient care spaces. Budget: Pending capital allocations in subsequent fiscal years. (Projects of this nature will require various infrastructure improvements prior to getting underway.)

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<sup>3</sup> The IPEDS data include expenses such as employee benefits, post-employment retirement benefits, depreciation and interest that are dealt with at the SUNY System level and are not direct campus expenditures.

## 5. Institutional Effectiveness and Student Learning

### Overview

Planning and assessment are woven into the fabric of College operations. On a five-year cycle, the entire College community participates in a year-long strategic planning process that uses a faculty retreat to communicate broadly and acquire feedback and culminates in the publication of a five-year strategic plan. Organizational priorities and resource allocation are driven by the mission, goals and objectives included in this plan.

Several assessment strategies have been designed and implemented to track implementation of the strategic plan and monitor College operations. The primary purpose is to identify, obtain, analyze and utilize outcomes data for meaningful programmatic improvement. When available and appropriate, national data serve as benchmarks for assessing performance. Key performance indicator metrics are widely distributed and generally published on the College's webpage. Analysis of data may lead to corrective actions when they are not consistent with expected outcomes.

SUNY College of Optometry is committed to planning and assessment in all of its programs. It accomplishes this through:

- An organizational structure that supports planning and assessment
- Utilization of strategic planning as the foundation for decision making and resource allocation
- A detailed published assessment plan that address all College operations, both academic (student learning) and non-academic (institutional)
- Extensive dissemination of outcomes data, including publication on a webpage dedicated to this purpose
- Utilization of outcomes data for institutional improvement
- Utilization of outcomes data to improve student learning

The remainder of this section (Section 5) of the Periodic Review Report provides details on the elements listed above. A separate heading has been created for each of these.

### Organizational Structure Supporting Planning and Assessment

Planning and assessment are the primary responsibility of the Office of Institutional Research and Planning, which is charged with supporting institutional decision-making and planning through the collection and analysis of data. As part of its responsibilities, the office:

- Produces [Factbook](#), an online compendium of College key indicators ([Appendix 5.1](#))
- Oversees the reporting of data to external agencies
- Serves as the College liaison to regional and professional accrediting bodies
- Oversees institutional accreditation processes
- Facilitates the strategic planning process
- Monitors the implementation of the College's strategic plan
- Facilitates the administration of alumni, faculty and student surveys

- Conducts and oversees ad hoc studies that use data to inform issues of institutional importance

The office is staffed by a full-time senior faculty member who dedicates about 50% of his effort to related responsibilities and holds the administrative title of director of institutional research and planning. The director reports directly to the president and is a member of [President's Council](#), the College's senior governing body. Support staff in the Office of the President is available to assist in scheduling meetings and distributing documents. The director is expected to:

- Coordinate all research activities relating to the study of the College as an institution
- Serve as chair of the Institutional Research and Planning Committee (IRPC)
- Oversee the development and implementation of the outcomes assessment program for the strategic planning process
- Serve as the institutional liaison to educational accreditation agencies including the Middle States Commission on Higher Education and the Accreditation Council on Optometric Education
- Work with the College community to identify needs for information and problems for investigation, coordinating faculty participation in institution studies
- Conduct research to answer questions of an institutional nature that are required by administrative officers
- Supervise the collection, analysis, and preservation of data for use by the institution in studies of university policies and operation
- Develop a comprehensive database for utilization in responding to inquiries from the Central Administration and external agencies
- Coordinate the provision of data and reports to SUNY System Administration and to external agencies including IPEDS, [Accreditation Council on Optometric Education \(ACOE\)](#), MSCHE and [Association of Schools and Colleges of Optometry \(ASCO\)](#)

The Institutional Research and Planning Committee (IRPC) provides counsel and support to the director and president on matters related to planning and assessment by:

- Assisting in the design of an institutional assessment program linked to the College's strategic plan
- Reviewing institutional outcomes data and advising the administration on action steps to achieve the College's strategic goals
- Recommending methods for communicating the results of institutional research and outcomes assessment to the broader College community
- Actively consulting with the College administration on the allocation of resources in support of the College's strategic priorities

The Committee, which is chaired by the director of institutional planning and research, consists of 8 members (in addition to the director). All nominations are subject to review and appointment by the president, and appointments are for 1-year terms (renewable). The composition of the committee is as follows:

- 4 faculty members
  - 1 nominated by each of the 2 academic departments
  - 1 nominated by Research Council

- 1 UEC faculty member nominated by Clinic Council
- 1 student member nominated by Student Council (the student must be in good academic standing).
- 3 members of the College's staff as appointed by the president

## Strategic Planning

On a five-year cycle, the entire College community participates in a year-long strategic planning process that uses faculty meetings and a faculty retreat and culminates with a published five-year strategic plan that is informed by internal and external trends and guided by a core set of values. Organizational priorities and allocation of resources are driven by the mission, goals and objectives included in this plan.

In fall 2011, as [A Shared Vision \(Appendix 5.2\)](#), the College's 2008 – 2013 strategic plan, was coming to a close, President Heath charged IRPC with coordinating the development of a new strategic plan. This process commenced in spring 2012 with the Committee's review of the strategic plans of comparable institutions, including schools and colleges of dentistry, medicine, optometry and pharmacy.

Over the summer of 2012, a subcommittee comprised of members of IRPC and other faculty and staff members appointed by the president and director of institutional research and planning conducted an environmental scan and SWOT (strength, weaknesses, opportunities and threats) analysis. An additional subcommittee articulated institutional values statements. After review and revision by IRPC, the vice presidents and president in fall 2012, these documents were adopted as foundational material for the development of the new strategic plan.

As a first step in the development of institutional goals and objectives, IRPC asked the vice presidents of academic, clinical and student affairs to work with members of their governing councils and others to draft goals and objectives that reflected the environmental scan, SWOT analysis and institutional values statements. In addition, the vice presidents were asked to develop outcome measures that could be used to track implementation. The director of institutional research and planning provided assistance as needed to ensure an appropriate uniformity of style and rigor.

The draft goals and objectives were reviewed by IRPC over a series of meetings, with comments and suggestions for improvement and clarification made to the vice presidents. Each of the vice presidents was also provided with opportunities to comment on the goals and objectives of fellow vice presidents. A draft strategic plan constituted of the revised goals and objectives was subsequently distributed to the faculty in preparation for the College's annual faculty retreat.

The draft strategic plan was the primary discussion topic at the 2013 March 3-4 annual faculty retreat. An overview of the strategic planning process was provided by the director of institutional research and planning. This was followed by individual reports by the vice presidents of academic, clinical and student affairs that highlighted accomplishments under *A Shared Vision* and discussed the proposed goals and objectives of the new plan. Subsequent to these talks, the draft plan was discussed in break out groups and a plenary discussion. Members of IRPC helped to facilitate these discussions.

Based on feedback received at the faculty retreat, the draft strategic plan was revised by the vice presidents and IRPC. Further feedback was solicited by making the plan available to the entire College community through a link on the College's monthly newsletter, *FY EYE*. Additionally, it was reviewed and endorsed by the Faculty Executive, Student and President's Councils. The final 2013 -2018 strategic plan, *Creating a Legacy of Leadership* ([Appendix 5.3](#)), was endorsed by the College Council and approved by the president effective July 1, 2013. The plan was then distributed widely to the College community and interested parties – it was included in the distribution of the College's Annual report and mailed to approximately 3,000 people -- and [published on the College's website](#).

### **Campus Strategic Planning and Its Linkage to SUNY Excels**

In an effort to align the strategic goals of individual campuses with those of University, SUNY developed SUNY Excels. This program, which was launched in 2015, identified the following five system-wide metrics:

- Access
- Completion
- Success
- Inquiry
- Engagement

Each SUNY campus was asked to analyze its performance for the five metrics and provide a detailed report to SUNY Administration that includes past data and future projections. As can be seen in the spreadsheet submitted to SUNY System ([Appendix 5.4](#)), data are provided on broad range of activities, including enrollment; student diversity (geographic, race/ethnic and gender); faculty and staff trends and diversity; degrees awarded; student default rates; research expenditures, disclosures, patents and licenses and alumni philanthropy.<sup>4</sup> Since our campus normally tracks most of these data as part of its routine outcomes assessment processes, we were readily able to assemble the requested data.

As part of SUNY Excels, each SUNY campus was asked to formulate a Performance Improvement Plan (PIP). SUNY approved the College's plan ([Appendix 5.5](#)) in fall, 2015. A fundamental purpose of the College's PIP is to make explicit the alignment of our campus's strategic goals with those of SUNY. The plan discusses each of the five metrics (access, completion, success, inquiry and engagement) in detail. Future plans, investment and key performance measures are specified for each of the metrics.

Formulation of the College's PIP is a natural outgrowth of the planning and assessment processes the College has historically had in place. *A Legacy of Leadership* ([Appendix 5.3](#)), the College's strategic plan, was developed with explicit links to *The Power of SUNY*, SUNY's strategic plan. Implementation of the College's strategic goals is assessed using the College's Institutional Assessment Plan, which served as the basis for many of the key performance indicators included in our PIP.

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<sup>4</sup> Certain items in the SUNY spreadsheet are not reported for our campus since they pertain only to undergraduate programs. SUNY State College of Optometry offers no undergraduate courses or degrees.

## Institutional Assessment Plan

The College has developed a formal written [assessment plan](#) ([Appendix 5.6](#)) that is published on its [Institutional Research webpage](#) ([Appendix 5.7](#)). Various assessment strategies are used to track implementation of the College’s strategic plan and monitor College operations. The primary motivation is to identify, obtain, analyze and utilize outcomes data for meaningful programmatic improvement. When available and appropriate, national data serve as benchmarks for assessing performance. Analysis of data may lead to corrective actions when they are not consistent with expected outcomes.

Institutional planning and assessment are ongoing and may be conceptualized as a cyclical process (see diagram below) that starts with the establishment of strategic goals and objectives. Institutional key performance indicators, which are quantitative indicators of progress relative to the strategic plan, are tracked longitudinally; assembled by the Office of Institutional Research and Planning; published on the College’s website in [Factbook](#) ([Appendix 5.1](#)); and updated annually.



Key performance indicators and other data are utilized by the College vice presidents to analyze progress in their respective areas. These analyses are presented by the vice presidents annually to the Institutional Research and Planning Committee (IRPC) and senior management team at [Annual Implementation Meetings \(AIMs\)](#) and published on the Institutional Research webpage. Examples for the 2015-16 academic year are provided in [Appendix 5.8](#). Members of IRPC and the senior management team are encouraged to provide constructive feedback to the presenting vice president. When analyses reveal shortcomings in attaining institutional goals, corrective actions are initiated by the appropriate administrative unit.

We have found it useful to distinguish between the functions of data collection and dissemination; structured analysis; and closing the loop. It is through the consideration and analysis of collected data that challenges can be identified and strategies and plans formulated to ensure the strategic plan is implemented effectively. Closing the loop between aspirational outcomes of the strategic plan and outcomes data requires not only the collection of data, but its analysis and the development and implementation of corrective actions.

In addition to annual AIMs where the vice presidents present an analysis of progress relative to the strategic plan, the vice presidents also meet annually with the president to assess progress. These meetings result in the development of [annual institutional goals](#) that are derivative of the strategic plan, widely disseminated to the College community and posted on the Institutional Research webpage. 2015-16 institutional goals are provided in [Appendix 5.9](#). The annual institutional goals are implemented through the College's various administrative councils and area heads.

## Publication of Outcomes Data

The assessment process results in the accumulation of substantial amounts of data and numerous reports. To facilitate access to this information, the College has developed a [public webpage](#) ([Appendix 5.7](#)) dedicated to this purpose, which can be accessed through College's homepage. It contains links to:

- A description of the [Institutional Research and Planning Committee](#) ([Appendix 5.10](#))
- [Factbook](#), a compendium of College key indicators ([Appendix 5.1](#))
- The College's [assessment plan](#) ([Appendix 5.6](#))
- Annual Integrated Postsecondary Education Data System ([IPEDS](#)) reports
- Annual [institutional goals](#) (see [Appendix 5.9](#) for 2015-16 institutional goals)
- Presentations at [Annual Implementation Meetings \(AIMs\)](#) (see [Appendix 5.8](#) for examples of presentations)
- Results of various [College surveys](#) (see [Appendix 5.11](#) for examples)<sup>5</sup>
- Information on [accreditation](#), including the College's most recent self-study and the accreditors' evaluation report
- The College president's annual [State of the College](#) addresses (see [Appendix 5.12](#) for an example)

[Factbook](#) ([Appendix 5.1](#)), which longitudinally tracks the College's key performance indicators, is updated at least annually. It consists of about 68 separate figures in PDF format, most of which are accessible to the public. Figures generally present data for several years in graphical and tabular form.

The PowerPoint slides used to generate the PDF figures in [Factbook](#) are posted in a folder on the College's email system that is accessible to upper-level management. In the fall of each year, the vice presidents and their staff update the slides with the most recent year's data. The new slides are compiled by the director, formatted for uniformity, converted to PDF files and posted on [Factbook](#).

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<sup>5</sup> Survey results are password protected. [Appendix 5.11](#) provides highlights of recent surveys.

## Utilization of Outcomes Data for Institutional Improvement

As described in the College's assessment plan, data is routinely tracked longitudinally for a large number of College operations. The goals of institutional level assessment are to (1) analyze outcomes data to determine if progress on institutional strategic goals is satisfactory and (2) formulate and implement policy when analysis reveals a substantive lack of progress in meeting institutional strategic goals. The mechanisms employed in this process of closing of the loop include:

- Dissemination of analyses and opportunity for feedback
- Discussions at meetings of President's Council and Round Table
- [Annual Implementation Meetings \(AIM\)](#) (see [Appendix 5.8](#) for examples of presentations) in which each vice president presents annually to IRPC and the senior management team a data-driven analysis that addresses progress on the strategic plan in the vice president's area of responsibility. These reports are published on the College's website.
- Annual presidential evaluations of progress in each vice president's area of responsibility
- Establishment by the president and each unit vice-president of [annual institutional goals](#) (see [Appendix 5.9](#) for 2015-16 institutional goals) for the unit that are derivative of institutional strategic goals. These annual institutional goals
  - align each unit with the College's strategic goals
  - provide an opportunity to utilize assessment results and analyses to develop and implement policies to ensure that strategic goals are met
  - are published on the College's website
- Linkage to Resource Allocation
  - As described in Section 6 (Linked Institutional and Budgeting Process) of this Periodic Review Report, resource allocation is driven by the College's mission, goals and objectives. When submitting annual budget requests, vice-presidents are required to justify each request by linking it to a specific component of the strategic plan.

## Examples of Assessment Leading to Institutional Improvement

While not exhaustive, the following examples show how the College uses its planning and assessment processes for institutional improvement:

### Library

- In response to a student survey conducted by the library and exit surveys conducted by the Office of Institutional Research and Planning, which all indicated a student desire for additional study space, the library, working with the College's Learning Resources Committee, embarked on a self-study involving student and faculty focus groups to plan a multi-year improvement project. This project has already made significant increases in the number of seats in the library from 135 to 175 (a 30% increase). Short term renovations have added more quiet study and group study space, and further improvements in overall appearance, furnishing, electrical power supply, lighting and shelving are planned for 2016-17.

### Research

- In support of the College's strategic goal of expanding clinical and translational research, the Center for Clinical Vision Research was established in 2013 helping to attract more than \$2M in new research revenue.
- In response to assessments of faculty and student needs, shared imaging (including confocal and multiphoton microscopes), histology and cell culture core research facilities have been established.
- To offset decreasing federal research funding and support the continued growth of research at the College, the amount of research support obtained from industry has increased significantly.
- To complement existing student and faculty research interests, the College is currently recruiting an ocular physiologist.

### Facilities

- To meet student needs for on-campus relaxation space and increased study space, as revealed in student exit surveys, the Center for Student Life & Learning was constructed. This \$10M project was completed in 2013.
- In support of the College's strategic goal of expanding its research program, improvements and needed repairs to the research space on Floors 16 and 17 were completed in 2013 at a cost of approximately \$2.6M.
- To fulfill the College's 2011 enrollment management plan, the first-floor lecture halls were gutted and reconstructed to accommodate the increased enrollment and enhance the teaching/learning environment. The cost for this project, which was completed in 2014, was \$2.6M.
- Projects are underway to upgrade the lobby and electrical and mechanical building systems at a cost of \$18.5M.

### Student Affairs

- As a result of survey results revealing that some students chose not to attend SUNY College of Optometry based on their campus experience on interview day, the nature of the interview day experience was substantially revised to make it more welcoming and informative.
- In an effort to increase the admissions yield (matriculation to acceptance), a concerted effort was made to educate all individuals who have contact with applicants (Admissions Committee members, Student Affairs staff and student guides) regarding the importance of their interactions with applicants in affecting applicants' choice of program. The yield has improved from 54% (2014) to 58% (2015) with the current 2016 YTD yield being 71%.

### University Eye Center (UEC)

- As a result of a 2013-14 review of clinical systems, a new integrated electronic medical records system that enables attestation to meaningful use, facilitates the documentation process for providers, enables e-prescribing, and enhances communication with other health care providers was purchased and implemented.
- Following a 2012-13 review by the Quality Assessment and Improvement Committee that found low referral rates for low vision services, an internal education program was implemented that resulted in substantially higher referral rates.

- Referrals to the Clinical Vision Research Center (CVRC) were initially poor, but through concerted efforts between CVRC and UEC administration and careful monitoring of referral rates, there have been improvements and with continued outreach, a new electronic health record, clinical faculty education and better communication, the college expects to see continued steady improvement with continued monitoring.
- After a review of patient scheduling for vision therapy appointments found long wait times and a lengthy list of patients waiting for appointments, new scheduling protocols were introduced that allowed the wait list to be cleared.

#### Clinical Faculty Salaries

- Based on the College's periodic assessments of faculty salaries, which use optometry faculty salaries as reported by the Association of Schools and Colleges of Optometry, local faculty salaries as reported by the Chronicle of Higher Education and local optometrist salaries as reported by the US Bureau of Labor Statistics as comparison data, it was determined that full-time clinical faculty salaries should be made more competitive. A goal of a minimum starting salary of \$90,000 for full-time clinical faculty by July 2016 was set. This required an adjustment for current faculty. The adjustment is being implemented over a two-year contract period with half of the increase given for the 2015-16 academic year and the second half for the 2016-17 academic year. The average total increase is 7%.

### **Utilization of Outcomes Data to Improve Student Learning**

Assessment of student learning is an integral component of the College's [assessment plan](#) ([Appendix 5.6](#)). As detailed in this plan, curricular learning objectives are aligned with College mission and relevant strategic plan goals/objectives for all educational programs.

#### **Doctor of Optometry (OD) Program**

The College's largest program is the four-year, post-undergraduate Doctor of Optometry (OD) Program, which enrolls about 100 new students per year. This is an increase of about 32% over the number of new students enrolled for 2010 -2011, the time of the College's most recent MSCHE site visit. The expansion of enrollment was included in our last self-study reviewed by the MSCHE.

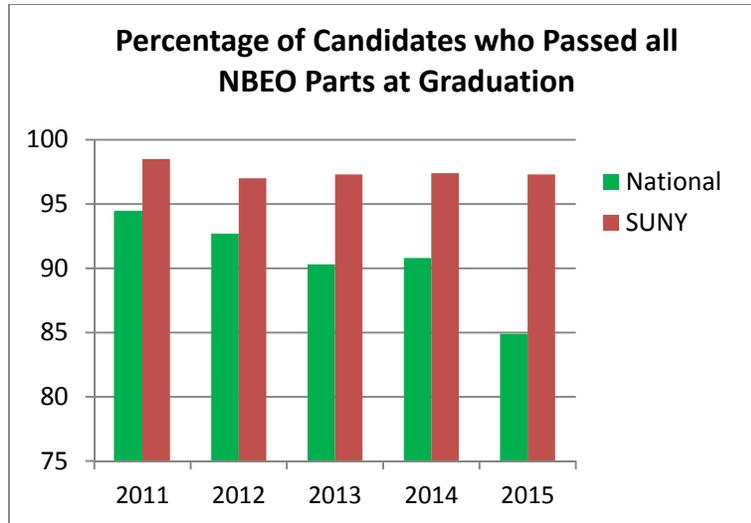
Program goals, which are [published](#) on the College's website, may be found in [Appendix 5.13](#) and assessment strategies in [College's Assessment Plan](#) ([Appendix 5.6](#)). Key outcomes data are published in [Factbook](#) ([Appendix 5.1](#)).

A key learning outcomes measure is student performance on the licensing examinations administered by the [National Board of Examiners in Optometry \(NBEQ\)](#). Passage of this standardized examination is required for practice in all 50 states. The examination consists of following three parts:

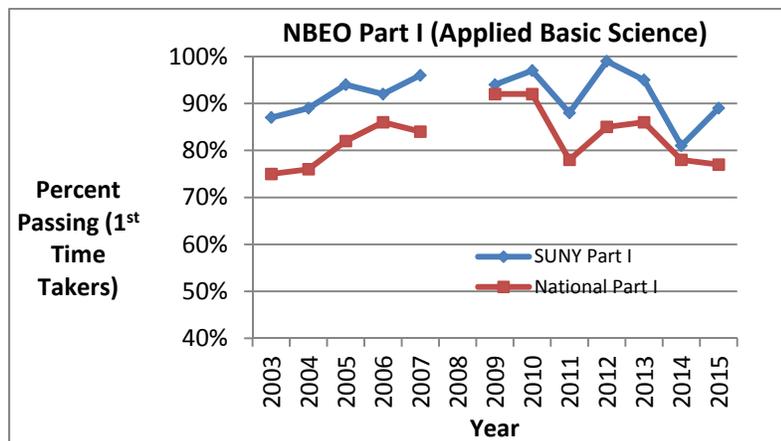
- Part I (Applied Basic Science), which students may first take in the spring semester of the third year
- Part II (Patient Assessment and Management), which may first be taken during the student's fourth year

- Part III (Clinical Skills), a clinical practical examination, which may be first taken during the student's fourth year

From 2011-2015 about 97.5% of students passed all 3 parts of the NBEO examination by the time of graduation.<sup>6</sup> As indicated in the following graph, which is publicly available on [Factbook](#), the percentage of our students who have passed all three NBEO parts at graduation is consistently above national comparison values:

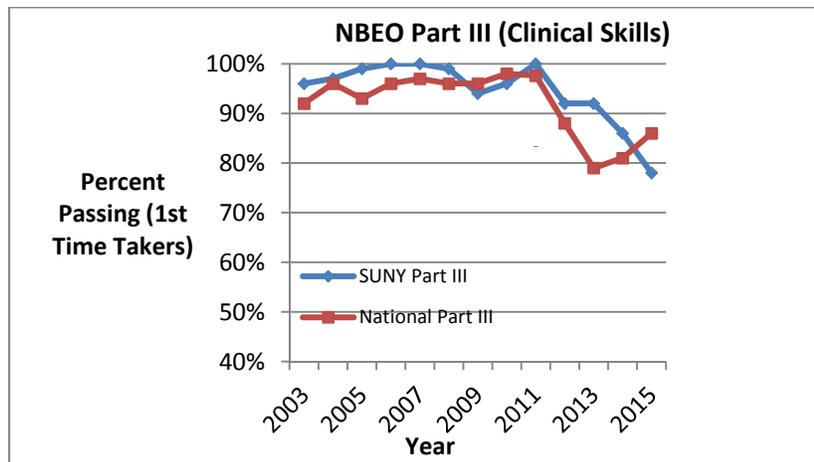
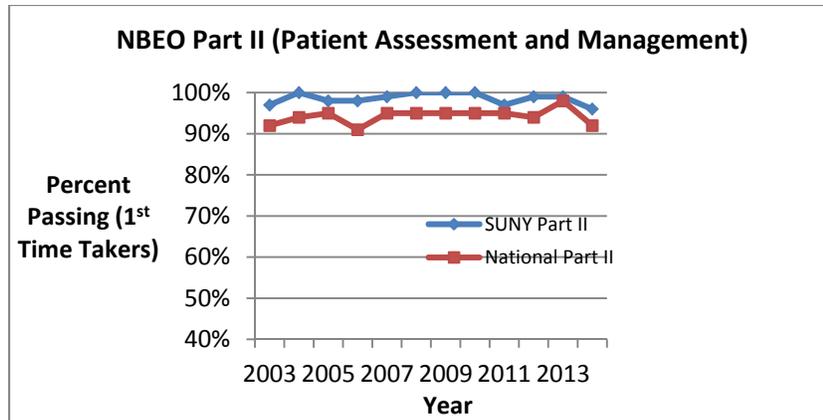


This overall performance reflects performance on each of the three individual NBEO parts. The following graphs, which are publicly available on [Factbook](#), show that on 34 of 37 recent administrations our students performed at or above above the national comparison values:<sup>7</sup>



<sup>6</sup> Most, if not all, of the students *not* passing all three parts by graduation are foreign national students who are returning to their countries and not planning to practice in the United States.

<sup>7</sup> In 2012, for the first time, all candidates were required to take Part III at the NBEO national headquarters in Charlotte, NC.



The NBEO provides the College with detailed reports that show how its students perform on the various topics tested on each of the three parts of the exam. These reports are routinely reviewed by the dean and discussed with department chairs as warranted. Data are analyzed for trends in performance over multiple administrations. [Appendices 5.14](#) and [5.15](#) show an analysis of performance on Part I from 2010 to 2015.

### Examples of Use of Assessment to Improve Student Learning in the OD Program

As detailed in the College’s [assessment plan](#) (pages 7-9) ([Appendix 5.6](#)), data on student learning outcomes are routinely collected, disseminated, analyzed and used for OD program improvement. Recent examples are discussed below.

#### Virtual Reality Simulators

In response to the need to train students more complicated optometric skills and keeping with our strategic aim to prepare them for clinic earlier, the College initiated the development of a virtual reality teaching laboratory. This laboratory, which has been in use since 2015, provides students with greater opportunities for learning and practicing skills with greater independence. Progress can be monitored

accurately by faculty, and research into the effectiveness of the simulators versus traditional teaching methods is being planned.

### *Low Vision*

As part of the major curricular revision that was rolled out starting in 2008, the topic of low vision, which previously comprised a stand-alone course, was to be taught in several ocular disease courses in conjunction with the treatment of relevant clinical conditions. Low vision rehabilitation of the patient with age-related macular degeneration, for example, would be covered at the time the clinical management of this condition was taught.

Data from both exit surveys and NBEO examinations suggested that with this approach, student learning was falling short of expectations. For the Class of 2011, the last class to complete the old curriculum, 27% of the respondents believed that not enough lecture/lab time was devoted to the subject<sup>8</sup>. This value increased with the implementation of the new curriculum to 75%, 73%, 62% and 67%, respectively, for the Classes of 2012, 2013, 2014 and 2015.

NBEO data were consistent with student perceptions. As can be seen in [Appendix 5.15](#), performance on questions related to low vision was weak with respect to national data and SUNY student performance in other areas of the examination.

These data were presented and analyzed at meetings of the IRPC, President's and Dean's Council and Curriculum Committee. In 2014-15, the Curriculum Committee developed and passed a detailed proposal to address the shortcomings of low vision education. This proposal consolidates low vision didactic instruction into a single instructional unit that consists of lectures and laboratories ([Appendix 5.16](#)). The proposal was approved by the Office of Academic Affairs and instituted in the 2015-16 academic year as a course entitled *Low Vision*. It is taught in the second year of the curriculum and consists of 12 hours of lecture and 5 hours of lab. Exit surveys and NBEO performance will continue to be monitored to assess the effectiveness of this intervention.

### *Clinical Medicine*

Prior to the recent major curricular revision, clinical medicine was taught in a two semester course devoted exclusively to this topic. In the revised curriculum, material covered in this course was distributed throughout courses in the biological ocular disease sequences with the goal of better integrating it with related material. As was the case with low vision, student perceptions of instruction in this area, as revealed by exit surveys, fell short of expectations. For the class graduating in 2011, the final year of the old curriculum, 27% of respondents indicated that not enough lecture/lab time was devoted to the topic of general medicine. In the years subsequent to implementation of the new curriculum, higher percentages of students indicated that not enough lecture/lab time was devoted to this topic; in 2012, 2013, 2014 and 2015 the percentages rose to 48%, 57%, 52% and 60%, respectively.

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<sup>8</sup> Exit surveys were initiated with the Class of 2011.

These data were presented and analyzed at meetings of the IRPC, President's and Dean's Council and Curriculum Committee. In 2014-15, the Curriculum Committee developed and passed a detailed proposal to address the shortcomings of clinical medicine education. This proposal consolidates much of the clinical medicine didactic instruction into a single instructional unit that consists of lectures and laboratories ([Appendix 5.17](#)). The proposal was approved by the Office of Academic Affairs and instituted in the 2015-16 academic year as a course entitled *Clinical Medicine*. It is taught in the second year of the curriculum and consists of 18 hours of lecture and 10 hours of lab. The topics covered are taught by several instructors including ODs, MDs, DOs, and NPs and involve discussion of interprofessional interactions and collaborative practice. Exit surveys and NBEO performance will continue to be monitored to assess the effectiveness of this intervention.

### ***Electives in the Professional Degree Program***

In response to student requests and the desire to provide more opportunity for students to customize their professional degree education by adding material that they find particularly interesting and valuable to them, after several years of planning we implemented an elective program in AY 2013-14. The electives provide opportunity for deeper treatments of special topics in small group environments and may contain both didactic and clinical training opportunities. The College continues to assess student interest periodically and expands its elective course offerings accordingly.

### ***Expansion of the Fourth-Year Externship Program***

Since at least 1995, fourth-year optometry students have typically participated in up to two off-campus clinical rotations as part of the externship program. As part of the planning process for the increased student enrollment that commenced in 2012, the College analyzed patient flow at its on-campus clinic, the University Eye Center (UEC), and determined that the increased enrollment could potentially reduce the number of patients seen by students rotating through the UEC. Student exit surveys indicated strong student satisfaction with the externship program, and the number of patients seen by students at these sites was high as tracked by the Meditrek system used for this purpose. These results helped inform the College's decision to increase the number of external rotations from two to three during the 2014 – 2015 academic year. The exit survey conducted in 2014 -2015 showed continued strong student satisfaction with the externship program, and the number of student-patient encounters at these sites remained high.

### ***Examples of Use of Assessment to Improve Student Learning in the Residency Program (Post-doctoral Clinical Education)***

- As the result of a recommendation for the West Point Military Academy residency program by the Accreditation Council on Optometric Education, the specialized accreditor of optometric residency programs, additional advanced clinical opportunities based at the University Eye Center were added.
- Due to an assessment of the Friday didactic program, which indicated an interest in increased exposure to private practice, several of the Friday programs are now scheduled to be held in private practices.

- As a result of the steep learning curve reported by new vision therapy and head trauma residents, one of the prior year's residents remains for an additional two months to ease the transition.

### Examples of Use of Assessment to Improve Student Learning in the PhD Program

- Review of applicant data has pointed to the need to increase the quantity and quality of applicants. Several steps have been taken to address this situation (which have resulted in keener competition for openings)<sup>9</sup> including:
  - Increased attendance of program representatives at student forums hosted by undergraduate institutions with strong science programs
  - Development and mailing of a program flyer to promising students selected based on GRE performance
  - Engagement with Rockefeller University and Weill Cornell Medical College to develop courses that can be taken by students at all three institutions
  - Engagement with Rockefeller University and Weill Cornell Medical College to develop a T-32 training grant to support pre- and post-doctoral students at all three institutions
  - Increased annual stipend for pre-doctoral students (from \$30,000 to \$33,000)
  - Establishment of a combined PhD and residency program to facilitate more clinical research and the development of OD-PhD clinician scientists.
- Based on feedback from students and faculty, additional instruction in molecular and cellular biology of vision has been included in the proseminar course.
- Based on feedback from students and faculty, an annual seminar day where students present their research to faculty members, graduate students and post-doctoral fellows has been established.

### Examples of Use of Assessment to Improve Student Learning in the OD-MS Program

- An analysis of the quality of some of the MS projects and the relatively high non-completion rate led to:
  - A change from an essentially open-admissions policy to a more competitive application and mentor matching process effectively reducing the number of applicants accepted each year (now 6)
  - Students being accepted into the MS program in the spring semester of the first year, rather than at matriculation into the OD program, so that student performance in the OD program can be assessed prior to admission to the MS program and a more considered matching process can be held.
  - Development of a required seminar (*Research Survival Skills*) to provide basic skills for students designing, conducting, and presenting research in optometry and vision science.
  - Requirement that faculty who supervise students undergo requalification on a regular basis
  - Development of clearly defined responsibilities for faculty supervising students

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<sup>9</sup> In 2015, there were 13 applicants for 2 openings.

- Establishment of an annual research open house to introduce potential students to faculty members with similar research interests
- Consolidation of numerous, narrowly focused seminars into 4 team-taught seminar courses with broader themes
- Based on an analysis of alumni surveys:
  - Students are now required to participate in an annual seminar day in which they present their research to faculty members and fellow students
  - In addition to a written research thesis, students are now required to give an oral defense of their work

## 6. Linked Institutional Planning and Budgeting Process

On a five-year cycle, the entire College community participates in a year-long strategic planning process that encourages broad-based participation through formation of *ad hoc* working groups and involvement of faculty through faculty meetings and the faculty retreat. This process results in the publication of a five-year strategic plan. Day-to-day College operations are informed by the mission, goals and objectives included in this plan.

Institutional planning and assessment may be conceptualized as a cyclical process that starts with the establishment of strategic goals and objectives. During this planning process, outcomes measures, including institutional key performance indicators, are established for each goal.

Institutional key performance indicators are assembled by the Office of Institutional Research and Planning, generally published on [Factbook](#) and updated annually. These and other data are utilized by the College vice presidents to analyze progress with respect to the strategic plan. The analyses are presented to the IRPC and senior management team at [Annual Implementation Meetings \(AIMs\)](#) (see [Appendix 5.8](#) for examples). When analyses reveal shortcomings in attaining institutional goals, corrective actions are initiated by the appropriate administrative unit. The diagram on page 31 of this PRR, which is taken from the College's published [assessment plan](#) ([Appendix 5.6](#)), summarizes the planning and assessment cycle.

Each College unit – Academic Affairs, University Eye Center, Student Affairs, Finance and Administration and Institutional Advancement -- is led by a vice president who is responsible for the implementation of the College's mission, goals and objectives in his/her area. The president and five vice presidents constitute the College's senior management team.

Resource allocation is driven by the College's strategic plan. When submitting annual budget requests, vice-presidents are required to justify each request by linking it to a specific component of the strategic plan. The 2015-16 *Budget Call Letter* and *Budget Request Form* can be found in [Appendices 2.2](#) and [2.3](#), respectively.

The *College's Equipment Replacement Policy* ([Appendix 2.1](#)) is linked to the annual budgeting process. Requests for equipment for the upcoming year and subsequent two years must be related to the strategic plan.

Each vice president discusses budget priorities with the president during annual meetings at which [institutional goals](#) (see [Appendix 5.9](#) for 2015-16 institutional goals) are developed. These annual institutional goals are derivative of the strategic plan.

05.04.16



## Middle States Commission on Higher Education

3624 Market Street, Philadelphia, PA 19104-2680

Phone: 267-284-5000 Fax: 215-662-5501 www.msche.org

### Certification Statement:

#### Compliance with MSCHE Requirements of Affiliation and Related Entities Policy

*(For use by SUNY State-Operated Institutions)*

*Reviewed and Affirmed July 16, 2015*

An institution seeking **initial accreditation** or **reaffirmation of accreditation** must affirm that it meets or continues to meet established MSCHE Requirements of Affiliation and the “Related Entities” policy.

*This signed statement should be attached to the executive summary of the institution's self-study report.*

State University of New York, College of Optometry  
(Name of Institution)

The State University of New York represents that this institution operates within the program of the SUNY System. The undersigned hereby certify that SUNY recognizes the Commission’s compliance requirements for this institution and will uphold State University’s policies pertaining to MSCHE Standards and Requirements of Affiliation.

A handwritten signature in dark ink, appearing to be 'L. O.', written over a horizontal line.

(Campus President)

February 25, 2016  
(Date)

A handwritten signature in dark ink, appearing to be 'H. Carl McCall', written over a horizontal line.

(Chair, SUNY Board of Trustees)

February 29, 2016  
(Date)

## Overview of PRR Process

### Key Elements of Periodic Review Report (PRR)<sup>1</sup>

- “The emphasis is on brevity in providing required information” and most reports “will require approximately 50 pages.”
  - Our most recent PRR (2008) was 36 pages (excluding appendices) and MSCHE commended the institution the quality of the report
- “Institutions that are actively engaged in continuous planning and assessment are strongly encouraged to submit documentation from regular processes.”
- Preparation of the PRR “should involve various campus constituencies including faculty, staff, administration and the board of trustees.”
- “Assertions should be supported by evidence.”
- External reviewers (there will be two) are advised to “pay particular attention to the institution’s assessment of its achievement of its goals at various levels and to the use of the results of those assessments to improve programs and services and to inform planning and resource allocation.”
- Based on inadequacies revealed in a PRR, MSCHE may request a progress or monitoring report or issue a warning

### Sections of PRR

1. Executive summary (Dr. Heath)
2. Summary of institution’s response to recommendations (Dr. Schwartz)
3. Brief narrative identifying major challenges and/or current opportunities (Dr. Heath in consultation with IRPC)
4. Analysis of enrollment and finance trends and projections (Dr. Schwartz, Mr. Bowers & Mr. Catafago)
5. Evidence of organized and sustained processes to assess institutional effectiveness and student learning, and evidence that such processes are being used to improve programs and services and to inform planning and resource allocation decisions (Dr. Schwartz working with IRPC)
6. Evidence that linked institutional planning and budgeting processes are in place (Dr. Schwartz working with IRPC)
7. PRR Certification Statement attesting to compliance with MSCHE requirements of affiliation and federal Title IV requirements (Dr. Schwartz, Dr. Philpott & Dr. Troilo)

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<sup>1</sup> Quotations are taken from MSCHE’s *Handbook for Periodic Review Reports*

### PRR Timetable

<b>Activity</b>	<b>Participants</b>	<b>Date</b>
MSCHE PRR Workshop	Director of Institutional Research and Planning	March, 2014
MSCHE Annual Meeting	Director of Institutional Research and Planning	December, 2014
Develop strategy and timetable for PRR	Director of Institutional Research and Planning and President	December, 2014
Commence organization and collection of data and documents	Director of Institutional Research and Planning	December, 2014
Review recommendation on graduate program	Dean; Associate Dean for Research & Graduate Studies; Chair of Committee on Graduate Policy, Course & Standing & Curriculum; Director of Institutional Research & Planning; and President	Before May 1, 2015
Review recommendation on equipment lifecycle process	Vice President for Administration & Finance; Associate Vice President for Administration & Finance; Director of Institutional Research & Planning; and President	Before May 1, 2015
Review status of OD program curricular learning objectives	Dean; Department Chairs; Chair of Curriculum Committee; Director of Institutional Research & Planning; and President	Before May 1, 2015
Discussion on PRR process and role of IRPC in this process	IRPC <sup>2</sup>	May 18, 2015 (regularly scheduled IRPC meeting)
Discussion on major challenges and current opportunities	President, VPs and IRPC	April 20, 2015 (regularly scheduled IRPC meeting)
Solicit from VPs and other administrators key examples of how data has informed decision making and operations	IRPC	<b>Due October 1, 2015</b>

<sup>2</sup> The IRPC is broadly constituted of five faculty members, three staff members and a student. It is chaired by the director of institutional research and planning.

Review College website to ensure that all relevant information is readily accessible	Director of Communications and Director of Institutional Research & Planning	<b>By December 1, 2015</b>
Complete draft PRR	IRPC	February 15, 2016
Distribute draft PRR to broader College community and solicit feedback	IRPC	February 15, 2016
Discussion of PRR at annual Faculty Retreat with emphasis on institutional effectiveness	IRPC	March 6 or 7, 2016
Distribute revised draft report to appropriate constituencies and solicit feedback	IRPC	April 1, 2016
Prepare and submit final PRR to reviewers and MSCHE	Director of Institutional Research and Planning and President	<b>Due June 1, 2016</b>



OFFICE OF THE VICE PRESIDENT  
FOR ADMINISTRATION AND FINANCE

## Equipment Replacement Policy and Procedure

The College has in place a “comprehensive and systematic equipment lifecycle process that proactively supports the leadership’s identification of future budget requirements.”

This is accomplished by conducting a systematic review of equipment twice a year, once during the annual budget development process, usually during March, April and May, and again during the annual equipment/property control inventory process, usually during the months of September and October.

1.) The annual budget call letter includes both a funding request template (attached) and a request for a narrative.

In the template, the equipment categories are furniture, information technology, clinical and other. The request addresses the next three fiscal years.

In the narrative, equipment is specifically addressed by asking that the narrative include an equipment section that, in addition to a specific funding request for the three forward fiscal years, reflects where possible an equipment replacement plan that considers the equipment’s estimated useful life, physical condition, degree of obsolescence or other factors that may be relevant to the particular items. The equipment items should be specified along with estimates of when replacement may be necessary and at what cost.

2.) The annual property control inventory request is sent to all appropriate managers. Included is a listing of equipment items in the Property Control System (PCS)\*\* as of a specific date that have been identified as being located on a specific floor. The listing of equipment includes a capitalization date, indicating the age of the equipment. Managers are asked to review this list and determine that the equipment items are:

- a) located where indicated on the spreadsheet (room #) and tagged correctly;
- b) assessed as to condition (E= Excellent, G = Good; F = Fair, P = Poor; S=Scrap);
- c) assessed as to status (1 = In use, 2 = on loan - out, 3 = storage, 4 = surplus, 5 = under repair, 6 not in use, 10 = on loan - in, 12 = obsolete); and that
- d) the date of the inspection is listed.

The combination of the budget request and narrative, presented annually to the President by each Vice President, and the PCS assessments, submitted by department managers to the Property Control Officer, provides the information needed to manage and budget for the College’s equipment replacement needs.

\*\* The PCS includes items costing \$5,000 or more.



OFFICE OF THE VICE PRESIDENT  
FOR ADMINISTRATION AND FINANCE

**To: Ms. DeGazon, Dr. Philpott, Dr. Soden, Dr. Troilo, Ms. Warwick**

**From: David A. Bowers**

A handwritten signature in black ink that reads "DAB".

**Subj: Budget Call Letter FY 2015-16**

**Date: March 16, 2015**

In preparation for the implementation of the College's July 1, 2015 to June 30, 2016 Financial Plan, you are asked to complete the attached "Other Than Personal Services" (OTPS) budget request documents by **Wednesday, April 29, 2015**.

The FY 2015-16 Executive Budget (*not yet enacted -- pending legislative response*) contains four operating highlights: 1) authority to support year five of rational tuition; 2) continued Maintenance of Effort (MOE); 3) "net" new funding for State-operated campuses; and 4) Performance Improvement Plans. The budget appropriates \$2,399.5M related to core operating budgets across State-operated and statutory campuses (1.1% over FY 2014-15). Of this amount, \$726.0M of direct tax support is for State-operated campuses and the SUNY System Administration (1.5% over FY 2014-15). Within that total number is \$155.0M in tuition spending authority. University-wide programs are funded at \$131.7M (2.2% less than FY 2014-15). While MOE funding will continue, there is no additional State funding for negotiated salary increases. In fact, last year's \$7.6M of such support is eliminated.

An additional \$18.0M in direct State support will be made available to campuses upon completion and approval by the SUNY Board of Trustees of campus-specific "Performance Improvement Plans." Further, 10% of the direct State support for each campus shall be set aside, to be provided upon approval of the same "Performance Improvement Plans." These plans are intended to address access, completion rates, academic and post-graduation success, research potential and community engagement.

Given the way the Division of the Budget (DOB) releases spending authority in increments over the course of a fiscal year, this 10% holdback is not expected to cause problems in the first year; however, success obviously depends on the campus having its performance plan approved. In subsequent years, increasing performance standards may become more of an issue for certain campuses, be they under or over achieving.

Regarding capital, the Executive Budget includes \$4.7B of re-appropriations and new capital appropriations to be spread across numerous activities. Critical maintenance is funded at \$200M, and use of the new appropriation is *restricted* to critical maintenance projects in *existing* buildings. Since a five-year capital plan is envisioned, \$200M amounts to \$1B over those years. This \$200M is less than half of what was available in prior years; however, as DOB was quick to point out, the State University Construction Fund is sitting on \$2.9B in unspent allocation of which \$1.3B isn't even under contract.

Notably, the Critical Maintenance funding is converted to a lump sum appropriation. This means that, unlike in past years, campus allocations are eliminated, and funding is to be distributed based on a "comprehensive system-wide plan based on prioritized infrastructure improvement needs"...."developed by the State University Construction Fund and approved by the Director of the Budget." It should be obvious that SUCF will have an "interesting" time allocating such a small amount across all campuses.

As part of the FY 2015-16 budget development process, I would like to introduce a new resource management tool called **SUNY Business Intelligence Finance Tool** or **BI** for short. Assuming that you are now comfortable using **SMRT**, the SUNY Management Resource Tool, you should find that BI is a more robust, flexible and comprehensive tool than SMRT and, likely, will one day replace SMRT entirely. As such, support of SMRT by System is diminishing. It is, however, still operational and can be used in this year's budget development.

Built around a variety of data "dashboards," BI offers a wide selection of options. Two of the more useful dashboards are the Account Summary and the Management Summary. Our use of BI can begin as soon as System has finished a final, technical upgrade that addresses campus account security.

We intend to follow the process used for the last few years by asking you to complete a form for each account where you are requesting allocation, including a narrative, and be prepared to meet with Dr. Heath, Mr. Catafago, and me to discuss your request. The alignment of budget requests with your strategic priorities continues to be of importance and will serve as a basis for our discussions.

Attached are two worksheets – a listing of accounts under your management and a template for you to fill in for State and IFR accounts. As you fill in the amounts in the categories and accounts, please provide a justification that ties into the College's Strategic Plan for your area. Line item requests, i.e. Supplies and

Materials, Travel, Contractual Services, Library Acquisitions and Equipment should be fully supported with detailed backup. In order to make your equipment request easier to sort into groupings, the template has been expanded to include Furniture, IT Equipment, Clinical Equipment and Other Equipment. In addition, the template adds cells for the next two fiscal years' equipment budget request.

Also, please provide the name(s) and signature(s) of those who will be responsible for the account(s) and who will have sign-off authorization. Assistance in obtaining the requested data, including IFR cash and revenue, can be obtained by using the SUNY SMRT system.

A single budget narrative for your entire unit (all accounts) is required. In this narrative, you should: 1) provide additional, essential information regarding your needs and priorities but in broader terms, that is, not repeating the detail of the allocation justifications; 2) describe any extraordinary items of expense you anticipate, for example, new program initiatives, and/or small renovation projects; 3) as much as possible, link your request to institutional priorities set forth in the College's Strategic Plan; and 4) further indicate how your spending priorities relate, directly or indirectly, to the College's instructional and student service programs. Attach the narrative to the completed summary sheet of your accounts.

**Please note:** Your budget narrative should also include an equipment section that, in addition to your specific funding request for FY 2015-16, FY 2016-17 and FY 2017-18 included in the worksheet template, reflects where possible an equipment replacement plan that considers the equipment's estimated useful life, physical condition, degree of obsolescence or other factors that may be relevant to the particular items. As best you can, specify the equipment and estimate potential costs.

You may return your completed request either in paper form or, preferably, as an email attachment. If you use email, please make sure that signatures are included (scanned into pdf format). Unsigned forms will be returned to you. Complete requests should be sent to Mr. Catafago by the date specified above.

Should you need assistance or have any questions, contact either me (ext.5666) or Mr. Catafago (ext. 5670). Thank you for your cooperation.

C: Dr. Heath  
Mr. Catafago

**SUNY State College of Optometry  
2015-16 Budget Request**

Account Number  Account Name

**OTPS (Other Than Personal Service)**

		FY 2015-16 Request	FY 2014-15 YTD Expended	FY 2014-15 Budget	FY 2013-14 Actual	Future Years request (for furniture & equipment) 2016-17 2017-18	
3000	Supplies and Material						
4000	Travel						
5000	Contractual Services						
7000	Library Acquisitions						
7222	Furniture						
7240	IT Equipment						
7253	Clinical Equipment						
7300	Other Equipment						
Sub-Totals OTPS		\$ -	\$ -	\$ -	\$ -		
Total PSR, TS, OTPS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

For Income Fund Reimbursable Accounts	current cash as of	2015-16 Projected Revenue	2014-15 YTD collections	2013-14 FYE collections
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Justification/Detail (please attach additional sheets if necessary)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person(s) authorized to expend on account  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Printed name \_\_\_\_\_

Signature of Area Vice President or President \_\_\_\_\_ Date \_\_\_\_\_

Gentlemen:

Attached, please find a listing of equipment on the Property Control System as of September 30, 2015, which has been identified as being located on an academic or research floor.

We conduct this annual inventory, as part of sound business practices. Please use this opportunity to assess the equipment we currently have, as well as to plan for future budgeting (the listing indicates a capitalization date, as well as a useful life, based on the type of equipment it is, and general guidelines within PCS.).

Please review the listing and ascertain the following:

- a) is located where it is indicated on the spreadsheet (room #) with the correct asset number tagged
- b) its condition (E= Excellent, G = Good; F = Fair, P = Poor; S=Scrap)
- c) its status (1 = In use, 2 = on loan - out, 3 = storage, 4 = surplus, 5 = under repair, 6 not in use, 10 - loan in , 12 = obsolete)
- d) and the date that you inspected the equipment

I've highlighted those columns which need your review/input. If there are any items you cannot find, please indicate that in the notes section.

Finally, if there are any items which are missing from this list (equipment purchased of \$5000 or greater), please list them at the bottom of the worksheet, with as much information as possible.

Please return the worksheet to Barbara by October 28, 2015. Let me know if you have any questions.

- Marcel Catafago
- Associate VP for Administration & Finance
- State University of New York
- College of Optometry
- 33 W. 42nd St.
- New York, NY 10036
- \*\*\*phone (212) 938-5670\*\*\*
- \*\*\*facsimile (212) 938-5678\*\*\*
- web-site: [www.sunyopt.edu](http://www.sunyopt.edu)
- e-mail [mcatafago@sunyopt.edu](mailto:mcatafago@sunyopt.edu)
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Appendix 2.5  
Equipment List

ASSET NUMBER	ROOM	Date Cap.	Condition	Status	STANDARD DESCRIPTION	Cost	Mfrtr	MODEL NUM	SERIAL	PO	LIFE	Date Inspected	Responsibility	VP	
5871000909	709	7/11/2013	E		1 Digital Autorefractor system	\$ 27,082	Lombart/Topcon	CV-5000S		2320936	130003	96	Boris Levin	Gonzalez	
5871000910	710	7/11/2013	E		1 Digital autorefractor system	\$ 27,082	Lombart/Topcon	CV-5000S		2320941	130003	96	Boris Levin	Gonzalez	
5871000911	712	7/11/2013	E		1 Digital Autorecractor	\$ 27,082	Lombart/Topcon	CV-5000S		2320942	130003	96	Boris Levin	Gonzalez	
5871000912	713	7/11/2013	E		1 Digital autorefractor system	\$ 27,082	Lombart/Topcon	CV-5000 S		2320948	130003	96	Boris Levin	Gonzalez	
5871000913	702	7/11/2013	E		1 Keratometer digital	\$ 10,295	Lombart/Topcon	KR800		4750160	130003	72	Boris Levin	Gonzalez	
58720024RF	1418	11/13/2014	E		2 PLR-200 Pupillometer	\$ 8,030	NeurOptics Inc	PLR-200	14-1258		928043	96	Ciuffreda/Rosenfield	Troilo	
58720022RF	801	7/28/2014	E		1 HTS VTS4 Monitor and component	\$ 7,670	Home Therapy Systems	HTS VTS4	Z6WP3CDB08809B		913012	60	cooper/shulman	Troilo	
5871000769	934	1/1/2011	E		1 COPIER	\$ 9,600	KONICA	BIZHUBC360		93203556	100328	120	Cruttenden	Bowers	
5871000908	3 and 3m	7/16/2013	E		1 Diebold security system 3 & 3M	\$ 106,022	Deibold	project			110192	156	Dapo	Bowers	
5871000957	3M09	4/14/2015	E		1 EXACQ 16 ANALOG	\$ 5,300	MARTCO INC	1608-48-3000-R2	ER1516152221		140417	156	Dapo Adurogbola	Bowers	
58720015RG	1616	7/11/2013	E		1 Cryostat (2004)	\$ 4,425	Leica (from Southeas	CM1900		45227382	R850129	84	Dar/Bloomfield/Alonso/Sri	Troilo	
58720015RF	1616	7/11/2013	E		1 Cryostat Leica CM1900	\$ 4,425	Leica	CM1900 (2004)		45227382	R850129	72	Dar/Bloomfield/Srinivas/A	Troilo	
58720015RH	1616	7/11/2013	E		1 cryostat (2004) southeast path	\$ 4,325	Leica	CM1900 (2004)		45227382	R850129	72	Dar/Bloomfield/Srinivas/A	Troilo	
58463929RO	1604	4/1/2008	G		1 IMAGING SYSTEM CAMERA	\$ 17,828	FUJI	LAS 4000			533284	120	Darcy	Troilo	
58463955RO	1613/1621	2/1/2008	G		1 FREEZER	\$ 6,665	SO LOW	13 CU FT		708668	518263	132	Darcy	Troilo	
58463975RO	1613/1621	4/1/2010	G		1 DEEP FREEZER	\$ 11,000	FISHER	ULTRA LOW			660139	72	Darcy	Troilo	
5870112800	1623	8/1/1997	G		1 TOPCON MICROSCOPE SYSTEM	\$ 7,245	LOMBARD INSTRUM	OMS75			13092	962187	156	Darcy	Troilo
5870115700	1617	8/1/1997	E		1 FREEZE DRY SYS (LAB EQUIP)	\$ 6,142	VWR SCIENTIFIC		77510	409955	96209700	156	Darcy	Troilo	
5870123800	17FL	7/1/1998	S		1 XEROX COPIER	\$ 6,800	XEROX		5830	1WE089044	971818	120	Darcy	Troilo	
5870300185	1616	6/1/2002	E		1 SCINTILLATION COUNTER	\$ 24,192	PACKARD		2900		10980	156	Darcy	Troilo	
5870300664	1619	2/1/2001	E		1 SRX PROCESSOR	\$ 5,355	MARCONI	101 A		105214288	16104	72	Darcy	Troilo	
5870301641	1622	6/1/2004	G		1 DIGITAL CAMERA	\$ 5,728	NIKON	D55M	MQA11000		30881	60	Darcy	Troilo	
28720007RO	1426	3/28/2013	E		1 RAPDx pupillograph Konan	\$ 5,278	Konan	G-006	RA10162		R835698	72	Darcy Cavanagh	Troilo	
28720007R1	1426	3/28/2013	E		1 RAPDx pupillograph Konan	\$ 5,278	Konan	G-006	RA10162		R835698	72	Darcy Cavanagh	Troilo	
58463941RO	1424	8/1/2007	G		1 HEAD TRACKER	\$ 13,852	HIBALL					96	Darcy Cavanagh	Troilo	
5870132400	1422	4/1/1999	G		1 XEROX COPIER	\$ 6,800	XEROX		5830		17	120	Darcy Cavanagh	Troilo	
5870301103	1403	6/1/2002	E		1 MODULAR FURNITURE	\$ 18,729	DAVID G ROSEN				10952	180	Darcy Cavanagh	Troilo	
58463782RO	1707	12/1/2002	S		1 DATASCOPE GAS MODULE	\$ 7,555	PASSPORT	XG			161519	156	Darcy/Alonso	Troilo	
58463785RO	1705	3/1/2003	G		1 THOMAS RECOR MULTIELECTRIC	\$ 20,870	BROWN UNIVERSIT				177228	180	Darcy/Alonso	Troilo	
58463787RO	1706	4/1/2003	G		1 Plexon 16 ch MAP	\$ 50,920	PLEXON	MAP2003-13		401220	164089	180	Darcy/Alonso	Troilo	
58463817RO	1706	7/1/2003	E		1 COIL SYSTEM	\$ 7,700	DNI	DNI2.0			180019	72	Darcy/Alonso	Troilo	
58463861RO	1419	4/1/2004	E		1 MAP/32 SYSTEM	\$ 15,117	PLEXON/COMPUTER	MAP/32		401281	255628	60	Darcy/Alonso	Troilo	
58463864RO	1419	4/1/2004	G		1 Plexon 32 bit MAP system	\$ 42,183	PLEXON	MAP/32		401281	255628	60	Darcy/Alonso	Troilo	
58463932RO	1705	11/1/2007	E		1 MAP UPGRADE SYSTEM	\$ 33,725	PLEXON INC	MAPUPG3264			495967	120	Darcy/Alonso	Troilo	
58463963RO	1706	4/1/2010	E		3 EYELINK CAMERA COMPUTER	\$ 31,175	SR RESEARCH		1000		661288	72	Darcy/Alonso	Troilo	
58463981RO	1705	10/1/2010	E		1 OPMI 1 SQUARE BODY	\$ 9,950	ZEISS	0-180			689513	96	Darcy/Alonso	Troilo	
58463985RO	1705	12/1/2010	E		1 MRI STEREOAXIC INST	\$ 7,500	DAVID KOPF	1430M			689506	96	Darcy/Alonso	Troilo	
58720006RF	17th floor	3/5/2013	E		1 Neurodata Amplifier	\$ 8,258	Natus Neurology	15LT Protoble 4ch Bipolar	13A058G 1380393		R830138	156	Darcy/Alonso	Troilo	
58720013RF	1419	5/9/2013	E		1 Eyelink 1000 system	\$ 25,603	SR Research	Eyelink 1000 Unit		VF6000BNS120901	R842192	60	Darcy/Alonso	Troilo	
58720014RF	17fi	5/2/2013	E		1 Hitachi 3CCD camera	\$ 8,600	Hitachi	3CCD camera system VHVD-3	13213172-171216		R843613	60	Darcy/Alonso	Troilo	
58720020RF	alonso lab	2/4/2014	E		1 Plexon system OmniPlex upgrade	\$ 37,485	Plexon	UPG 64-128	9MITSYV1		882276	72	Darcy/Alonso	Troilo	
58720021RF	alonos lab	2/4/2014	E		1 Plexon omniplex D digit amp	\$ 30,250	Plexon	Omplex D Amp DA1/16	84MY9Y1		882276	60	Darcy/Alonso	Troilo	
58463998RO	1504	4/1/2012	E		1 2 channel digitizer	\$ 7,322	National	2 channel			748610	72	Darcy/Ann Nour	Troilo	
58463778RO	1402	8/1/2002	G		1 DLP PROJECTOR	\$ 5,199	IN FOCUS	LP650			R134517	120	Darcy/Backus	Troilo	
58463938RO	1424	4/1/2008	G		1 PROJECTOR	\$ 20,000	CHRISTIE	MIRAGES4K			527882	120	Darcy/Backus	Troilo	
58463939RO	1424	4/1/2008	G		1 PROJECTOR LENS	\$ 5,000	CHRISTIE	LENS			527882	120	Darcy/Backus	Troilo	
58463940RO	1402	8/1/2007	G		1 EYE TRACKER	\$ 6,000	EYE TRACK					96	Darcy/Backus	Troilo	
5870301852	1422A	9/1/2004	F		1 SYNOPTOPHORE	\$ 7,774	CLEMENT CLARKE		2001		665	30876	72	Darcy/Backus	Troilo
5870052600	1622	8/1/1992	P		4 LASER SYSTEM/W VIDEO SYSTEM	\$ 87,900	ARGON-YAG	AC/YC2200			22022	3116	72	Darcy/Beaton	Troilo
5870094700	1501	5/1/1996	G		1 G6-200 COMPUTER PC	\$ 5,674	GOV.	G6-200		578419	951965	60	Darcy/Beaton	Troilo	
5870140400	1622	6/1/2001	E		1 TEACHING MICROSCOPE	\$ 6,657	NIKON	ECLIPSE			1031	96	Darcy/Beaton	Troilo	
58720005RF	Bloomfield	3/5/2013	E		1 Olympus Confocal Microscope	\$ 579,860	Olympus	FV 1200			R821743	156	Darcy/Bloomfield	Troilo	
58720012RF	Bloomfield	4/24/2013	E		1 Olympus scope slide/software	\$ 18,405	OlympusSiskiyou	9104-0000MX0P12	1524-761-15/8		R840717	156	Darcy/Bloomfield	Troilo	
58720018RF	1613	9/20/2013	E		1 Digidata 1550 and clamp Axon	\$ 6,458	Axon via Molecular D	Digidata 1550		130207	867766	60	Darcy/Bloomfield	Troilo	
58463779RO	1412	11/1/2001	G		1 VSG COMPUTER SYSTEM	\$ 15,675	CAMBRIDGE	SERIES 5			30069	60	Darcy/Bonnie	Troilo	
58463780RO	1714	2/1/2003	G		1 Datex Patient Monitor	\$ 10,695	DRE INC	1500P	311439V		175888	60	Darcy/BRF	Troilo	
58463783RO	1722	12/1/2002	G		1 PRIMATE CHAIR	\$ 11,404	UNIV OF CONN	CUSTOM			161519	156	Darcy/BRF	Troilo	
58463828RO	1718	6/1/2003	G		1 ACTIVITY MODULE	\$ 5,328	PRIMATE PRODUCT	6.0 SQ FT			194392	156	Darcy/BRF	Troilo	
58463829RO	1718	6/1/2003	G		1 APARTMENT MODULE	\$ 6,394	PRIMATE PRODUCT	6.0 SQ FT			194392	156	Darcy/BRF	Troilo	
58463830RO	1720	6/1/2003	G		1 APARTMENT MODULE	\$ 6,394	PRIMATE PRODUCT	6.0 SQ FT			194392	156	Darcy/BRF	Troilo	
58463849RO	1718	8/1/2003	G		1 CAGE AND RACK	\$ 5,574	HEIDBRINK	INTEGRATED			210421	156	Darcy/BRF	Troilo	
58463850RO	1718	8/1/2003	E		1 CONNECTOR POSTS	\$ 5,871	INST OF OPHTHAL				210453	156	Darcy/BRF	Troilo	
58463927RO	1705	2/1/2008	E		1 COMPUTER	\$ 8,191	DELL	PRESIONT74	6QQ9NF1		523853	60	Darcy/BRF	Troilo	
58463933RO	1738	3/1/2008	E		1 DELL WORKSTATION	\$ 8,191	DELL		490	DPVKRD1	523853	120	Darcy/BRF	Troilo	
5870300223	1718	2/1/2002	G		1 CAGE SMALL	\$ 5,974	PRIMATE PROD	6H			10569	156	Darcy/BRF	Troilo	
5870300224	1718	2/1/2002	G		1 CAGE SMALL	\$ 5,974	PRIMATE PROD	6H			10569	156	Darcy/BRF	Troilo	
5870300226	1718	2/1/2002	G		1 CAGE SMALL	\$ 5,974	PRIMATE PROD	6H			10569	156	Darcy/BRF	Troilo	

5870300227	1718	2/1/2002	G	1	CAGE SMALL	\$ 5,974	PRIMATE PROD	6H			10569	156		Darcy/BRF	Troilo
5870301073	1738	11/1/2002	E	1	MODULAR PARTITIONS	\$ 5,570	DAVID G ROSEN I				20466	0		Darcy/BRF	Troilo
58463685R0	1544	3/1/1992	G	1	TAPE RECORDER	\$ 6,800	SUNY	BVU-950TC		14300	5299	120		Darcy/Kruger	Troilo
58463731R0	1543	1/1/1985	G	1	OPTICAL BENCH SYSTEM	\$ 38,280	SONY					96		Darcy/Kruger	Troilo
58463802R0	1544	1/1/2003	G	1	COMPUTER SYSTEM	\$ 22,525	WAVEFRONT SCIEN	G201			166465	60		Darcy/Kruger	Troilo
58463806R0	1408	5/1/2003	G	1	LINEAR MODULE	\$ 5,013	R C CONTROLS	1106-385			189029	72		Darcy/Kruger	Troilo
58463982R0	1544	10/1/2010	G	1	SPATIAL LIGHT MOD SYS	\$ 6,056	MEAWOLARK	1X	HEX127A0550		672720	72		Darcy/Kruger	Troilo
5870301232	1544	3/1/2003	G	1	COMPUTER SYSTEM	\$ 22,525	WAVEFRONT SCIEN	COAS			20810	60		Darcy/Kruger	Troilo
5871000676	1702	1/1/2010	E	1	NEURAL SIGNAL PROC	\$ 142,150	CEREBUS	128 CHAN		41762034	90247	96		Darcy/McPeek	Troilo
5871000696	1704	11/1/2009	E	1	EYELINK CAMERA	\$ 68,600	SR RESEARCH		1000		90261	96		Darcy/McPeek	Troilo
5871000878	17 thfl	7/20/2012	E	1	VPIXX Data Acquisition System	\$ 11,124	VPIXX Tech	VPX-DPX-1001C	10001-1088		110699	60		Darcy/McPeek	Troilo
5871000879	17 thfl	7/20/2012	E	1	VPIXX Data Acquisition system	\$ 11,124	VPIXX Tech	VPX-DPX-1001C	10001-1087		110699	60		Darcy/McPeek	Troilo
5871000881	1701	9/6/2012	E	1	Plexon 16 ch DAS	\$ 46,150	Plexon	OmniPlex/16		141298	110702	120		Darcy/McPeek	Troilo
5871000883	15th fl	11/28/2012	E	1	Delsys 4chan EMG system	\$ 5,615	Bagnoli	DS:B02 4ch EMG	SP-B06-1444		100701	60		Darcy/McPeek	Troilo
5871000153	1111	11/1/2005	S	1	COPIER	\$ 5,107	KONICA	TA7235			50391	120		Darcy/Mocica	Troilo
58463690R0	1420	2/1/1992	P	1	AUTOREFRACOR/W MONITOR&PRINTE	\$ 9,000	CANON	AUTOREFR-1	400101A		5251	96		Darcy/Rosenfield	Troilo
58463891R0	1420	1/1/2006	G	1	AUTOREFRAC KERA	\$ 11,700	SEIKO	WAM5500			382209	72		Darcy/Rosenfield	Troilo
5870098100	1405A	11/1/1996	E	1	RELIANCE FLOOR UNIT	\$ 6,250	LOMBART	6200L	62099602102		960648	72		Darcy/Rosenfield	Troilo
5870098200	1405A	11/1/1996	E	1	RELIANCE FLOOR UNIT	\$ 6,250	LOMBART	6200L	62099602077		960648	72		Darcy/Rosenfield	Troilo
5870133500	1405A	4/1/1999	E	1	ULTRA SLIT LAMP	\$ 5,695	MARCO	G5			981696	72		Darcy/Rosenfield	Troilo
5870252000	1405A	8/1/1998	E	1	ZEISS SLIT LAMP	\$ 6,395	ZEISS	SL-10	273637		972269	72		Darcy/Rosenfield	Troilo
5870300743	1405A	6/1/2002	E	1	SLIT LAMP AND VIDEO	\$ 9,180	ZEISS	SL120	843890		11026	72		Darcy/Rosenfield	Troilo
5870300750	1405A	6/1/2002	E	1	SLIT LAMP AND VIDEO PACKAGE	\$ 9,120	ZEISS	SL120			11071	72		Darcy/Rosenfield	Troilo
5870300804	1405A	6/1/2002	E	1	SLIT LAMP AND VIDEO	\$ 9,120	ZEISS	SL120	845236		11026	72		Darcy/Rosenfield	Troilo
5871000537	1401	6/1/2008	E	1	NC TONOMETER	\$ 6,895	MARCO	NT 2000	120308		70668	72		Darcy/Rosenfield	Troilo
5871000784	1401	3/1/2011	S	1	PERIMETER	\$ 8,145	OCULUS	EASYFIELD			100413	72		Darcy/Rosenfield	Troilo
58720019RF	17th fl	10/21/2013	E	1	Buxton Heat Exchanger	\$ 7,828	Buxton	Heat Exchanger SS 126 GPM			836327	156		Darcy/Santiago	Troilo
5870300186	1613	6/1/2002	E	1	FUSION BASIC	\$ 29,900	PACKARD	A153600			10980	156		Darcy/Sonal	Troilo
58463912R0	1601/1603	11/1/2005	E	1	MICROSCOPE SYSTEM	\$ 20,872	NIKON	TE2000U			373424	156		Darcy/Srinivas	Troilo
58463950R0	1603	7/1/2009	P	1	FREEZER	\$ 9,278	ULTIMA	II FREEZER			610030	132		Darcy/Srinivas	Troilo
58463969R0	1601/1602	6/1/2010	E	1	SW CONT AMPLIFIER	\$ 10,660	MOLECULAR	AXOCLAMP			673439	60		Darcy/Srinivas	Troilo
58463993R0	1603	8/1/2010	E	1	STEREO MICROSCOPE	\$ 12,869	OLYMPUS AMERICA	SZ16			673673	72		Darcy/Srinivas	Troilo
58720016RF	1601	7/11/2013	E	1	Data Acquisiton system (digida	\$ 11,978	Digidata (molecular	1550 low noise Pclamp 10		130081	855254	60		Darcy/Srinivas	Troilo
5870266300	1539C	12/1/1999	E	1	COPIER	\$ 5,410	XEROX	5818TA	N8N030521		990365	120		Darcy/Suresh	Troilo
5871000914	1539c	8/26/2013	E	1	Xerox workcentre 7225 copier-	\$ 7,340	Xerox	7225 color	683700		130070	120		Darcy/Suresh	Troilo
58463974R0	1620	5/1/2010	G	1	REF KERATOMETER	\$ 8,985	NVISION	K 5001	38AN0311K		655940	72		Darcy/Troilo	Troilo
58720004RF	1513	1/9/2013	G	1	Diagnosys electroretinographer	\$ 13,000	Diagnosys	Ganzfield			R823205	72		Darcy/Viswanathan	Troilo
58720009RF	16 fl labs	4/16/2013	E	1	Espion Console & Ganzfeld syst	\$ 56,000	Diagnosys	D315CDD199		141	R829722	72		Darcy/Viswanathan	Troilo
58720010RF	16 fl lab	4/16/2013	E	1	Diagnosys Cons and amp	\$ 26,700	Diagnosys	D315	sn 235 545		R829722	72		Darcy/Viswanathan	Troilo
58720011RF	16 fl lab	4/16/2013	E	1	Diagnosys stimulator system	\$ 2,800	Diagnosys	D218	380		R829722	72		Darcy/Viswanathan	Troilo
58463903R0	1545e	9/1/2006	E	1	STIMULUS GENERATOR SYSTEM	\$ 39,078	CAMBRIDGE RESEA	VISAGE			424458	72		Darcy/Zaidi	Troilo
58463995R0	1501	4/1/2012	E	1	ViewPixx LCD display/acquisito	\$ 20,388	ViewPixx	VPX-2001C			74114	132		Darcy/Zaidi	Troilo
58463996R0	1545	4/1/2012	E	1	Portable Imaging Camera	\$ 25,098	surface optics	0710-0001			755628	132		Darcy/Zaidi	Troilo
58463997R0	1501	4/1/2012	E	1	SONY Xd Camera and accessories	\$ 30,968	SONY	Xdcamsopmwdt300			759662	132		Darcy/Zaidi	Troilo
5870301303	1545	7/1/2003	G	1	SPECTRARADIOMETER	\$ 13,745	PHOTO RESEARCH	PR650			30029	60		Darcy/Zaidi	Troilo
5871000483	1545	5/1/2008	E	1	LIBERTY SYSTEM 240/8-4	\$ 7,605	POLHEMUS	240/8-4	234A80014		70680	72		Darcy/Zaidi	Troilo
5871000503	1542	6/1/2008	E	1	CYBERGLOVE	\$ 23,175	IMMERSION	18 SENSOR	CT18RR2541		50893	72		Darcy/Zaidi	Troilo
58463944R0	1620	2/1/2009	F	1	PULSER RECEIVER	\$ 5,011	IMAGINANT	DPR300		640336	588004	72		DarcyTroilo	Troilo
5871000960	9268	6/30/2015	E	1	Scantron Hosted System	\$ 40,745	Scantron Corporation	INSIGHT20PLUS		260052	140499	120		David Troilo	Troilo
5871000948	0204	5/1/2008	F	4	DIGITAL PROJECTOR	\$ 5,536	PANASONIC	DW5000UL	SH7360042		D070437	120		Fiona Dhrimaj	Bowers
5871000958	101	5/30/2015	E	1	XTP Crosspoint 1600 Frame	\$ 5,088	Adwar Video	EX60-1250-01	A0YPLFA E27212		130454	156		Fiona Dhrimaj	Bowers
5871000959	101	5/30/2015	E	1	XTP Crosspoint 1600 Frame	\$ 5,088	Adwar Video	EX60-1250-01	A0YTW30 E27212		130454	156		Fiona Dhrimaj	Bowers
5871000029	C128	4/1/2005	E	1	COMPUTER WITH S/W	\$ 12,200	LKC DELL		4700	CMHJS61	40694	60		Frank	Bowers
5871000819	C201	5/1/2011	E	1	BIZHUB COPIER	\$ 18,102	KONICA MINOLTA	PRO 950			100465	60		Frank	Bowers
5871000950	C217	4/23/2015	E	1	SpeedGleam Burnishers	\$ 8,991	FM Office Express	NV-SG5-0001	SG510734977		140023	156		Frank Orehek	Bowers
5871000905	3M facilit	4/24/2013	E	1	Scissor Lift	\$ 9,040	Genie	AWP-305 AC	AWP13 76966		120552	72		Frank/Astarita	Bowers
5871000906	3M	6/21/2013	E	1	Amer Dynamics HD drive and cam	\$ 7,808	American Dynamics	ADHD 160200 2tb plus came		1.31902E+11	120614	60		Frank/Dapo	Bowers
5871000924	3M	5/29/2014	E	1	Security Monitoring HDVR syst	\$ 7,591	American Dynamics	ADHD160200 ADCD		1.40402E+11	130417	156		Frank/Dapo	Bowers
5871000880	off campus	1/23/2013	E	1	Ford Edge 2013 SUV	\$ 25,738	Ford	Edge SEL	2FMDK4JC1D8B623		120415	72		Heath	Health
5871000818	913	5/1/2011	E	1	TWINFIELD PERIMETER SYSTEM	\$ 22,975	OCULUS		56900		100468	96		Hedy/Dul	Troilo
5870144200	1116	5/1/2001	E	1	FURNITURE STATIONS	\$ 27,521	DAVID ROSEN INC	SEE QUOTE			823	180		Hedy/Madonna	Troilo
5871000885	2nd fl met	3/6/2013	E	1	Refractor/Keratometer	\$ 7,333	Marco	ARK-510A ARK-510		320438	120417	96		Hedy/Madonna	Troilo
5871000886	2nd fl met	3/6/2013	E	1	Marco Electronic Refractor	\$ 11,442	Marco	RT-5100		833963	120417	96		Hedy/Madonna	Troilo
5871000887	2nd fl met	3/6/2013	E	1	Marco electronic refractor	\$ 11,442	Marco	RT-5100		833962	120417	96		Hedy/Madonna	Troilo
5871000888	2nd fl met	3/6/2013	E	1	Marco electronic refractor	\$ 11,442	Marco	RT-5100		833956	120417	96		Hedy/Madonna	Troilo
5871000889	2nd fl met	3/6/2013	E	1	Marco Electronic refractor	\$ 11,442	Marco	RT-5100		833955	120417	96		Hedy/Madonna	Troilo
5871000890	2nd fl met	3/13/2013	E	1	Topcon Imagenet system	\$ 12,285	Topcon	DC3		949311	120406	60		Hedy/Madonna	Troilo
5871000891	2nd fl met	3/13/2013	E	1	Topcon Imagenet system	\$ 12,285	Topcon	DC3		949313	120406	60		Hedy/Madonna	Troilo
5871000892	2nd fl met	3/13/2013	E	1	Topcon Imagenet system	\$ 12,285	Topcon	DC3		949315	120406	60		Hedy/Madonna	Troilo

5871000893	2nd fl met	3/13/2013	E	1	Topcon Imagenet system	\$ 12,285	Topcon	DC3	949319	120406	60		Hedy/Madonna	Troilo	
5871000894	2nd fl met	3/13/2013	E	1	Topcon Imagenet system	\$ 12,285	Topcon	DC3	949360	120406	60		Hedy/Madonna	Troilo	
5871000895	1405B	3/13/2013	E	1	Topcon refractor	\$ 7,850	Topcon	CV-5000S abd KB-50S	2320849	120406	96		Hedy/Madonna	Troilo	
5871000896	1405B	3/13/2013	E	1	Topcon refractor	\$ 7,850	Topcon	CV 5000S and KB50S	2320848	120406	96		Hedy/Madonna	Troilo	
5871000897	2nd fl met	3/13/2013	E	1	Topcon refractor	\$ 7,850	Topcon	CV 5000S and KB 50S	2320843	120406	96		Hedy/Madonna	Troilo	
5871000898	2nd fl met	3/13/2013	E	1	Topcon refractor	\$ 7,850	Topcon	CV5000S and KB 50S	2320844	120406	96		Hedy/Madonna	Troilo	
5871000899	2nd fl met	3/13/2013	E	1	Topcon refractor	\$ 7,850	Topcon	CV5000S and KB 50S	2320847	120406	96		Hedy/Madonna	Troilo	
5871000900	2nd fl met	3/13/2013	E	1	iDoc integrated system	\$ 11,880	Marco	1154-LS	1230061	120406	72		Hedy/Madonna	Troilo	
5871000901	2nd fl met	3/13/2013	E	1	iDoc integrated system	\$ 11,880	Marco	1154-LS	1230063	120406	72		Hedy/Madonna	Troilo	
5871000902	2nd fl met	3/13/2013	E	1	iDoc integrated system	\$ 11,880	Marco	Marco	1230060	120406	72		Hedy/Madonna	Troilo	
5871000903	2nd fl met	3/13/2013	E	1	iDoc integrated system	\$ 11,880	Marco	1154-LS	1230062	120406	72		Hedy/Madonna	Troilo	
5871000904	2nd fl met	3/13/2013	E	1	Wavefront Analyzer	\$ 19,000	Topcon	KR 1W 5 in 1	3551062	120406	156		Hedy/Madonna	Troilo	
5871000929	meth lab 1	7/29/2014	E	1	topcon CV-5000S	\$ 11,760	Topcon/Lombart	CV-5000S	2321121	130501	96		Hedy/madonna	Troilo	
5871000942	7FL	11/13/2014	E	1	Keratograph 5M	\$ -	Oculus	Keratograph 5M	77000 5431-3110		96		Joseph Stamm	Gonzalez	
5870147500	1024	6/1/2001	E	1	DIGITAL PRINTER	\$ 6,700	XEROX	DC420C2		943	60		Levin	Gonzalez	
5802840800	0730	6/1/1986	E	1	DELUXE CHAIR AND STAND	\$ 5,175	MARCO		11289	221	96		Levin	Gonzalez	
5826575000	709	11/1/1988	G	1	NIKON EL75 LENSOMETER	\$ 6,007	LOMBART		414636	1181	72		Levin	Gonzalez	
5827750000	0715	11/1/1988	G	1	NIKON EL75 LENSOMETER	\$ 6,007	LOMBART		414596	1181	72		Levin	Gonzalez	
5829891000	bowery	1/1/1985	G	1	SLIT LAMP	\$ 6,306	NIKON	FS-2	35031		72		Levin	Gonzalez	
58463807RO	521	7/1/2003	G	1	POWER REFRACTOR	\$ 5,980	PLUS OPTIX	II		202725	72		Levin	Gonzalez	
58463983RO	538	11/1/2010	G	1	Arrington Eye Mvmt quick cla	\$ 9,498	ARRINGTON	BQ03		695137	96		Levin	Gonzalez	
5858901915	0614	6/1/2001	F	1	PORTABLE A/B SYSTEM	\$ 17,395	SONOMED		5500	938	96		Levin	Gonzalez	
5858901918	618	6/1/2001	F	1	RETINAL CAMERA	\$ 23,695	TOPCON	TRC 50EX		975	96		Levin	Gonzalez	
5870038300	1002	6/1/1991	E	1	COMPUTER MINI-VAX 4000	\$ 76,767	DIGITAL EQUIP C	D5RVF-B	KA124F0897	002415C	60		Levin	Gonzalez	
5870040500	0701	11/1/1991	G	1	SLIT LAMP W/PHOT ATTACH.	\$ 8,645	TOPCON	SL-7E		700592	477	72		Levin	Gonzalez
5870066100	0611	6/1/1993	G	1	ZEISS 20-SL SLIT LAMP W/TRAY	\$ 7,652	ZEISS	20SL		231338 001658A	72		Levin	Gonzalez	
5870113000	0628	8/1/1997	G	1	5L SLIT LAMP W/TONOMETER TRAY	\$ 9,387	HUMPHREY INSTRU	SL120		763611 96218800	72		Levin	Gonzalez	
5870113100	0630	8/1/1997	G	1	5L SLIT LAMP W/TONOMETER TRAY	\$ 9,387	HUMPHREY INSTRU	SL120		763605 96218800	72		Levin	Gonzalez	
5870129900	0803	8/1/1998	G	1	ZEISS SLIT LAMP	\$ 6,395	ZEISS	SLIT LAMP		972269	72		Levin	Gonzalez	
5870210600	0715	1/1/1991	G	1	STAND EXAM	\$ 5,150	RELIANCE		7720	123350 000240C	72		Levin	Gonzalez	
5870210700	0611	12/1/1991	G	1	EXAM STAND	\$ 5,150	RELIANCE		7720	123510	96		Levin	Gonzalez	
5870210800	0805	1/1/1991	G	1	STAND EXAM	\$ 5,150	RELIANCE		7720	123407 000240C	72		Levin	Gonzalez	
5870214000	0714	1/1/1991	G	1	EXAM CHAIR	\$ 5,150	RELIANCE		6200	123432 000240C	72		Levin	Gonzalez	
5870214100	0611	1/1/1991	G	1	EXAM CHAIR	\$ 5,150	RELIANCE		6200	123519 000240C	72		Levin	Gonzalez	
5870240000	0808	2/1/1995	G	1	TONOMETER	\$ 6,100	CANNON	T-2		200037 941281	96		Levin	Gonzalez	
5870240100	714	2/1/1995	G	1	TONOMETER	\$ 6,100	CANNON	T-2		200002 941281	96		Levin	Gonzalez	
5870244200	833	11/1/1995	G	1	TOPCON SLIT LAMP	\$ 5,725	TOPCON	SL-TET		701690 94224700	120		Levin	Gonzalez	
5870244700	0608	11/1/1995	G	1	SLIT LAMP	\$ 6,000	ZEISS	SL120		240995 95040500	72		Levin	Gonzalez	
5870244800	625	11/1/1995	G	1	SLIT LAMP	\$ 6,000	ZEISS	SL120		240997 95040500	72		Levin	Gonzalez	
5870244900	0629	11/1/1995	G	1	SLIT LAMP	\$ 6,000	ZEISS	SL120		240994 95040500	72		Levin	Gonzalez	
5870245000	0626	11/1/1995	G	1	SLIT LAMP	\$ 12,000	ZEISS	AT020		242094 95040500	72		Levin	Gonzalez	
5870246800	samaritan	6/1/1996	E	1	TONOMETER	\$ 5,950	REICHART	12415M	100355-6	951990	72		Levin	Gonzalez	
5870252100	0714	8/1/1998	G	1	SLIT LAMP	\$ 6,395	ZEISS	SL120		972269	72		Levin	Gonzalez	
5870299000	Ezra	3/1/2002	E	1	VT COMPUTER	\$ 6,830	R C INSTRUMENTS	VT	RC030202		72		Levin	Gonzalez	
5870300133	0643	4/1/2002	E	1	AIR PURIFIER	\$ 13,091	SPECTRA GASES	53006411T		10770	84		Levin	Gonzalez	
5870300584	0632	7/1/2001	G	1	YAG LASER	\$ 24,150	NIDEK INC	YC1600	60670	1043	72		Levin	Gonzalez	
5870301030	0919	10/1/2002	G	1	PROJECTION PERIMETER	\$ 8,000	TOPCON	SBP-11		11310	72		Levin	Gonzalez	
5870301154	842	6/1/2003	G	1	AUTOREFRACTOR	\$ 5,450	WELCH ALLYN	SURESIGHT		20460	72		Levin	Gonzalez	
5870301155	812	6/1/2003	P	1	AUTOREFRACTOR	\$ 5,450	WELCH ALLYN	SURE SIGHT		20463	72		Levin	Gonzalez	
5870301231	618	7/1/2003	P	1	DIGITAL CAMERA SYSTEM	\$ 29,995	O.I.S.	140050EX	A03E872014	21065	72		Levin	Gonzalez	
5870301273	0706	7/1/2003	G	1	SLIT LAMP	\$ 10,445	HAAG STREIT	BQ900	5122	21125	72		Levin	Gonzalez	
5870301369	1010	1/1/2004	G	1	EDGER	\$ 17,600	GERBER COBURN	KAPPA		30497	72		Levin	Gonzalez	
5870301627	0604	6/1/2004	G	1	SLIT LAMP	\$ 6,395	ZEISS	SL120	881075	30846	72		Levin	Gonzalez	
5870301631	0710	6/1/2004	E	1	SLIT LAMP	\$ 6,395	ZEISS	SL120	881078	30846	72		Levin	Gonzalez	
5870301633	0712	6/1/2004	E	1	SLIT LAMP	\$ 6,395	ZEISS	SL120	881081	30846	72		Levin	Gonzalez	
5870301635	0637	6/1/2004	G	1	OPTICAL COHER TOMOGRAPHY	\$ 25,845	ZEISS		3000 3000-4697	28	60		Levin	Gonzalez	
5870301890	0701	11/1/2004	G	1	RETINAL CAMERA SYSTEM	\$ 24,500	TOPCON	TRCNW6S		287283 40361	72		Levin	Gonzalez	
5871000093	bowery	6/1/2005	G	1	KERATOMETER	\$ 7,995	SPEEDY K			20657 40892	72		Levin	Gonzalez	
5871000135	823	10/1/2005	G	1	HAND HELD HELD AUTO REFRACTOR	\$ 11,500	LOMBART	RETINOMAX		40726 50306	72		Levin	Gonzalez	
5871000242	0520	7/1/2006	G	1	FIELD ANALYZER	\$ 13,900	HUMPHREY	II		50825	72		Levin	Gonzalez	
5871000258	0515	6/1/2006	G	1	SLIT LAMP	\$ 5,000	CARL ZEISS	SL120	935174	50823	72		Levin	Gonzalez	
5871000259	0515	6/1/2006	G	1	Tonometer	\$ 5,000	CARL ZEISS	SL120	938619	50823	72		Levin	Gonzalez	
5871000264	0514	6/1/2006	G	1	SLIT LAMP	\$ 5,000	CARL ZEISS	SL120	935172	50823	72		Levin	Gonzalez	
5871000265	0515	6/1/2006	G	1	Tonomter	\$ 5,000	CARL ZEISS	SL120	942676	50823	72		Levin	Gonzalez	
5871000281	0701	10/1/2006	G	1	EZ SCAN	\$ 15,000	SONOMED TECH	A/B 5500	55509060855	60198	72		Levin	Gonzalez	
5871000320	521	9/1/2006	G	1	AUTOREFRACTOR	\$ 11,700	AIT INDUSTRIES	P60	19578	60164	96		Levin	Gonzalez	
5871000389	0701	11/1/2007	S	1	ZEISS W/PRINTER	\$ 31,225	CARL ZEISS	GDXVCC	GDX3443	70299	96		Levin	Gonzalez	
5871000391	0614	11/1/2007	G	1	ULTRA SONIC BIO	\$ 39,000	PARADIGN OPTICA	P60 UBM		70231	96		Levin	Gonzalez	
5871000397	0618	11/1/2007	G	1	FIELD ANALYZER	\$ 17,450	HUMPHREY	750I	750I11813	70291	96		Levin	Gonzalez	

5871000401	0605	1/1/2008	G	1	DIAGNOSTIC EQUIPMENT	\$ 69,560	ELECTRO	VERIS		200634	70298	96		Levin	Gonzalez
5871000403	0837	2/1/2008	G	1	CORNEAL TOPOGRAPHER	\$ 14,795	HAAG STREIT	CORNEAL			70262	72		Levin	Gonzalez
5871000432	0520	1/1/2008	G	1	non-madriatic retinal ca	\$ 23,900	TOPCON	IMAGENET		2870936	70262	72		Levin	Gonzalez
5871000434	0526	1/1/2008	G	1	AUTO REFRACTOR	\$ 6,995	TOPCON	RM8800		4018243	70262	72		Levin	Gonzalez
5871000435	0624	1/1/2008	G	1	AUTO REFRACTOR	\$ 6,995	TOPCON	RM8800		4018234	70262	72		Levin	Gonzalez
5871000437	0740	6/1/2006	E	1	SLIT LAMP	\$ 6,295	ZEISS	SL120		935171	50823	72		Levin	Gonzalez
5871000439	0741	6/1/2006	E	1	SLIT LAMP	\$ 6,295	ZEISS	SL120		935170	50823	72		Levin	Gonzalez
5871000441	0713	6/1/2006	E	1	SLIT LAMP	\$ 6,295	ZEISS	SL120		935169	50823	72		Levin	Gonzalez
5871000443	0738	6/1/2006	E	1	SLIT LAMP	\$ 6,295	ZEISS	SL120		935173	50823	72		Levin	Gonzalez
5871000460	lutheran r	4/1/2008	G	1	FIELD ANALYZER	\$ 9,820	HUMPHREY	7501		12038	70592	72		Levin	Gonzalez
5871000473	803	3/1/2008	E	1	PARALLEL OPTICS	\$ 6,465	ZEISS	SL120		993108	70591	72		Levin	Gonzalez
5871000474	0737	3/1/2008	E	1	PARALLEL OPTICS	\$ 6,465	ZEISS	SL120		993107	70591	72		Levin	Gonzalez
5871000477	0835	3/1/2008	E	1	PARALLEL OPTICS	\$ 6,465	ZEISS	SL120		993105	70591	72		Levin	Gonzalez
5871000552	0702	9/1/2008	G	1	NCT	\$ 6,995	TOPCON	CT-80		1585134	80084	96		Levin	Gonzalez
5871000555	0620	11/1/2008	G	1	VISUAL FIELD ANALYZER	\$ 17,900	CARL ZEISS	7501		750112390	80177	96		Levin	Gonzalez
5871000615	0721	6/1/2009	E	1	FIELD ANALYZER	\$ 18,400	ZEISS	7501 111		12672	80513	72		Levin	Gonzalez
5871000644	0614	10/1/2009	G	1	FUNDUS CAMERA	\$ 30,000	ZEISS	FF450+R		1017470	90137	96		Levin	Gonzalez
5871000645	0614	10/1/2009	G	1	VISUPAC IMAGING SYSTEM	\$ 33,850	ZEISS	481 ZKS		988839	90137	96		Levin	Gonzalez
5871000775	0614	1/1/2011	G	1	IOL Master 500	\$ 18,280	ZEISS	1322-734		941216	100294	72		Levin	Gonzalez
5871000815	0906	8/1/2010	E	1	WIRELESS OPHTHALMOSCOPE	\$ 8,950	KEELER	VANTAGE PL			90548	72		Levin	Gonzalez
5871000816	0906	8/1/2010	E	1	WIRELESS OPHTHALMOSCOPE	\$ 8,950	KEELER	VANTAGE PL			90548	72		Levin	Gonzalez
5871000855	730	4/1/2012	E	1	Slit Lamp (Haag-Strait)	\$ 8,165	Haag-Strait	900 bd slit lamp		2716	110043	96		Levin	Gonzalez
5871000856	809	4/1/2012	G	1	Lomabt Topcon auto refractor	\$ 7,695	Topcon	RM-8900 auto refractor		4262666	110043	120		Levin	Gonzalez
5871000857	809	4/1/2012	E	1	Topcon comp tonometer	\$ 7,195	topcon	ct-80 noncontact tonomete		1687258	110043	120		Levin	Gonzalez
5871000882	7th fl	10/1/2012	E	1	Portable Corneal Topographer	\$ 7,500	Optikon	Keratron Scout	1518AT			72		Levin	Gonzalez
5871000915	839	9/6/2013	E	1	Slit Lamp/Camera Topcon system	\$ 11,995	Lombart/Topcon	PKUZZ SL-D7	705194/900142/3		130003	96		Levin	Gonzalez
5871000923	8th floor	5/21/2014	E	1	Pentacam cataract diagn system	\$ 33,530	Oculus	70700-B		2234110	130425	96		Levin	Gonzalez
5871000927	bowery	7/21/2014	E	1	Lombart Chair/Stand & peripher	\$ 21,852	Lombart	CS-5	22C2350/550118		130429	96		Levin	Gonzalez
5871000928	bowery	7/21/2014	E	1	Lombart Chair/Stand peripherl	\$ 21,852	Lombart	S-5 Chair/Stand	22C2354/550119		130429	96		Levin	Gonzalez
5870132500	1010	4/1/1999	G	1	LEVEL EDGER	\$ 6,333	NATL OPTRONICS	HORIZON II			981515	72		Levin/Kirsch	Gonzalez
5870301370	1010	8/1/2010	E	1	TRACER	\$ 8,400	GERBER COBURN	KAPPA			30497	72		Levin/Kirsch	Gonzalez
5871000400	1010	2/1/2007	G	1	EDGER	\$ 6,905	NATIONAL	HORIZON II			60282	96		Levin/Kirsch	Gonzalez
5871000817	804	5/1/2011	E	1	AUTOREFRACTOR KERA	\$ 14,025	AIT IND	WAM5500			100569	72		Levin/Meeder	Troilo
5870301058	1105	6/1/2002	E	1	MODULAR FURNITURE	\$ 10,419	DAVID G ROSEN				10956	180		Madonna	Troilo
5870301256	0747	8/1/2003	E	1	IMAGE SYSTEM	\$ 5,599	INTERACTIVE	ACTIVISU			30091	96		Madonna	Troilo
58720028RF	637	3/5/2015	E	1	Display++LCD Monitor	\$ 8,110	Cortech	SD-VS-CBDPLCE	D2000032		913730	156		Mitchell Dul	Troilo
5871000930	C211	9/17/2014	E	1	Baler Model B3 10amp	\$ 5,506	Bramidan US In	PVD21049			130507	156		Paul Astarita	Bowers
5871000949	0204	5/1/2008	F	4	DIGITAL PROJECTOR	\$ 5,536	PANASONIC	DW5000UL	SH7360041	D070437	120		Pellot	Bowers	
5871000952	12	3/1/2005	E	1	CONFERENCE TABLE CHCLR B-ROOM	\$ 11,790	PKI INC.	TBD	KSTILLMAN		400582	180		Pellot	Bowers
5871000953	12	3/1/2005	E	1	TANDBERG 6000 NYC BOARDROOM	\$ 19,311	TANDBERG	6000SPX	25A01717		400584	120		Pellot	Bowers
5871000954	NYCOFF	11/1/2007	E	1	VIDEO CONFERENCE SYSTEM	\$ 9,711	TANDBERG		115590 26A21718		700427	60		Pellot	Bowers
5871000955	12	3/1/2005	E	1	BORDROOM PROJECTOR CHCLRNCOFF	\$ 8,461	PANASONIC	PT-D55004L	25A01717		400581	120		Pellot	Bowers
58463973RO	0311	6/1/2010	E	1	MATH S/W	\$ 12,556	MATHWORKS	S/W			675135	60		Pellot	Bowers
5870134000	0317	6/1/1998	P	12	SUN ULTRA ENT COMPUTER	\$ 25,200	SUN MICRO	C3500-C62			972075	60		Pellot	Bowers
5870300213	0305	8/1/2002	E	1	WEB SERVER	\$ 13,680	CISCO	VPN			20200	60		Pellot	Bowers
5870301133	0324	2/1/2003	E	1	IMAGING SYSTEM	\$ 5,256	IDESCO CORP	T P75			20784	120		Pellot	Bowers
5870301390	0305	3/1/2004	E	1	SWITCH	\$ 9,635	NORTEL/IDX	1700VPN	ARWE522602		30666	60		Pellot	Bowers
5870301394	1002	3/1/2004	E	1	SERVER COMPUTER	\$ 5,020	COMPAQ HP	DL 380	D352LJC1H991		30590	60		Pellot	Bowers
5870301423	1002	3/1/2004	E	1	SERVER COMPUTER	\$ 24,796	COMPAQ HP	ML570	EA2JLQM629		30598	60		Pellot	Bowers
5871000130	317	10/1/2005	E	3	COMPUTER	\$ 9,817	DELL	POWEREDGE	7ZKOL81		50269	60		Pellot	Bowers
5871000219	317	6/1/2006	E	3	COMPUTER	\$ 5,693	DELL	POWEREDGE	9Y982B1		50806	60		Pellot	Bowers
5871000314	0305	11/1/2006	E	1	PRINTER	\$ 17,565	HP	5500PS			60288	60		Pellot	Bowers
5871000370	0304	6/1/2007	E	1	FLUKE METER	\$ 10,100	FLUKE	DTX1800M	9420041		60671	60		Pellot	Bowers
5871000413	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000414	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000415	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000416	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000417	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000418	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 6,521	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000419	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 5,981	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000420	0305	5/1/2007	E	1	POWER VAULT	\$ 17,228	DELL	TL4000			60601	60		Pellot	Bowers
5871000421	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 19,347	DELL	XEON			60601	60		Pellot	Bowers
5871000422	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 44,767	DELL	XEON			60601	60		Pellot	Bowers
5871000423	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 7,083	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000424	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 7,083	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000425	0305	5/1/2007	E	3	XEON PROCESSOR	\$ 7,083	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000427	0305	5/1/2007	E	1	XEON PROCESSOR	\$ 7,083	DELL	POWEREDGE			60601	60		Pellot	Bowers
5871000428	0317	5/1/2007	E	3	IP SWITCH	\$ 10,205	DELL	16 PORT			60601	60		Pellot	Bowers
5871000526	0305	7/1/2008	E	1	SERVER	\$ 11,075	DELL		2900 51VRQG1		70728	60		Pellot	Bowers



### Mission and Goals of PhD Program in Vision Science

The PhD program in Vision Science aims to recruit and train bright and motivated students who will go on to do groundbreaking research. As part of their research training, students participate in thinking of:

- Significant questions
- Innovative ways of attacking these questions
- Systemic ways of analyzing and modeling the results
- Drawing broader theoretical implications

### Objectives

To meet the program's mission and goals, students:

- Are broadly educated in vision science
- Obtain research skills by rotating through multiple research laboratories
- Obtain specialized knowledge through participation in specialized seminars and tutorials
- Practice and receive feedback on oral and written presentations, including grant proposals
- Execute a significant research project and have its results published
- Learn the practices and norms of the scientific community and how to win grants to fund scientific work

### Assessment

Student learning at the course level is assessed through multiple mechanisms, including:

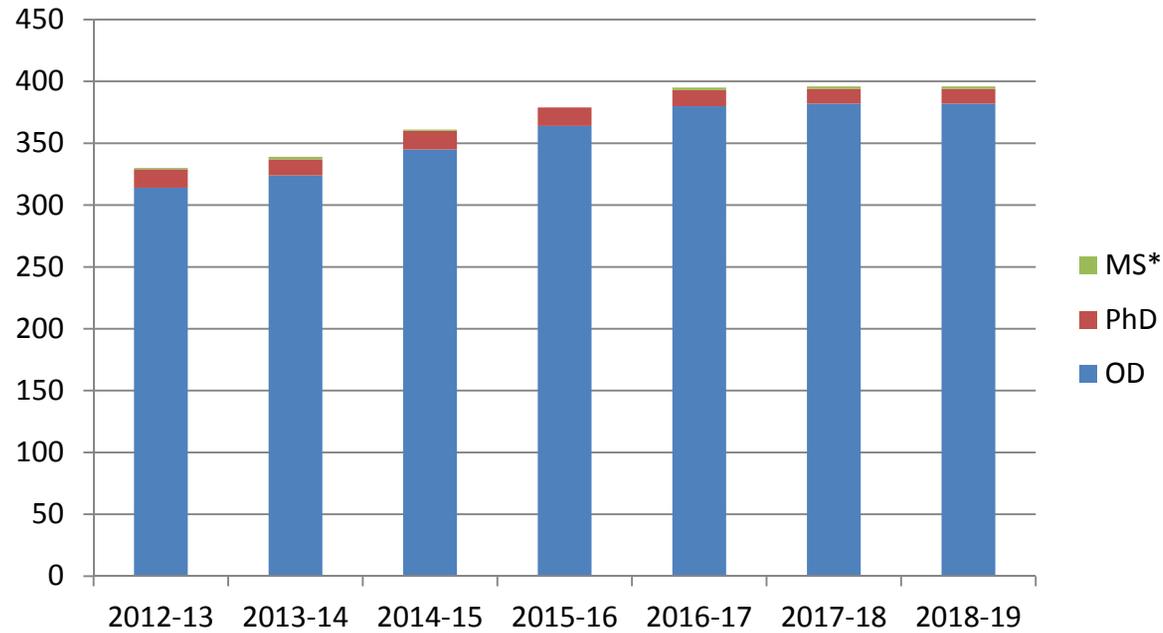
- Written course examinations
- Assigned papers
- Oral presentations in seminar courses
- Class participation in seminar courses
- Faculty review of performance in research laboratories
- Annual oral research presentations to faculty
- Graduate advisors' assessments of student progress
- Specialty examinations
- Dissertation committees' reviews of research proposals
- Public doctoral defenses
- Presentations at annual meetings of scientific organizations
- Dissertation committees' reviews of research publications

Assessment of student learning at the program level occurs through multiple mechanisms and data sources, including:

- Key performance indicators
  - Current positions held by graduates
  - Place of employment of graduates
  - Work effort of graduates
  - Number of external students who enroll in SUNY Optometry graduate courses
  - External support for graduate and post-graduate research training programs, including ODs enrolled in PhD program
  - Average time to completion for ODs and others enrolled in PhD program
- Other sources of information
  - Review of PhD thesis and papers by the thesis examination committee with oversight by the graduate faculty Committee on Graduate Program, Policy, Admissions and Standing

- Annual compilation and review of published papers and abstracts by the associate dean for graduate studies and research
- Assessments by Committee on Graduate Program, Policy, Admissions, and Standing
- Exit and alumni surveys

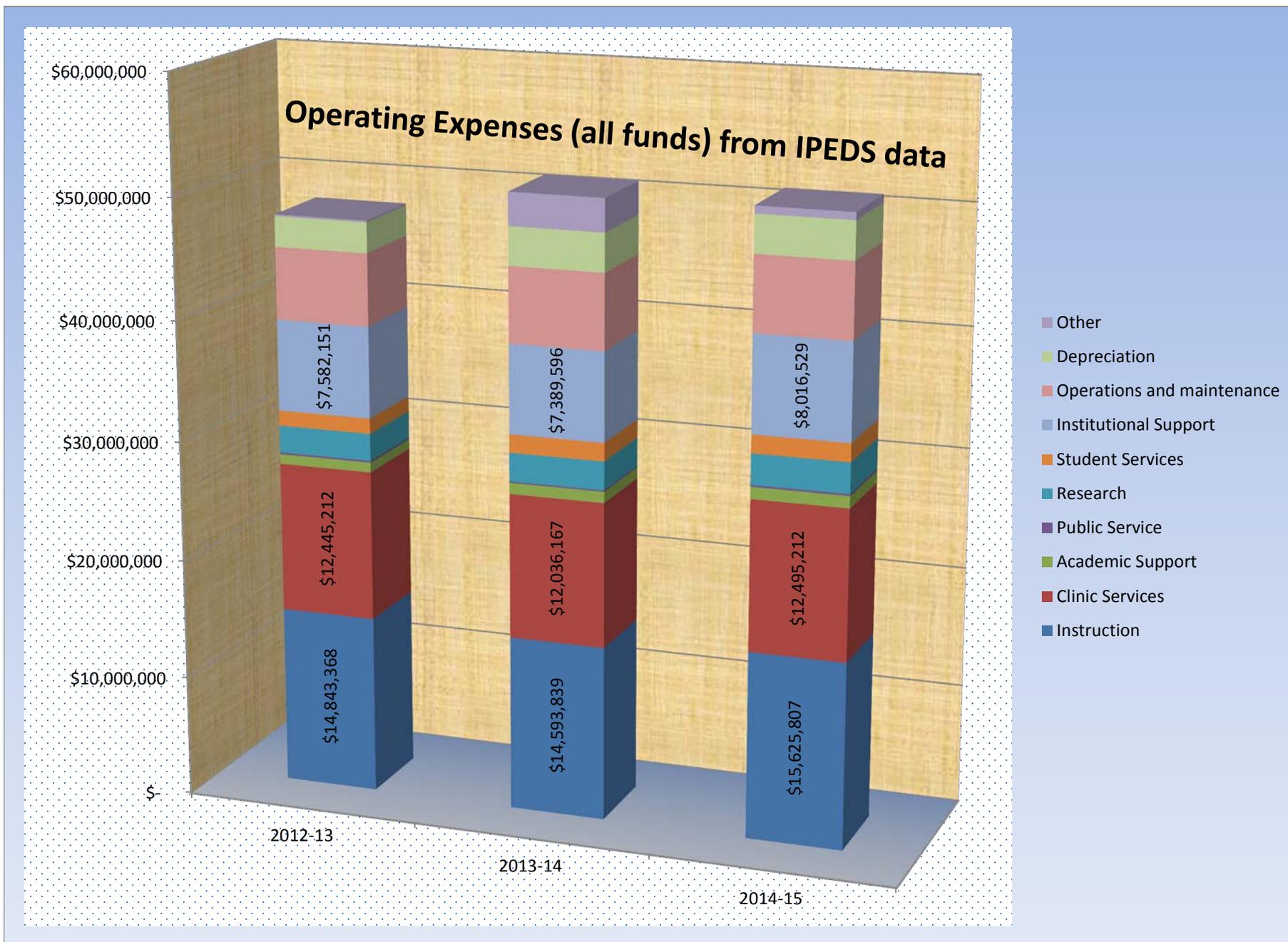
### Past, Current and Projected Enrollment in OD, MS and PhD Programs



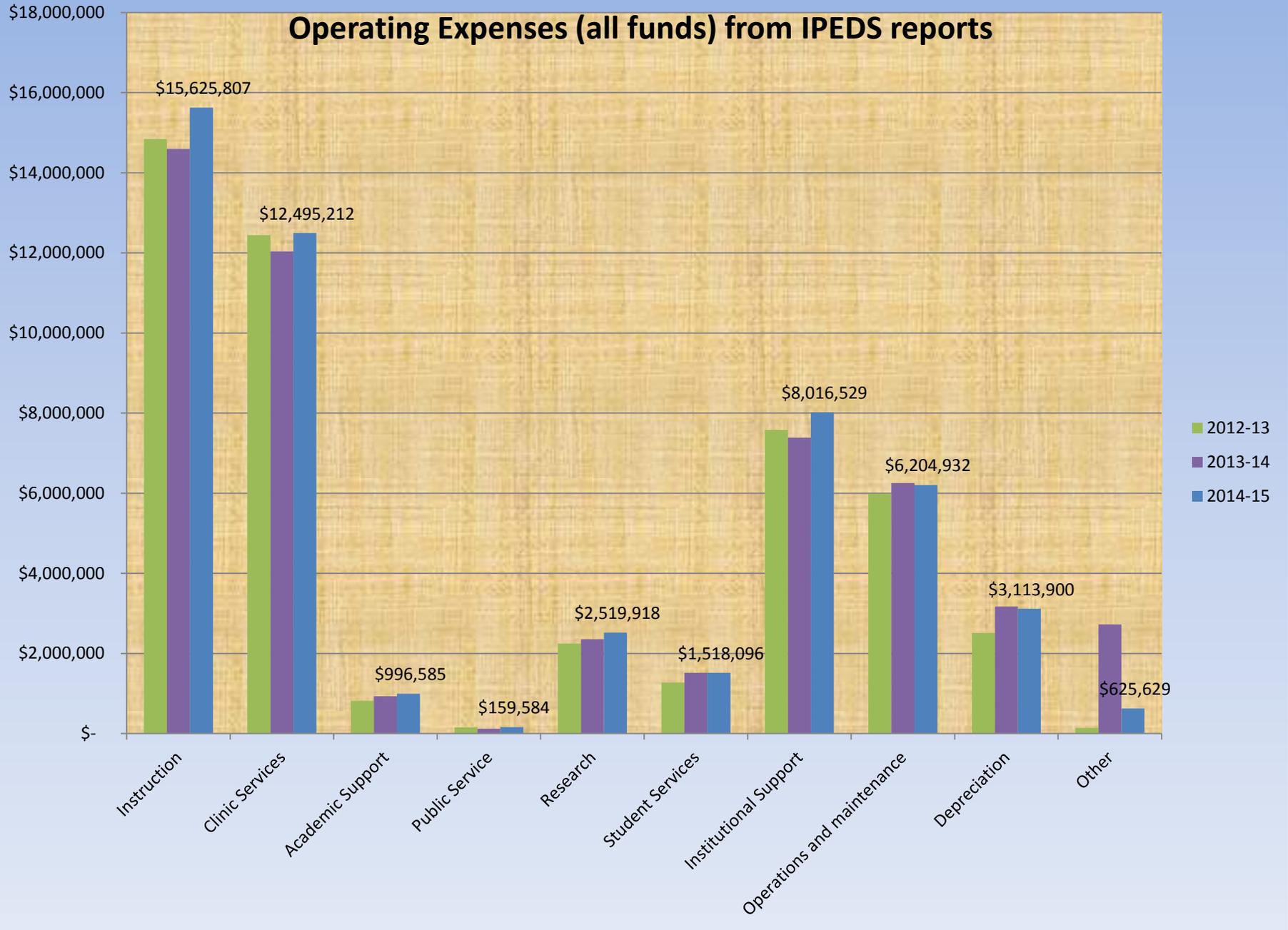
Year	OD	PhD	MS*	Total
2012-13	314	15	1	330
2013-14	324	13	2	339
2014-15	345	15	1	361
2015-16	364	15	0	379
2016-17**	380	13	2	395
2017-18**	382	12	2	396
2018-19**	382	12	2	396

\*Students enrolled in the combined OD-MS program are counted as OD, not MS, students. The 2015-16 participation in the combined OD-MS program was 23.

\*\* Projected data



# Operating Expenses (all funds) from IPEDS reports



		Actual IPEDS			Projected				
		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	assumptions for projections
Operating Revenues	Tuition & fees, net	\$ 7,189,850	\$ 8,243,116	\$ 9,266,735	\$ 11,097,700	\$ 11,885,500	\$ 12,468,400	\$ 12,967,100	based on increased enrollment and tuition plan
Grants & Contracts- operating	Federal/State	\$ 3,203,827	\$ 3,049,400	\$ 2,603,184	\$ 2,952,137	\$ 2,952,137	\$ 2,889,215	\$ 2,849,168	running average of previous actuals
	Local/private	\$ 1,064,423	\$ 1,349,575	\$ 1,247,549	\$ 1,220,516	\$ 1,220,516	\$ 1,259,539	\$ 1,237,030	running average of previous actuals
	Auxiliary	\$ 10,548	\$ 13,169	\$ 60,226	\$ 27,981	\$ 27,981	\$ 32,339	\$ 37,132	running average of previous actuals
	Clinic sales/services	\$ 8,210,791	\$ 8,031,563	\$ 8,148,630	\$ 8,393,089	\$ 8,644,882	\$ 8,904,228	\$ 9,171,355	3% growth per year
	Other operating	\$ 223,958	\$ 105,885	\$ 321,600	\$ 217,148	\$ 217,148	\$ 215,445	\$ 242,835	running average of previous actuals
Total Operating		\$ 19,903,397	\$ 20,792,708	\$ 21,647,924	\$ 23,908,570	\$ 24,948,163	\$ 25,769,166	\$ 26,504,620	
Non-operating revenues	State appropriations	\$ 24,347,308	\$ 25,384,997	\$ 25,792,771	\$ 25,792,771	\$ 25,792,771	\$ 25,792,771	\$ 25,792,771	
Grants non-operating	gifts, including contributions	\$ 131,046	\$ 149,976	\$ 206,611	\$ 162,544	\$ 162,544	\$ 170,419	\$ 175,530	running average of previous actuals
	Investment Income	\$ 83,303	\$ 79,179	\$ 119,212	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	fixed
	Other non-operating	\$ 64,455	\$ 122,704	\$ 11,959	\$ 66,373	\$ 66,373	\$ 66,852	\$ 52,889	running average of previous actuals
Total non-operating revenues		\$ 24,626,112	\$ 25,736,856	\$ 26,130,553	\$ 26,096,688	\$ 26,096,688	\$ 26,105,042	\$ 26,096,190	
Other Revenues and Additions	Capital appropriations			\$ -	\$ -	\$ -	\$ -	\$ -	
	Capital grants and gifts	\$ 125,716	\$ 95,211	\$ 58,029	\$ 92,985	\$ 92,985	\$ 84,803	\$ 82,201	running average of previous actuals
	Other revenue & additions			\$ -	\$ -	\$ -	\$ -	\$ -	
Total other revenue and additions		\$ 125,716	\$ 95,211	\$ 58,029	\$ 92,985	\$ 92,985	\$ 84,803	\$ 82,201	
Total all revenues & other additions		\$ 44,655,225	\$ 46,624,775	\$ 47,836,506	\$ 50,098,244	\$ 51,137,836	\$ 51,959,010	\$ 52,683,010	
Operating Expenditures	Instruction	\$ 14,843,368	\$ 14,593,839	\$ 15,625,807	\$ 16,094,581	\$ 16,577,419	\$ 17,074,741	\$ 17,586,983	3% growth
	Clinic Services	\$ 12,445,212	\$ 12,036,167	\$ 12,495,212	\$ 12,870,068	\$ 13,256,170	\$ 13,653,856	\$ 14,063,471	3% growth
	Academic Support	\$ 818,125	\$ 928,955	\$ 996,585	\$ 1,026,483	\$ 1,057,277	\$ 1,088,995	\$ 1,121,665	3% growth
	Public Service	\$ 153,864	\$ 117,950	\$ 159,584	\$ 164,372	\$ 169,303	\$ 174,382	\$ 179,613	3% growth
	Research	\$ 2,249,868	\$ 2,355,390	\$ 2,519,918	\$ 2,595,516	\$ 2,673,381	\$ 2,753,582	\$ 2,836,190	3% growth
	Student Services	\$ 1,269,207	\$ 1,516,961	\$ 1,518,096	\$ 1,563,639	\$ 1,610,548	\$ 1,658,864	\$ 1,708,630	3% growth
	Institutional Support	\$ 7,582,151	\$ 7,389,596	\$ 8,016,529	\$ 8,257,025	\$ 8,504,736	\$ 8,759,878	\$ 9,022,674	3% growth
	Operations and maintenance	\$ 5,986,076	\$ 6,253,372	\$ 6,204,932	\$ 6,391,080	\$ 6,582,812	\$ 6,780,297	\$ 6,983,706	3% growth
	Depreciation	\$ 2,507,960	\$ 3,172,644	\$ 3,113,900	\$ 3,207,317	\$ 3,303,537	\$ 3,402,643	\$ 3,504,722	3% growth
	Other	\$ 142,329	\$ 2,724,289	\$ 625,629	\$ 644,398	\$ 663,730	\$ 683,642	\$ 704,151	3% growth
Total Operating Expenditures		\$ 47,998,160	\$ 51,089,163	\$ 51,276,192	\$ 52,814,478	\$ 54,398,912	\$ 56,030,879	\$ 57,711,806	
Non-operating	Interest	\$ 1,716,363	\$ 2,009,173	\$ 2,304,856	\$ 2,009,173	\$ 2,009,173	\$ 2,009,173	\$ 2,009,173	fixed at lowest from previous 2 years
	Other								
Total Non-operating		\$ 1,716,363	\$ 2,009,173	\$ 2,304,856	\$ 2,009,173	\$ 2,009,173	\$ 2,009,173	\$ 2,009,173	
Total Expenses and deductions		\$ 49,714,523	\$ 53,098,336	\$ 53,581,048	\$ 54,823,651	\$ 56,408,085	\$ 58,040,052	\$ 59,720,979	

	<u>2012-13</u>	<u>2013-14</u>	<u>2014-15</u>	<u>2015-16</u>	Projected @ 4%			<u>2018-19</u>
resident	\$ 19,900	\$ 21,890	\$ 24,080	\$ 26,250	\$ 27,300	\$ 28,392	\$ 29,528	
non-NY	\$ 38,210	\$ 40,880	\$ 43,740	\$ 46,800	\$ 48,672	\$ 50,619	\$ 52,644	

THE STATE UNIVERSITY OF NEW YORK

ANNUAL  
FINANCIAL  
REPORT  
2015



The State University  
of New York



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## Board of Trustees

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Angelo Fatta  
Peter Knuepfer (Faculty Senate)  
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Richard Socarides  
Carl Spielvogel  
Cary Staller  
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Lawrence Waldman

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Nancy L. Zimpher

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*Provost and Executive  
Vice Chancellor*

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*Vice Chancellor for Finance and  
Chief Financial Officer*

Joseph Porter  
*Vice Chancellor for Legal Affairs  
and General Counsel*

Stacey Hengsterman  
*Associate Vice Chancellor for  
University Relations and Chief of Staff*

## A Message from the Chairman and the Chancellor

We are pleased to present the Annual Financial Report of The State University of New York, providing an overview of the State University's finances and operating results for the year ending June 30, 2015.

Over the past year, the State University has continued to make good on its enduring commitment to expand college Access, Completion, and Success for all New York State students. Furthermore, we have codified our commitment to expanding these three areas, as well as Inquiry and Engagement, in our advanced performance-measurement system, SUNY Excels, launched this year. SUNY Excels was created through a highly consultative process, and will be the tool the State University uses to ensure we are delivering on our promise to become, as we say, the best at getting better in delivering higher education to New York State residents.

The preliminary enrollment headcount for fall 2015 is 446,604, which represents a decline of 1.8 percent from last fall. Preliminary enrollment at the state-operated campuses is 220,774, up .1 percent over last fall, while preliminary enrollment at the community colleges is 225,830, down 3.4 percent.

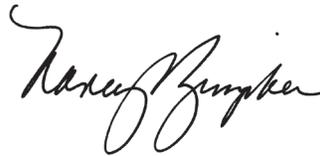
In the 2014-15 fiscal year, State University research continues to be strong, with key numbers up over last year. The Research Foundation for The State University of New York received 293 invention disclosures, filed 244 patent applications, was awarded 70 U.S. patents, executed 47 licenses, and received \$18.2 million in royalties, up \$5 million over last year. These achievements were the products of more than 6,809 projects that supported 15,832 employees statewide.

This year, SUNY faculty, students, and staff attracted nearly \$900 million in funding for 6,800 research, training, and public service projects. In pursuit of research excellence, the State University's six Networks of Excellence have collectively funded workshops and small seed grants that have allowed teams to begin to work together to solve some of today's biggest problems.

Further powered this year through our innovative \$100 million Investment and Performance Fund, the State University continues to be an outstanding investment for students and a critical economic and human capital resource for New York State. We take our responsibility as stewards of public dollars seriously, and we will continue to strive to be as efficient and creative as possible in managing our resources and fostering excellence in New York.



H. Carl McCall  
Chairman



Nancy L. Zimpher  
Chancellor

# Independent Auditors' Report



KPMG LLP  
515 Broadway  
Albany, NY 12207-2974

The Board of Trustees  
State University of New York:

## Report on the Financial Statements

We have audited the accompanying financial statements of the business type activities of the State University of New York (the University), as of and for the years ended June 30, 2015 and 2014, and the financial statements of the aggregate discretely presented component units of the University as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the University's basic financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express opinions on these financial statements based on our audit. We did not audit certain discretely presented component units, which represent 64% of the total assets and 87% of the total revenues of the aggregate discretely presented component units. The financial statements of those entities were audited by other auditors whose reports have been furnished to us and our opinions, insofar as they relate to the amounts included for those certain discretely presented component units, are based solely on the reports of the other auditors.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. The financial statements of certain discretely presented component units identified in note 16 to the financial statements were not audited in accordance with *Government Auditing Standards*.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

**Opinions**

In our opinion, based on our audit and the reports of the other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of the business type activities of the State University of New York as of June 30, 2015 and 2014, and the changes in financial position and cash flows thereof for the years then ended, and the financial position of the aggregate discretely presented component units of the State University of New York as of June 30, 2015, and the changes in net assets for the year then ended in accordance with U.S. generally accepted accounting principles.

**Emphasis of Matters***Financial Presentation of the University*

As discussed in note 1, the financial statements of the University are intended to present the financial position, the changes in financial position, the changes in net assets, and, where applicable, cash flows of only that portion of the State of New York that is attributable to the transactions of the University and its aggregate discretely presented component units. They do not purport to, and do not, present fairly the financial position of the State of New York as of June 30, 2015 or 2014, the changes in its financial position and, where applicable, its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. Our opinions are not modified with respect to this matter.

**New Accounting Pronouncement**

As discussed in notes 1 and 8 to the financial statements, in 2015, the University adopted Governmental Accounting Standards Board (GASB) Statement No. 68, Accounting and Financial Reporting for Pensions – an Amendment of GASB Statement No. 27. Our opinions are not modified with respect to this matter.

**Report on Summarized Comparative Information**

We have previously audited the University's 2014 financial statements and, based on our audit and the reports of the other auditors, we expressed unmodified audit opinions on those audited financial statements in our report dated November 5, 2014. In our opinion, based on our audit and the reports of the other auditors, the summarized comparative information related to the aggregate discretely presented component units and presented herein as of and for the year ended June 30, 2014 is consistent, in all material respects, with the audited financial statements from which it has been derived.

**Other Matters***Required Supplementary Information*

U.S. generally accepted accounting principles require that the management's discussion and analysis on pages 7 to 15 and the required supplementary information on pages 46 to 50 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the management's discussion and analysis and required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*Other Information*

Page 3, A Message from the Chairman and the Chancellor, is not a required part of the basic financial statements and has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 24, 2015 on our consideration of the University's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the University's internal control over financial reporting and compliance.

The logo for KPMG LLP is rendered in a stylized, handwritten font. The letters are bold and black, with some irregular spacing and slight slants, giving it a personal or signature-like appearance.

November 24, 2015  
Albany, New York

# Management's Discussion and Analysis

## (Unaudited)

Management's discussion and analysis (MD&A) provides a broad overview of the State University of New York's (State University) financial condition as of June 30, 2015 and 2014, the results of its operations for the years then ended, and significant changes from the previous years. Management has prepared the financial statements and related footnote disclosures along with this MD&A. The MD&A should be read in conjunction with the audited financial statements and related footnotes of the State University, which directly follow the MD&A.

For financial reporting purposes, the State University's reporting entity consists of all sectors of the State University including the university centers, health science centers (including hospitals), colleges of arts and sciences, colleges of technology and agriculture, specialized colleges, statutory colleges (located at the campuses of Cornell and Alfred Universities), and central services, but excluding community colleges. The financial statements also include the financial activity of The Research Foundation for The State University of New York (Research Foundation), which administers the sponsored program activity of the State University; the State University Construction Fund (Construction Fund), which administers the capital program of the State University; and the auxiliary services corporations, foundations, and student housing corporations located on its campuses.

The auxiliary services corporations, foundations, and student housing corporations meet the criteria for component units under the Governmental Accounting Standards Board (GASB) accounting and financial reporting requirements for inclusion in the State University's financial statements. For financial statement presentation purposes, these component units are not included in the reported amounts of the State University, but the combined totals of these component units are discretely presented on pages 20 and 21 of the State University's financial statements, in accordance with display requirements prescribed by the Financial Accounting Standards Board (FASB) for not-for-profit organizations.

The focus of the MD&A is on the State University financial information contained in the balance

sheets, the statements of revenues, expenses, and changes in net position, and the statements of cash flows, which exclude the auxiliary services corporations, foundations, and student housing corporations.

### Overview of the Financial Statements

The financial statements of the State University have been prepared in accordance with U.S. generally accepted accounting principles as prescribed by the GASB.

The financial statement presentation consists of comparative balance sheets, statements of revenues, expenses, and changes in net position, statements of cash flows, and accompanying notes for the June 30, 2015 and 2014 fiscal years. These statements provide information on the financial position of the State University and the financial activity and results of its operations during the years presented. A description of these statements follows:

The *Balance Sheets* present information on all of the State University's assets and deferred outflows of resources, liabilities and deferred inflows of resources, and net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the State University is improving or deteriorating.

The *Statements of Revenues, Expenses, and Changes in Net Position* present information showing the change in the State University's net position during each fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses reported in these statements include items that will result in cash received or disbursed in future fiscal periods.

The *Statements of Cash Flows* provide information on the major sources and uses of cash during the year. The cash flow statements portray net cash provided or used from operating, investing, capital, and noncapital financing activities.

As disclosed in note 1 to the financial statements, the State University was required to adopt GASB Statement No. 68, *Accounting and Financial Reporting for Pensions*. For the cost-sharing multiple employer pension plans the State University

# Management's Discussion and Analysis

(Unaudited)

participates in, this Statement requires that a portion of the Plan's net pension liability (asset) be reflected in the reported amounts on the balance sheet, as well as deferred inflows and outflows of resources from pension activities. The State University is considered a participating employer of the New York State and Local Retirement System (ERS) and New York State Teachers' Retirement System (TRS) and as a result, the State University has recorded a participating proportion of the net pension liability (asset) of the ERS and TRS plans. Also, the State University has recorded a net pension liability for a single-employer defined benefit plan that it administers. As a result of adopting this pronouncement, the State University has restated the beginning net position at July 1, 2014. As discussed in footnote 15 to the financial statements, the restatement resulted in a \$423.8 million decrease to the beginning net position. The 2015 balance sheet assets and liabilities include the net pension asset and liability of these plans. The 2014 financial statement amounts, related pension disclosures (other than Table D on page 31), and MD&A have not been restated to reflect the adoption of GASB No. 68 but are displayed as previously presented, for comparative purposes only.

## Financial Highlights

The State University's net position of (\$1.89) billion is comprised of \$17.12 billion in total assets and deferred outflows of resources, less \$19.01 billion in total liabilities and deferred inflows of resources. The net position decreased \$851 million in 2015 driven by the adoption of GASB No. 68 resulting in a \$376 million decrease. The net position also declined significantly due to an increase in accrued other postemployment benefit (OPEB) expenses of \$700 million. The State University's total revenues increased \$134 million and total expenses increased \$330 million in 2015 compared to 2014. The growth in revenues is primarily due to increases in hospital revenue of \$135 million, net tuition and fees revenue of \$112 million and direct and indirect State appropriation revenue of \$50 million compared to the previous year. These increases were offset by decreases of \$88 million in net realized and unrealized gains and \$71 million in nonoperating revenues. Expense growth was driven by an overall increase in operating expenses of \$283 million, or 3% compared to the prior year.

## Balance Sheets

The balance sheets present the financial position of the State University at the end of its fiscal years. The State University's net position was (\$1.89) billion and (\$1.03) billion at June 30, 2015 and 2014, respectively, and experienced a decrease of \$427 million in 2015, not including the impact of adopting GASB No. 68, and \$232 million in 2014. The State University's total assets and deferred outflows of resources increased \$1.15 billion and \$939 million in 2015 and 2014, respectively. Total liabilities and deferred inflows of resources during 2015 and 2014 increased \$2.00 billion and \$1.17 billion, respectively. The following table reflects the financial position at June 30, 2015, 2014, and 2013 (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Current assets	\$ 3,488,407	2,966,993	2,996,602
Capital assets, net	11,246,347	10,701,489	10,041,478
Other noncurrent assets	2,322,928	2,279,889	1,970,962
Deferred outflows of resources	<u>64,216</u>	<u>23,707</u>	<u>23,552</u>
Total assets and deferred outflows of resources	<u>17,121,898</u>	<u>15,972,078</u>	<u>15,032,594</u>
Current liabilities	2,278,917	2,076,995	2,077,079
Deferred inflows of resources	72,097	-	-
Noncurrent liabilities	<u>16,656,662</u>	<u>14,929,843</u>	<u>13,758,698</u>
Total liabilities and deferred inflows of resources	<u>19,007,676</u>	<u>17,006,838</u>	<u>15,835,777</u>
Net investment in capital assets	1,206,777	1,090,418	940,031
Restricted - nonexpendable	407,723	357,733	331,906
Restricted - expendable	333,906	347,716	276,950
Unrestricted	<u>(3,834,184)</u>	<u>(2,830,627)</u>	<u>(2,352,070)</u>
Total net position	<u>\$ (1,885,778)</u>	<u>(1,034,760)</u>	<u>(803,183)</u>

## Current Assets

Current assets at June 30, 2015 increased \$521 million compared to the previous year. In general, current assets are those assets that are available to satisfy current liabilities (i.e., those that will be paid within one year). Current assets at June 30, 2015 and 2014 consist primarily of cash and cash equivalents of \$1.52 billion and \$1.33 billion and receivables of \$1.31 billion and \$1.11 billion, respectively. The increase in current assets during 2015 is primarily due to an increase of \$186 million in cash and cash equivalents, \$184 million in deposits with trustees, and \$154 million in accounts receivable.

# Management's Discussion and Analysis

(Unaudited)

## Current Liabilities

Current liabilities increased \$202 million compared to the previous year. Current liabilities at June 30, 2015 and 2014 consist principally of accounts payable and accrued expenses of \$1.03 billion and \$978 million, the current portion of long-term debt and long-term liabilities of \$630 million and \$665 million, and unearned revenue of \$426 million and \$253 million, respectively. The increase in current liabilities during 2015 is primarily due to an advanced payment from the State of \$202 million to the Dormitory Authority of New York State (DASNY) for State University related debt due in the 2015-16 fiscal year. This increase was offset by a \$35 million decrease reported by the Research Foundation.

## Capital Assets, net

The State University's capital assets are substantially comprised of State-operated campus educational, residence, and hospital facilities. Personal Income Tax (PIT) revenue bonds support the majority of the funding for construction and critical maintenance projects on State University educational and hospital facilities. During 2014, the State University established a new credit vehicle for funding construction and critical maintenance projects for residence hall facilities as discussed further on page 11. Prior to 2014, the State University entered into capital lease financing arrangements for residence hall facilities.

During the 2015 and 2014 fiscal years, capital assets (net of depreciation) increased \$545 million and \$660 million, respectively. The majority of the increase occurred at the State University campuses due to the completion of new building construction, renovations, and rehabilitation totaling \$889 million and \$1.45 billion for the 2015 and 2014 fiscal years, respectively. Equipment additions during 2015 and 2014 of \$172 million and \$171 million, respectively, also contributed to the increase.

Significant projects completed and capitalized during the 2015 fiscal year included construction of a new Student Life Center at the College at Cortland, an academic building at the College at Brockport, a townhouse complex and new Science Technology building at the College at Fredonia, an Engineering and Science Building at Binghamton University, an academic building at Maritime

College, a School of Business at Farmingdale State College and a new Gateway Building at the College of Environmental Science and Forestry. Other significant projects included improvements to a science and engineering building at the College at Oswego, renovations of Mohawk Tower Residence Hall and Data Computing Center at the University at Albany, renovations to Doty Hall and the Bailey Science Building at the College of Geneseo and renovations to the Fitzelle Hall at the College at Oneonta.

A summary of capital assets, by major classification, and related accumulated depreciation for the 2015, 2014, and 2013 fiscal years is as follows (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Land	\$ 642,786	614,573	547,995
Infrastructure and land improvements	1,092,442	974,799	872,259
Buildings	11,304,762	10,521,128	9,155,561
Equipment, library books and other	3,128,257	3,008,558	2,898,865
Construction in progress	<u>2,045,561</u>	<u>2,161,475</u>	<u>2,787,928</u>
Total capital assets	<u>18,213,808</u>	<u>17,280,533</u>	<u>16,262,608</u>
Less accumulated depreciation:			
Infrastructure and land improvements	488,205	454,801	430,698
Buildings	4,032,367	3,804,024	3,594,964
Equipment, library books and other	<u>2,446,889</u>	<u>2,320,219</u>	<u>2,195,468</u>
Total accumulated depreciation	<u>6,967,461</u>	<u>6,579,044</u>	<u>6,221,130</u>
Capital assets, net	<u>\$ 11,246,347</u>	<u>10,701,489</u>	<u>10,041,478</u>

## Other Noncurrent Assets

Other noncurrent assets increased \$43 million compared to the previous year. Noncurrent assets at June 30, 2015 and 2014 include long-term investments of \$891 million and \$864 million, noncurrent portion of receivables of \$690 million and \$635 million, deposits with trustees of \$300 million and \$400 million, and restricted cash of \$152 million and \$156 million, respectively.

## Noncurrent Liabilities

Noncurrent liabilities at June 30, 2015 and 2014 of \$16.66 billion and \$14.93 billion, respectively, are largely comprised of debt on State University

## Management's Discussion and Analysis

(Unaudited)

facilities, other long-term liabilities accrued for postemployment and post-retirement benefits, and litigation reserves. The State University capital funding levels and bonding authority are subject to operating and capital appropriations of the State. Funding for capital construction and rehabilitation of educational and residence hall facilities of the State University is provided principally through the issuance of bonds by DASNY. The debt service for the educational facilities is paid by, or provided through a direct appropriation from, the State. The debt service on residence hall bonds is funded primarily from room rents. A summary of noncurrent, long-term liabilities at June 30, 2015, 2014, and 2013 is as follows (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Educational facilities	\$ 7,741,066	7,232,933	6,880,924
Unamortized bond premium - educational facilities	598,247	474,681	438,897
Residence hall facilities	1,111,095	1,164,255	1,496,800
Unamortized bond premium - residence hall facilities	70,028	72,999	75,970
Postemployment and post-retirement	4,871,192	4,170,783	3,732,255
Litigation	562,691	507,551	442,796
Collateralized borrowings	459,541	467,424	-
Pension	397,746	9,989	-
Other obligations	455,416	476,526	463,840
Long-term liabilities	<u>\$ 16,267,022</u>	<u>14,577,141</u>	<u>13,531,482</u>

During the year, Personal Income Tax (PIT) Revenue Bonds were issued in the amount of \$672 million and Sales Tax Revenue Bonds were issued totaling \$127 million for the purpose of financing capital construction and major rehabilitation for educational facilities. Also, during the year PIT bonds were issued totaling \$392 million in order to refund \$433 million of the State University's existing educational facilities obligations.

The State University's credit ratings for PIT, educational and residence hall bonds were unchanged in 2015. During fiscal year 2014, Moody's upgraded the credit ratings for PIT bonds (from Aa2 to Aa1) and educational bonds (from Aa3 to Aa2) compared to the previous year. Fitch also upgraded the credit ratings for PIT bonds (from AA to AA+) and educational bonds (from AA- to AA) and Standard & Poor's (S&P) upgraded the credit ratings for educational bonds (from AA- to AA). The State University's credit ratings for residence hall bonds were unchanged in 2014. The credit ratings at June 30, 2015 are as follows:

	<u>PIT Bonds</u>	<u>Educational Facilities</u>	<u>Residence Halls</u>
Moody's			
Investors Service	Aa1	Aa2	Aa2
Standard & Poor's	AAA	AA	AA-
Fitch	AA+	AA	AA-

During fiscal years 2015 and 2014, the long-term portion of postemployment and post-retirement benefit obligations increased \$700 million and \$439 million, respectively. The State, on behalf of the State University, provides health insurance coverage for eligible retired State University employees and their qualifying dependents as part of the New York State Health Insurance Plan (NYSHIP). The State University, as a participant in the plan, recognizes these other postemployment benefits (OPEB) on an accrual basis. The State University's OPEB plan is financed annually on a pay-as-you-go basis. There are no assets set aside to fund the plan.

The Research Foundation sponsors a separate defined benefit OPEB plan and has established a Voluntary Employee Benefit Association (VEBA) trust. Legal title to all the assets in the trust is vested for the benefit of the participants. Contributions are made by the Research Foundation pursuant to a funding policy established by its Board of Directors.

The long-term portion of pension liabilities increased \$388 million due to adopting GASB No. 68 during fiscal year 2015.

# Management's Discussion and Analysis

(Unaudited)

The State University has recorded a long-term litigation liability and a corresponding appropriation receivable of \$563 million and \$508 million at June 30, 2015 and 2014, respectively (almost entirely related to hospitals and clinics) for unfavorable judgments, both anticipated and awarded but not yet paid.

In March 2013, the State enacted legislation to authorize the State University to assign to DASNY all of the State University's rights, title and interest in dormitory facilities revenues derived from payments made by students and others for use and occupancy of certain dormitory facilities. The legislation authorized DASNY to issue State University of New York Dormitory Facilities Revenue Bonds payable from and secured by the dormitory facilities revenues assigned to it by the State University. These bonds are special obligations of DASNY payable solely from the dormitory facilities revenues collected by the State University as agent for DASNY. The outstanding obligations under these bonds is reported as collateralized borrowing in the State University's financial statements. The credit ratings assigned to these bonds in 2014 were as follows: Moody's (Aa3), S & P (A+), and Fitch (A+). These ratings were unchanged in 2015.

## Statements of Revenues, Expenses, and Changes in Net Position

The statements of revenues, expenses, and changes in net position present the State University's results of operations, as well as nonoperating activities. Revenues, expenses, and the change in net position for the 2015, 2014 and 2013 fiscal years are summarized as follows (in thousands):

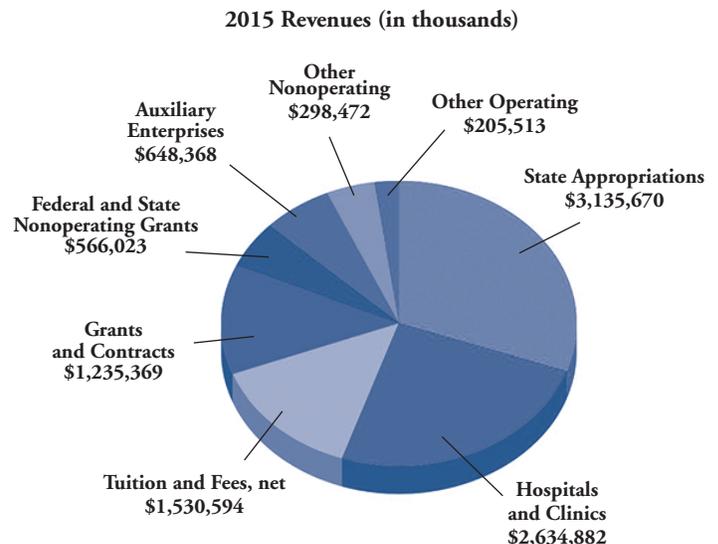
	<u>2015</u>	<u>2014</u>	<u>2013</u>
Operating revenues	\$ 6,254,726	6,049,331	6,008,874
Nonoperating revenues	3,858,795	3,927,018	3,525,614
Other revenues	141,370	144,282	135,483
Total revenues	<u>10,254,891</u>	<u>10,120,631</u>	<u>9,669,971</u>
Operating expenses	<u>10,219,436</u>	<u>9,936,282</u>	<u>9,687,640</u>
Nonoperating expenses	462,625	415,926	386,873
Total expenses	<u>10,682,061</u>	<u>10,352,208</u>	<u>10,074,513</u>
Change in net position	\$ <u>(427,170)</u>	<u>(231,577)</u>	<u>(404,542)</u>

Total operating revenues of the State University increased \$205 million in 2015 and \$40 million in 2014. Nonoperating and other revenues, which include State appropriations, decreased \$71 million and increased \$410 million for fiscal years 2015 and 2014, respectively. Total expenses for 2015 and 2014 increased \$330 million and \$278 million, respectively.

## Revenue Overview

### Revenues (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Tuition and fees, net	\$ 1,530,594	1,418,319	1,311,753
Hospitals and clinics	2,634,882	2,499,595	2,538,544
Grants and contracts	1,235,369	1,269,459	1,343,088
Auxiliary enterprises	648,368	640,911	614,367
Other operating	205,513	221,047	201,122
Operating revenues	<u>6,254,726</u>	<u>6,049,331</u>	<u>6,008,874</u>
State appropriations	3,135,670	3,085,627	2,833,440
Federal and State			
nonoperating grants	566,023	536,326	521,957
Other nonoperating	<u>298,472</u>	<u>449,347</u>	<u>305,700</u>
Nonoperating and other revenues	4,000,165	4,071,300	3,661,097
Total revenues	\$ <u>10,254,891</u>	<u>10,120,631</u>	<u>9,669,971</u>



# Management's Discussion and Analysis

## (Unaudited)

### *Tuition and Fees, Net*

Tuition and fee revenue, net of scholarship allowances increased \$112 million and \$107 million in 2015 and 2014, respectively. These increases were mainly driven by a \$300 tuition rate increase for resident undergraduates and increases in professional and nonresident tuition rates in 2015 and 2014. Annual average full-time equivalent students, including undergraduate and graduate, were approximately 193,100, 193,800, and 194,300 for the fiscal years ended June 30, 2015, 2014, and 2013, respectively.

### *Hospitals and Clinics*

The State University has three hospitals (each with academic medical centers) – the State University Hospitals at Brooklyn (UHB), Stony Brook, and Syracuse.

Hospital and clinic revenue increased \$135 million in 2015 due primarily to an increase in Medicaid Disproportionate Share program revenue of \$134 million. Net patient revenues also increased \$63 million mainly due to volume and rate increases at Stony Brook and Syracuse. These increases were offset by a decrease in other revenue primarily due to UHB receiving an \$89 million HEAL grant in the prior year. Hospital and clinic revenue decreased \$39 million between 2014 and 2013 due to reduced services and patient volume at the Long Island College Hospital (LICH) at UHB.

### *Grants and Contracts Revenue*

Grants and contracts revenue decreased \$34 million in 2015 driven by decreases in state and local grants of \$60 million and federal grants of \$19 million, offset by an increase in private grants and contracts of \$45 million. A majority of the State University's grants and contracts are administered by the Research Foundation and totaled \$895 million and \$918 million for the fiscal years ended June 30, 2015 and 2014, respectively. The decline in 2015 is due primarily to decreases in state grants from the Empire State Development Corporation.

### *Auxiliary Enterprises*

The State University's auxiliary enterprise activity is comprised of sales and services for residence halls, food services, intercollegiate athletics, student health services, parking, and other activities. The residence halls are operated and managed by the State University and its campuses.

Auxiliary enterprise sales and services revenue increased \$7 million and \$27 million for fiscal years 2015 and 2014, respectively. These increases were largely due to modest increases in room rates and occupancy levels.

The residence hall operations and capital programs are financially self-sufficient. Each campus is responsible for the operation of its residence halls program including setting room rates and covering operating, maintenance, capital and debt service costs. Any excess funds generated by residence halls operating activities are separately maintained for improvements and maintenance of the residence halls. Revenue producing occupancy at the residence halls was 78,518 for the fall of 2014, an increase of 892 students compared to the previous year. The overall utilization rate for the fall of 2014 was reported at 96 percent.

### *State Appropriations*

The State University's single largest source of revenues are State appropriations, which for financial reporting purposes are classified as nonoperating revenues. State appropriations totaled \$3.14 billion, \$3.09 billion, and \$2.83 billion and represented approximately 31 percent, 30 percent, and 29 percent of total revenues for fiscal years 2015, 2014, and 2013, respectively. State support (both direct support for operations and indirect support for fringe benefits, debt service, and litigation) for State University campus operations, statutory colleges, and hospitals and clinics increased \$50 million in 2015 and \$252 million in 2014, compared to the prior year. In 2015, State support for operating expenses increased \$53 million and indirect State support for debt service increased \$13 million compared to the previous year. Indirect State support for fringe benefits and litigation decreased \$6 million and \$10 million, respectively.

## Management's Discussion and Analysis

(Unaudited)

### Federal and State Nonoperating Grants

Major scholarships and grants received include the State Tuition Assistance Program of \$213 million and \$197 million and the federal Pell Program of \$290 million and \$279 million during fiscal years 2015 and 2014, respectively.

### Other Nonoperating Revenues

Other nonoperating revenues decreased \$151 million and increased \$144 million in 2015 and 2014, respectively. The decrease in 2015 was primarily due to a decrease in investment return and capital gifts and grants. The increase in 2014 was primarily due to increases in gifts, investment income and gains, and capital gifts and grants.

### Expense Overview

Expenses (in thousands):	2015	2014	2013
Instruction	\$ 2,469,683	2,315,342	2,201,559
Research	728,789	765,033	817,282
Public service	302,311	305,970	303,248
Support services	2,616,099	2,534,416	2,426,112
Scholarships and fellowships	237,921	214,144	210,004
Hospitals and clinics	2,690,530	2,708,912	2,673,713
Auxiliary enterprises	621,548	585,908	585,962
Depreciation and amortization	552,555	506,557	469,760
Other nonoperating	462,625	415,926	386,873
Total expenses	<u>\$ 10,682,061</u>	<u>10,352,208</u>	<u>10,074,513</u>

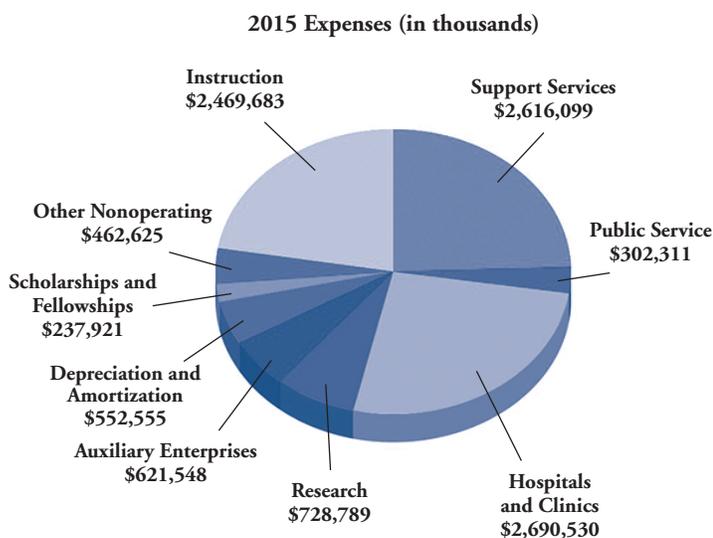
During the 2015 fiscal year, instruction expenses increased \$154 million predominately from increases of \$84 million in accrued postemployment benefit expenses and \$46 million in personal service costs. Research expenses decreased \$36 million and \$52 million during fiscal years 2015 and 2014, respectively, primarily due to a decline in sponsored program activity.

Support services, which include expenses for academic support, student services, institutional support, and operation and maintenance of plant, increased \$82 million between fiscal years 2015 and 2014. This increase was mainly due to an increase in accrued postemployment benefit expenses of \$63 million as well as an increase in personal service costs of \$29 million. Support services increased \$108 million between 2014 and 2013.

In the State University's financial statements, scholarships used to satisfy student tuition and fees (residence hall, food service, etc.) are reported as an allowance (offset) to the respective revenue classification up to the amount of the student charges. The amount reported as expense represents amounts provided to the student in excess of State University charges.

Expenses at the State University's hospitals and clinics decreased \$18 million in 2015 and increased \$35 million during 2014. The decrease during 2015 was mainly due to a decrease in expenses for LICH at UHB.

Depreciation and amortization expense recognized in fiscal years 2015 and 2014 totaled \$553 million and \$507 million, respectively. Other nonoperating expenses were \$463 million and \$416 million for the years ended June 30, 2015 and 2014, respectively. The increase in nonoperating expenses during fiscal year 2015 was mainly due to an increase in interest expense on capital related debt and an increase in the Research Foundation post-retirement benefit accrual.



# Management's Discussion and Analysis

*(Unaudited)*

## Economic Factors That Will Affect the Future

The State University is one of the largest public universities in the nation, with headcount enrollment of approximately 220,400 for fall 2015, on twenty nine State-operated campuses and five contract/ statutory colleges. The State University's student population is directly influenced by State demographics, as the majority of students attending the State University are New York residents. The enrollment outlook remains stable for the State University based on its continued ability to attract quality students for its academic programs. Full-time equivalent (FTE) enrollment, excluding community colleges, for the fiscal year ended June 30, 2015 is approximately 193,100, a slight decrease compared to June 30, 2014.

New York State appropriations remain the largest single source of revenues. The State University's continued operational viability is substantially dependent upon a consistent and proportionate level of ongoing State support. For the most recent fiscal year, State appropriations totaled \$3.14 billion which represented 31 percent of the total revenues of the State University. State appropriations consisted of direct support (\$1.07 billion), fringe benefits for State University employees (\$1.39 billion), debt service on educational facility and PIT bonds (\$599 million), and litigation (\$78 million). Debt service on educational facilities is paid by the State in an amount sufficient to cover annual debt service requirements; pursuant to annual statutory provisions, each of the State University's three teaching hospitals must reimburse the State for their share of debt service costs to finance their capital projects. To maintain budgetary equilibrium in an era of fiscal uncertainty, the State University is taking appropriate measures to identify operational efficiencies through shared services and is implementing cost containment measures on discretionary spending for non-personal service costs.

Beginning with the 2011-12 fiscal year, legislation was passed called the NY-SUNY 2020 Challenge Grant Program Act, which includes capital funds for investments in economic expansion and job creation at the State University campuses, as well as a predictable and rational tuition plan. The rational tuition plan authorizes the State University trustees to increase resident undergraduate tuition by up to \$300 per year for five years. The five year plan expires at the end of the 2015-16 academic year. In addition, the State University trustees can also increase non-resident undergraduate tuition up to 10 percent at all State-operated campuses as well as certain fees at the four University Centers after approval of their NY-SUNY 2020 Challenge grant plans.

The State University depends on the State to provide appropriations in support of its capital programs. In 2004-05 and again in 2008-09, the State Budget provided nearly \$8.0 billion through two multi-year capital plans for strategic initiatives and critical maintenance projects for the preservation or rehabilitation of existing educational facilities. These cumulative multi-year funding authorizations provided the State University with the resources required to address the core critical maintenance needs of its existing buildings and infrastructure, as well as the means to make additional capital investments in a range of programmatic initiatives.

The 2014-15 and 2015-16 State Budgets provided \$562 million and \$244 million in new appropriations for one year only. The lack of funding for another multi-year capital plan is directly attributable to State-imposed limits under the State Debt Reform Act of 2000 that caps the level of outstanding debt. It is likely that the Debt Reform Act will continue to affect the State's ability to invest in the State University's capital programs in the near future.

## Management's Discussion and Analysis

*(Unaudited)*

The State University hospitals, which are all part of larger State University Academic Health Centers at Brooklyn, Stony Brook and Syracuse, serve large numbers of Medicaid and uninsured patients and, as a result, the Medicaid Disproportionate Share Hospital (DSH) Program revenue stream and Medicaid reimbursement is critical to their continued viability. With the pressure to reduce the Federal budget deficit, it is likely that both the federal and state governments will be under pressure

to reduce their overall spending in future years. These spending reductions could result in significant cuts to Medicare and Medicaid rates, having a negative impact on each of the hospitals' overall revenue. The hospitals' financial and operational capabilities will also continue to be challenged by potential declines in direct State appropriation support and inflationary and contractual cost increases.

# Balance Sheets

June 30, 2015 and 2014  
In thousands

	<u>2015</u>	<u>2014</u>
<b><u>Assets and Deferred Outflows of Resources</u></b>		
Current Assets:		
Cash and cash equivalents	\$ 1,520,809	1,334,898
Deposits with bond trustees	386,449	202,122
Short-term investments	204,772	243,537
Accounts, notes, and loans receivable, net	850,121	695,930
Appropriations receivable	145,056	145,243
Grants receivable	317,553	271,939
Other assets	63,647	73,324
Total current assets	<u>3,488,407</u>	<u>2,966,993</u>
Noncurrent Assets:		
Restricted cash and cash equivalents	151,813	155,548
Deposits with bond trustees	300,232	400,291
Accounts, notes, and loans receivable, net	125,384	125,627
Appropriations receivable	564,136	509,027
Long-term investments	891,394	863,832
Other noncurrent assets	289,969	225,564
Capital assets, net	11,246,347	10,701,489
Total noncurrent assets	<u>13,569,275</u>	<u>12,981,378</u>
<b>Total assets</b>	<b><u>17,057,682</u></b>	<b><u>15,948,371</u></b>
Deferred outflows of resources	64,216	23,707
<b>Total assets and deferred outflows of resources</b>	<b><u>\$ 17,121,898</u></b>	<b><u>15,972,078</u></b>
<b><u>Liabilities, Deferred Inflows and Net Position</u></b>		
Current Liabilities:		
Accounts payable and accrued liabilities	1,025,781	977,642
Interest payable	81,083	84,271
Unearned revenue	425,749	252,712
Long-term debt - current portion	394,203	450,688
Long-term liabilities - current portion	235,347	214,385
Other liabilities	116,754	97,297
Total current liabilities	<u>2,278,917</u>	<u>2,076,995</u>
Noncurrent Liabilities:		
Long-term debt	9,694,636	9,147,069
Long-term liabilities	6,572,386	5,430,072
Refundable government loan funds	141,046	141,622
Other noncurrent liabilities	248,594	211,080
Total noncurrent liabilities	<u>16,656,662</u>	<u>14,929,843</u>
<b>Total liabilities</b>	<b><u>18,935,579</u></b>	<b><u>17,006,838</u></b>
Deferred inflows of resources	72,097	-
<b>Total liabilities and deferred inflows of resources</b>	<b><u>19,007,676</u></b>	<b><u>17,006,838</u></b>
Net Position:		
Net investment in capital assets	1,206,777	1,090,418
Restricted - nonexpendable:		
Instruction and departmental research	173,817	141,658
Scholarships and fellowships	103,967	94,397
General operations and other	129,939	121,678
Restricted - expendable:		
Instruction and departmental research	128,312	139,455
Scholarships and fellowships	68,319	70,822
General operations and other	137,275	137,439
Unrestricted	<u>(3,834,184)</u>	<u>(2,830,627)</u>
<b>Total net position</b>	<b><u>(1,885,778)</u></b>	<b><u>(1,034,760)</u></b>
<b>Total liabilities, deferred inflows and net position</b>	<b><u>\$ 17,121,898</u></b>	<b><u>15,972,078</u></b>

See accompanying notes to financial statements.

# Statements of Revenues, Expenses, and Changes in Net Position

For the Years Ended June 30, 2015 and 2014

In thousands

	<u>2015</u>	<u>2014</u>
<b>Operating revenues:</b>		
Tuition and fees	\$ 2,110,686	1,970,521
Less scholarship allowances	(580,092)	(552,202)
Net tuition and fees	1,530,594	1,418,319
Federal grants and contracts	613,668	632,256
State and local grants and contracts	160,163	220,282
Private grants and contracts	461,538	416,921
Hospitals and clinics	2,634,882	2,499,595
Sales and services of auxiliary enterprises:		
Residence halls, net	433,781	432,148
Food service and other, net	214,587	208,763
Other sources	205,513	221,047
<b>Total operating revenues</b>	<b><u>6,254,726</u></b>	<b><u>6,049,331</u></b>
<b>Operating expenses:</b>		
Instruction	2,469,683	2,315,342
Research	728,789	765,033
Public service	302,311	305,970
Academic support	525,192	517,491
Student services	340,429	317,734
Institutional support	1,011,070	984,454
Operation and maintenance of plant	711,729	683,556
Scholarships and fellowships	237,921	214,144
Hospitals and clinics	2,690,530	2,708,912
Auxiliary enterprises:		
Residence halls	358,975	332,523
Food service and other	262,573	253,385
Depreciation and amortization expense	552,555	506,557
Other operating expenses	27,679	31,181
<b>Total operating expenses</b>	<b><u>10,219,436</u></b>	<b><u>9,936,282</u></b>
<b>Operating loss</b>	<b><u>(3,964,710)</u></b>	<b><u>(3,886,951)</u></b>
<b>Nonoperating revenues (expenses):</b>		
State appropriations	3,135,670	3,085,627
Federal and State nonoperating grants	566,023	536,326
Investment income, net	47,565	43,029
Net realized and unrealized (losses) gains	(5,469)	88,413
Gifts	109,537	103,071
Interest expense on capital related debt	(426,909)	(399,698)
Loss on disposal of plant assets	(15,878)	(16,228)
Other nonoperating (expenses) revenues, net	(14,369)	70,552
<b>Net nonoperating revenues</b>	<b><u>3,396,170</u></b>	<b><u>3,511,092</u></b>
<b>Loss before other revenues and gains</b>	<b><u>(568,540)</u></b>	<b><u>(375,859)</u></b>
Capital appropriations	23,719	23,684
Capital gifts and grants	65,387	98,913
Additions to permanent endowments	52,264	21,685
<b>Decrease in net position</b>	<b><u>(427,170)</u></b>	<b><u>(231,577)</u></b>
<b>Net position at the beginning of year</b>	<b><u>(1,034,760)</u></b>	<b><u>(803,183)</u></b>
<b>Cumulative effect of change in accounting principle (note 15)</b>	<b><u>(423,848)</u></b>	<b><u>-</u></b>
<b>Net position at the end of year</b>	<b><u>\$ (1,885,778)</u></b>	<b><u>(1,034,760)</u></b>

See accompanying notes to financial statements.

# Statements of Cash Flows

For the Years Ended June 30, 2015 and 2014

In thousands

	<u>2015</u>	<u>2014</u>
<b>Cash flows from operating activities:</b>		
Tuition and fees	\$ 1,541,417	1,437,058
Grants and contracts:		
Federal	615,084	635,344
State and local	121,586	298,715
Private	471,053	453,000
Hospital and clinics	2,328,621	2,430,990
Personal service payments	(4,035,392)	(3,939,489)
Other than personal service payments	(2,552,982)	(2,737,981)
Payments for fringe benefits	(480,472)	(535,461)
Payments for scholarships and fellowships	(261,792)	(222,171)
Loans issued to students	(27,815)	(28,323)
Collection of loans to students	25,481	22,287
Auxiliary enterprise charges:		
Residence halls	438,173	436,330
Food service and other	206,734	205,407
Other receipts	142,359	238,328
<b>Net cash used by operating activities</b>	<b><u>(1,467,945)</u></b>	<b><u>(1,305,966)</u></b>
<b>Cash flows from noncapital financing activities:</b>		
State appropriations:		
Operations	1,066,998	1,016,843
Debt service	803,832	597,096
Federal and State nonoperating grants	565,933	536,326
Private gifts and grants	111,690	99,048
Proceeds from short-term loans	259,278	58,020
Repayment of short-term loans	(257,144)	(85,135)
Direct loan receipts	1,148,684	1,147,718
Direct loan disbursements	(1,148,684)	(1,147,718)
Other receipts	141,038	64,772
<b>Net cash provided by noncapital financing activities</b>	<b><u>2,691,625</u></b>	<b><u>2,286,970</u></b>
<b>Cash flows from capital and related financing activities:</b>		
Proceeds from capital debt	1,412,680	1,475,159
Capital appropriations	25,718	22,357
Capital grants and gifts received	64,088	77,259
Proceeds from sale of capital assets	1,711	337
Purchases of capital assets	(189,914)	(190,758)
Payments to contractors	(988,433)	(959,851)
Principal paid on capital debt and leases	(859,972)	(925,576)
Interest paid on capital debt and leases	(479,108)	(461,915)
Deposits with bond trustees	(82,807)	47,365
<b>Net cash used by capital and related financing activities</b>	<b><u>(1,096,037)</u></b>	<b><u>(915,623)</u></b>
<b>Cash flows from investing activities:</b>		
Proceeds from sales and maturities of investments	327,042	415,179
Interest, dividends, and realized gains on investments	53,787	54,196
Purchases of investments	(326,296)	(458,714)
<b>Net cash provided by investing activities</b>	<b><u>54,533</u></b>	<b><u>10,661</u></b>
<b>Net change in cash</b>	<b><u>182,176</u></b>	<b><u>76,042</u></b>
<b>Cash - beginning of year</b>	<b><u>1,490,446</u></b>	<b><u>1,414,404</u></b>
<b>Cash - end of year</b>	<b><u>\$ 1,672,622</u></b>	<b><u>1,490,446</u></b>
<b>End of year cash comprised of:</b>		
<b>Cash and cash equivalents</b>	<b><u>\$ 1,520,809</u></b>	<b><u>1,334,898</u></b>
<b>Restricted cash and cash equivalents</b>	<b><u>\$ 151,813</u></b>	<b><u>155,548</u></b>

## Statements of Cash Flows (continued)

For the Years Ended June 30, 2015 and 2014

In thousands

	<u>2015</u>	<u>2014</u>
<b>Reconciliation of net operating loss to net cash used by operating activities:</b>		
Operating loss	\$ (3,964,710)	(3,886,951)
Adjustments to reconcile operating loss to net cash used by operating activities:		
Depreciation and amortization expense	552,555	506,557
Fringe benefits and litigation	1,334,062	1,457,715
Change in assets and liabilities:		
Receivables, net	(199,571)	(22,640)
Other assets	14,390	(19,633)
Accounts payable and accrued liabilities	64,041	(28,185)
Unearned revenue	1,544	76,823
Other liabilities	729,744	610,348
<b>Net cash used by operating activities</b>	<b>\$ <u>(1,467,945)</u></b>	<b><u>(1,305,966)</u></b>
<b>Supplemental disclosures for noncash transactions:</b>		
New capital leases / debt agreements	\$ <u>1,410,350</u>	<u>1,475,159</u>
Fringe benefits provided by the State	\$ <u>1,305,804</u>	<u>1,432,360</u>
Litigation costs provided by the State	\$ <u>28,258</u>	<u>25,355</u>
Noncash gifts	\$ <u>3,135</u>	<u>7,633</u>
Unrealized (losses) gains on investments	\$ <u>(20,471)</u>	<u>70,246</u>

See accompanying notes to financial statements.

# State University of New York Component Units Balance Sheet

June 30, 2015 (with comparative financial information as of June 30, 2014)  
In thousands

<u>Assets</u>	<u>2015</u>	<u>2014</u>
Cash and cash equivalents	\$ 244,512	248,967
Accounts and notes receivable, net	44,913	44,794
Pledges receivable, net	142,857	185,140
Investments	2,041,893	1,950,894
Assets held for others	24,698	29,063
Other assets	80,051	75,119
Capital assets, net	590,390	620,272
<b>Total assets</b>	<b><u>\$ 3,169,314</u></b>	<b><u>3,154,249</u></b>
<b><u>Liabilities and Net Assets</u></b>		
Liabilities:		
Accounts payable and accrued liabilities	80,709	75,139
Deferred revenue	17,602	21,787
Deposits held in custody for others	113,993	119,543
Other liabilities	70,368	63,704
Long-term debt	417,925	471,145
<b>Total liabilities</b>	<b><u>700,597</u></b>	<b><u>751,318</u></b>
Net Assets:		
Unrestricted:		
Board designated for:		
Fixed assets	214,284	195,721
Campus programs	103,666	102,004
Investments	218,471	218,099
General operations and other	79,514	51,780
Undesignated	141,201	147,984
Temporarily restricted:		
Scholarships and fellowships	193,955	203,211
Campus programs	419,121	443,460
Research	147,276	150,854
General operations and other	176,981	167,255
Permanently restricted:		
Scholarships and fellowships	333,369	310,608
Campus programs	354,947	315,139
Research	27,912	27,347
General operations and other	58,020	69,469
<b>Total net assets</b>	<b><u>2,468,717</u></b>	<b><u>2,402,931</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 3,169,314</u></b>	<b><u>3,154,249</u></b>

See accompanying notes to financial statements.

# State University of New York Component Units

## Statement of Activities

*For the Year Ended June 30, 2015 (with summarized financial information for the year ended June 30, 2014)*  
*In thousands*

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2015 Total</u>	<u>2014 Total</u>
<b>Revenues:</b>					
Contributions, gifts and grants	\$ 50,424	91,883	39,300	181,607	176,690
Loss on uncollectible contributions	-	(15,904)	(843)	(16,747)	-
Food service	281,151	-	-	281,151	272,925
Other auxiliary services	77,480	-	-	77,480	75,352
Rental income	70,669	307	-	70,976	78,089
Sales and services	129,200	1,345	-	130,545	163,457
Program income and special events	45,328	2,701	11	48,040	48,715
Investment income, net	11,794	19,838	1,172	32,804	33,618
Net realized and unrealized gains	15,103	26,546	14	41,663	209,943
Change in value of split interest agreements	(56)	(1,103)	(2,758)	(3,917)	4,102
Other sources	22,245	1,548	22	23,815	12,373
Transfers of permanently restricted net assets	357	(1,908)	1,551	-	-
Endowment earnings transferred	-	179	(179)	-	-
Net assets released from restrictions	142,742	(142,742)	-	-	-
<b>Total revenues</b>	<b><u>846,437</u></b>	<b><u>(17,310)</u></b>	<b><u>38,290</u></b>	<b><u>867,417</u></b>	<b><u>1,075,264</u></b>
<b>Expenses:</b>					
Food service	237,282	-	-	237,282	226,722
Other auxiliary services	65,948	-	-	65,948	64,289
Program expenses	131,549	-	-	131,549	110,807
Health care services	121,093	-	-	121,093	155,079
Payments to the State University:					
Scholarships and fellowships	54,082	-	-	54,082	43,087
Other	47,557	-	-	47,557	93,794
Real estate expenses	50,540	-	-	50,540	55,471
Management and general	52,476	-	-	52,476	50,269
Fundraising	23,887	-	-	23,887	20,553
Other expenses	17,217	-	-	17,217	5,250
<b>Total expenses</b>	<b><u>801,631</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>801,631</u></b>	<b><u>825,321</u></b>
<b>Change in net assets</b>	<b>44,806</b>	<b>(17,310)</b>	<b>38,290</b>	<b>65,786</b>	<b>249,943</b>
<b>Net asset reclassification</b>	<b><u>(3,258)</u></b>	<b><u>(10,137)</u></b>	<b><u>13,395</u></b>	<b><u>-</u></b>	<b><u>-</u></b>
<b>Total change in net assets</b>	<b>41,548</b>	<b>(27,447)</b>	<b>51,685</b>	<b>65,786</b>	<b>249,943</b>
<b>Net assets at the beginning of year</b>	<b><u>715,588</u></b>	<b><u>964,780</u></b>	<b><u>722,563</u></b>	<b><u>2,402,931</u></b>	<b><u>2,152,988</u></b>
<b>Net assets at the end of year</b>	<b>\$ <u>757,136</u></b>	<b><u>937,333</u></b>	<b><u>774,248</u></b>	<b><u>2,468,717</u></b>	<b><u>2,402,931</u></b>

See accompanying notes to financial statements.

# Notes to Financial Statements

*June 30, 2015 and 2014*

## 1. Summary of Significant Accounting Policies and Basis of Presentation

### *Reporting Entity*

For financial reporting purposes, the State University of New York (State University) consists of all sectors of the State University including the university centers, health science centers (including hospitals), colleges of arts and sciences, colleges of technology and agriculture, specialized colleges, statutory colleges (located at the campuses of Cornell and Alfred Universities), central services and other affiliated entities determined to be includable in the State University's financial reporting entity.

Inclusion in the reporting entity is based primarily on the notion of financial accountability, defined in terms of a primary government (State University) that is financially accountable for the organizations that make up its legal entity. Separate legal entities meeting the criteria for inclusion in the blended totals of the State University reporting entity are described below. The State University is included in the financial statements of the State of New York (State) as an enterprise fund, as the State is the primary government of the State University.

The Research Foundation for The State University of New York (Research Foundation) is a separate, private, nonprofit educational corporation that administers the majority of the State University's sponsored programs. These programs are for the exclusive benefit of the State University and include research, training, and public service activities of the State-operated campuses supported by sponsored funds other than State appropriations. The Research Foundation provides sponsored programs administration and innovation support services to State University faculty performing research in life sciences and medicine; engineering and technology; physical sciences and energy; social sciences; and computer and information services. The activity of the Research Foundation has been included in these financial statements using GASB measurements and recognition standards. The financial activity was primarily derived from audited financial statements of the Research Foundation for the years ended June 30, 2015 and 2014.

The State University Construction Fund (Construction Fund) is a public benefit corporation that designs, constructs, reconstructs and rehabilitates facilities of the State University pursuant to an approved master plan. Although the Construction Fund is a separate legal entity, it carries out operations which are integrally related to and for the exclusive benefit of the State University and, therefore, the financial activity related to the Construction Fund is included in the State University's financial statements as of the Construction Fund's fiscal years ended March 31, 2015 and 2014.

The State statutory colleges at Cornell University and Alfred University are an integral part of, and are administered by, those universities. The statutory colleges are fiscally dependent on State appropriations through the State University. The financial statement information of the statutory colleges of Cornell University and Alfred University has been included in the accompanying financial statements.

Most of the State University's campuses maintain auxiliary services corporations and some campuses maintain student housing corporations. These corporations are legally separate, nonprofit organizations which, as independent contractors, operate, manage, and promote educationally related services for the benefit of the campus community. Almost all of the State University campuses also maintain foundations, which are legally separate, nonprofit, affiliated organizations that receive and hold economic resources that are significant to, and that are entirely for the benefit of the State University, and are required to be included in the reporting entity using discrete presentation requirements. As a result, the combined totals of the campus-related auxiliary service corporations, student housing corporations and foundations are separately presented as an aggregate component unit on pages 20 and 21 of these financial statements in accordance with display requirements prescribed by the Financial Accounting Standards Board (FASB). All of the financial data for these organizations was derived from each entity's individual audited financial statements, the majority of which have a May 31 or June 30 fiscal year end.

# Notes to Financial Statements

*June 30, 2015 and 2014*

## 1. Summary of Significant Accounting Policies and Basis of Presentation (continued)

The combined totals are also included in the financial statements of the State's discretely presented component unit combining statements.

The operations of certain related but independent organizations, i.e., clinical practice management plans, alumni associations and student associations, do not meet the criteria for inclusion, and are not included in the accompanying financial statements.

The State University administers State financial assistance to the community colleges in connection with its general oversight responsibilities pursuant to New York State Education Law. However, since these community colleges are sponsored by local governmental entities and are included in their financial statements, the community colleges are not considered part of the State University's financial reporting entity and, therefore, are not included in the accompanying financial statements.

The accompanying financial statements of the State University have been prepared using the economic resources measurement focus and the accrual basis of accounting in accordance with U.S. generally accepted accounting principles as prescribed by the GASB. The State University reports its financial statements as a special purpose government engaged in business-type activities, as defined by the GASB. Business-type activities are those that are financed in whole or in part by fees charged to external parties for goods or services. The financial statements of the State University consist of classified balance sheets, which separately classify deferred outflows of resources and deferred inflows of resources; statements of revenues, expenses, and changes in net position, which distinguish between operating and nonoperating revenues and expenses; and statements of cash flows, using the direct method of presenting cash flows from operations and other sources.

The State University's policy for defining operating activities in the statement of revenues, expenses, and changes in net position are those that generally result from exchange transactions, i.e., the payments received for services and payments made for the purchase of goods and services. Certain other transactions are reported as nonoperating activities and include the State University's operating and capital appropriations from the State, federal and State financial aid grants (e.g., Pell and TAP), investment income gains and losses, gifts, and interest expense.

During 2015, the State University has implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* (GASB No. 68). For the cost-sharing multiple employer pension plans the State University participates in, this Statement requires that a portion of the Plan's net pension liability (asset), as well as deferred inflows and outflows from pension activities be reflected in the reported amounts on the balance sheet. The State University is considered a participating employer of the New York State and Local Retirement System (ERS) and New York State Teachers' Retirement System (TRS) pension plans. As a result, the State University has recorded a participating proportion of the net pension asset and liability of the TRS and ERS plans, respectively. Also, the State University administers a single-employer defined benefit plan. This plan is frozen and is further described in note 8 to the financial statements. As a result of adopting this pronouncement, the State University has restated the beginning net position at July 1, 2014 and the 2015 balance sheet includes the net pension asset and liability of these plans. The 2014 financial statement amounts and related pension disclosure (other than Table D on page 31) have not been restated to reflect the adoption of GASB No. 68 but are displayed as previously presented, for comparative purposes only.

# Notes to Financial Statements

June 30, 2015 and 2014

## 1. Summary of Significant Accounting Policies and Basis of Presentation (continued)

### *Net Position*

Resources are classified for accounting and financial reporting purposes into the following four net position categories:

#### Net investment in capital assets

Capital assets, net of accumulated depreciation and amortization and outstanding principal balances of debt attributable to the acquisition, construction, repair or improvement of those assets.

#### Restricted – nonexpendable

Net position component subject to externally imposed conditions that the State University is required to retain in perpetuity.

#### Restricted – expendable

Net position component whose use is subject to externally imposed conditions that can be fulfilled by the actions of the State University or by the passage of time.

#### Unrestricted component of net position

The unrestricted component of net position includes amounts provided for specific use by the State University's colleges and universities, hospitals and clinics, and separate legal entities included in the State University's reporting entity that are designated for those entities and, therefore, not available for other purposes.

The State University has adopted a policy of generally utilizing restricted – expendable funds, when available, prior to unrestricted funds.

### *Revenues*

Revenues are recognized in the period earned. State appropriations are recognized when they are made legally available for expenditure. Revenues and expenses arising from nonexchange transactions are recognized when all eligibility requirements, including time requirements, are met. Promises of private donations are recognized at fair value. Net patient service revenue for the hospitals is reported at the estimated net realizable amounts from patients, third party payors and others for services rendered,

including estimated retroactive adjustments under reimbursement agreements with third party payors.

Tuition and fees and auxiliary sales and service revenues are reported net of scholarship discounts and allowances. Auxiliary sales and service revenue classifications for 2015 and 2014 were reported net of the following scholarship discount and allowance amounts (in thousands):

	<u>2015</u>	<u>2014</u>
Residence halls	\$ 100,586	85,000
Food service and other	39,123	31,666

### *Cash and Cash Equivalents*

Cash and cash equivalents are defined as current operating assets and include investments with original maturities of less than 90 days, except for cash and cash equivalents held in investment pools which are included in short-term and long-term investments on the accompanying balance sheets.

### *Restricted Cash and Cash Equivalents*

Restricted cash and cash equivalents represent unspent funds under various capital financing arrangements, cash held for others, and cash restricted for loan and residence hall programs.

### *Investments*

Investments in marketable securities are stated at fair value based upon quoted market prices. Investment income is recorded on the accrual basis, and purchases and sales of investment securities are reflected on a trade date basis. Any net earnings not expended are included as increases in restricted – nonexpendable net position if the terms of the gift require that such earnings be added to the principal of a permanent endowment fund, or as increases in restricted – expendable net position as provided for under the terms of the gift, or as unrestricted. At June 30, 2015 and 2014, the State University had \$274 million and \$287 million available for authorization for expenditure, including \$178 million and \$187 million from restricted funds and \$96 million and \$100 million from unrestricted funds, respectively.

# Notes to Financial Statements

June 30, 2015 and 2014

## 1. Summary of Significant Accounting Policies and Basis of Presentation (continued)

The Investment Committee of the Cornell Board of Trustees establishes the investment policy for Cornell University as a whole, including investments that support the statutory colleges. Distributions from the pool are approved by the Cornell Board of Trustees and are provided for program support independent of the cash yield and appreciation of investments in that year. The Board applies the “prudent person” standard when making its decision whether to appropriate or accumulate endowment funds in compliance with the New York Prudent Management of Institutional Funds Act (NYPMIFA). Investments in the pool are stated at fair value and include limited use of derivative instruments including futures, forward, options and swap contracts designed to manage market exposure and to enhance the total return.

Alternative investments are valued using current estimates of fair value obtained from the investment manager in the absence of readily determinable public market values. The estimated fair value of these investments is based on the most recent valuations provided by the external investment managers. Because of the inherent uncertainty of valuation for these investments, the investment manager’s estimate may differ from the values that would have been used had a ready market existed.

### Capital Assets

Capital assets are stated at cost, or in the case of gifts, fair value at the date of receipt. Building renovations and additions costing over \$100,000 and equipment items with a unit cost of \$5,000 or more are capitalized. Equipment under capital leases is stated at the present value of minimum lease payments at the inception of the lease. Generally, the net interest cost on debt during the construction period related to capital projects is capitalized. Capitalized interest totaled \$15 million and \$25 million in the 2015 and 2014 fiscal years, respectively. Intangible assets, including internally generated computer software of \$1 million or more are capitalized. Library materials are capitalized and amortized over a ten-year period. Works of art or historical treasures that are held for public

exhibition, education, or research in furtherance of public service are capitalized. Capital assets, with the exception of land, construction in progress, and inexhaustible works of art or intangible assets, are depreciated on a straight-line basis over their estimated useful lives, using historical and industry experience, ranging from 2 to 50 years.

### Deferred Outflows and Deferred Inflows of Resources

Deferred outflows of resources are defined as a consumption of net assets by a college or university that is applicable to a future reporting period. Deferred inflows of resources are defined as an acquisition of net assets by the college or university that is applicable to a future reporting period. Deferred inflows and deferred outflows of resources include differences between expected or projected results compared to actual results related to the State University’s proportionate share in the cost sharing pension plans. Deferred outflows of resources also include losses resulting from refinancing of debt which represents the difference between the reacquisition price and the net carrying amount of the old debt and is amortized over the life of the related debt.

### Compensated Absences

Employees accrue annual leave based primarily on the number of years employed up to a maximum rate of 21 days per year up to a maximum of 40 days.

### Fringe Benefits

Employee fringe benefit costs other than pensions (e.g., health insurance, workers’ compensation, and post-retirement benefits) for State University and statutory employees are paid by the State on behalf of the State University (except for the State University hospitals and Research Foundation, which pay their own fringe benefit costs) at a fringe benefit rate determined by the State. The State University records an expense and corresponding State appropriation revenue for fringe benefit costs based on the fringe benefit rate applied to total eligible personal service costs incurred.

# Notes to Financial Statements

June 30, 2015 and 2014

## 1. Summary of Significant Accounting Policies and Basis of Presentation (continued)

### *Pensions*

The State University is required to report its proportionate share of the pension plan activity for the plans it participates in. For purposes of measuring the net pension liability (asset), deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the pension plans' and additions to and deductions from the pension plans fiduciary net position have been determined on the same basis as they are reported by those plans.

### *Postemployment and Post-retirement Benefits*

Postemployment benefits other than pensions are recognized on an actuarially determined basis as employees earn benefits that are expected to be used in the future. The amounts earned include employee sick leave credits expected to be used to pay for a share of post-retirement health insurance.

### *Tax Status*

The State University and the Construction Fund are political subdivisions of the State and are, therefore, generally exempt from federal and state income taxes under applicable federal and state statutes and regulations.

The Research Foundation is a nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally tax-exempt on related income, pursuant to Section 501(a) of the Code.

### *Reclassifications*

Certain amounts displayed in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

### *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## 2. Cash and Cash Equivalents

Cash and cash equivalents represent State University funds held in the State treasury, in the short-term investment pool (STIP), or local depositories, and cash held by affiliated organizations. Cash held in the State treasury beyond immediate need is pooled with other State funds for short-term investment purposes.

The pooled balances are limited to legally-stipulated investments which include obligations of, or are guaranteed by, the United States; obligations of the State and its political subdivisions; and repurchase agreements. These investments are reported at cost (which approximates fair value) and are held by the State's agent in its name on behalf of the State University.

The New York State Comprehensive Annual Financial Report contains the GASB Statement No. 40 risk disclosures for deposits held in the State treasury. Deposits not held in the State treasury that are not covered by depository insurance and are (a) uncollateralized or (b) collateralized with securities held by a pledging financial institution at June 30, 2015 and 2014, are as follows (in thousands):

	<u>Category (a)</u>	<u>Category (b)</u>
2015	\$ 5,433	14,762
2014	5,492	19,742

# Notes to Financial Statements

June 30, 2015 and 2014

### 3. Deposits with Bond Trustees

Deposits with bond trustees primarily represent DASNY bond proceeds needed to finance capital projects and to establish required building and equipment replacement and debt service reserves. Pursuant to financing agreements with DASNY, bond proceeds, including interest income, are restricted for capital projects or debt service. Also included are non-bond proceeds which have been designated for capital projects and equipment.

The State University's deposits with bond trustees, which include cash and investments, are registered in the State University's name and held by an agent or in trust accounts in the State University's name. Cash and short-term investments held in the State treasury and money market accounts were approximately \$121 million and \$123 million at June 30, 2015 and 2014, respectively. The market value of investments held and maturity period are displayed in the following table (in thousands):

Fiscal Year 2015			
Type of Investments	Fair Value	Less than 1 year	1-5 years
US Treasury notes/bonds	\$ 114,591	114,542	49
US Treasury bills	6,727	6,727	-
US Treasury strips	170,823	170,823	-
Federal Home Loan Mortgage Corp.*	76,432	76,432	-
Federal National Mortgage Assoc.*	187,339	95,538	91,801
Federal Home Loan Bank	9,899	9,839	60
Total	<u>\$ 565,811</u>	<u>473,901</u>	<u>91,910</u>
Fiscal Year 2014			
Type of Investments	Fair Value	Less than 1 year	1-5 years
US Treasury notes/bonds	\$ 64,517	61,494	3,023
US Treasury bills	77,715	77,715	-
US Treasury strips	225,305	225,305	-
Federal Home Loan Mortgage Corp.*	68,997	68,997	-
Federal Home Loan Bank	42,415	42,355	60
Total	<u>\$ 478,949</u>	<u>475,866</u>	<u>3,083</u>

\*Rating on investments is AAA

### 4. Investments

Investments of the State University are recorded at fair value. Investments include those held by the statutory colleges at Cornell University and Alfred University (Alfred Ceramics), the Research Foundation, the Construction Fund, and State University campuses.

For financial reporting purposes, assets attributable to the statutory colleges at Cornell University are held in Cornell University's entire portfolio of investments and are invested in external investment pools. The assets are not managed by, or attributable to, any individual college and the statutory colleges do not have the authority to manage investment assets independently. The fair value of the statutory college's investments is primarily based on the unit value of the pools and the number of shares owned in the various Cornell University investment pools. The credit quality of the external investment pools is considered to be the credit rating for Cornell University. The table below presents the unit value of each external pool, in addition to the fair value (in thousands) of assets attributable to statutory colleges at June 30.

	2015	
	Unit Value	Fair Value
Endowments		
Long-term Investment Pool	\$ 57.31	\$ 809,971
Charitable Gift Annuities		
Master Trust Units	1.49	12,191
Charitable Trusts		
Endowment Strategy	55.28	25,525
Common Trust Fund - Growth	33.94	6,413
Common Trust Fund - Income	13.16	2,416
Common Trust Fund - Premier	8.58	565
Pooled Life Income Funds		
PLIF A	1.33	735
PLIF B	2.47	789
Total External Pools		<u>\$ 858,605</u>

# Notes to Financial Statements

June 30, 2015 and 2014

## 4. Investments (continued)

	2014	
	Unit Value	Fair Value
Endowments		
Long-term		
Investment Pool	\$ 58.45	\$ 787,534
Charitable Gift Annuities		
Master Trust Units	1.44	12,351
Charitable Trusts		
Endowment Strategy	57.56	19,420
Common Trust Fund - Growth	33.65	7,896
Common Trust Fund - Income	13.57	2,941
Common Trust Fund - Premier	8.91	693
Pooled Life Income Funds		
PLIF A	1.37	720
PLIF B	2.53	1,042
Total External Pools		<u>\$ 832,597</u>

The Research Foundation maintains a diverse investment portfolio and follows an investment policy and asset guidelines approved and monitored by its board of directors. The portfolio is mainly comprised of mutual funds, exchange-traded funds and alternative investments of high quality and liquidity. Investments are held with the investment custodian in the Research Foundation's name.

Investments of the Construction Fund are made in accordance with the applicable provisions of the laws of the State and the Construction Fund's investment policy and consist primarily of obligations of the United States government and its agencies. These investments are held by the State's agent in the State University Construction Fund's name.

Investments of Alfred Ceramics were derived from its individual financial statements.

The composition of investments at June 30, 2015 and 2014 is as follows (in thousands):

	2015	2014
Cash and money market funds	\$ 26,332	48,633
Non-equities	53,308	52,146
Domestic and international equities	22,360	40,324
Hedge funds	117,192	114,216
External investment pools	858,605	832,597
Other investments	18,369	19,453
Total investments	<u>\$ 1,096,166</u>	<u>1,107,369</u>
Short-term	<u>\$ 204,772</u>	<u>243,537</u>
	<b>2015</b>	<b>2014</b>
State University Campuses	\$ 7,456	5,918
Cornell Statutory Colleges	867,372	839,042
Alfred Ceramics	21,581	21,926
Research Foundation	168,387	209,061
State University Construction Fund	31,370	31,422
Total investments	<u>\$ 1,096,166</u>	<u>1,107,369</u>

Investment income is reported net of investment fees of approximately \$6 million and \$10 million at June 30, 2015 and 2014, respectively.

At June 30, 2015 and 2014, the State University had non-equity investments and maturities as summarized in Table A.

Credit quality ratings of the State University's investments in debt securities, as described by Moody's, S&P, and Fitch as of June 30, 2015 and 2014 are summarized in Table B.

The State University did not have any exposure to foreign currency risk for investments held at June 30, 2015 and 2014.

## Notes to Financial Statements

June 30, 2015 and 2014

*Investment Maturities and Credit Ratings**Table A (in thousands)*

Investment Type	Fiscal Year 2015					Fiscal Year 2014				
	Market Value	Less than 1 yr	1-5 yrs	6-10 yrs	More than 10 yrs	Market Value	Less than 1 yr	1-5 yrs	6-10 yrs	More than 10 yrs
US Treasury bills	\$ 15,058	15,058	-	-	-	14,558	14,558	-	-	-
US Treasury notes/bonds	15,803	15,803	-	-	-	15,267	277	14,990	-	-
Municipal bonds	625	351	162	112	-	939	291	535	113	-
Corporate bonds	-	-	-	-	-	117	-	34	31	52
Mutual funds – non-equities	21,822	836	2,042	18,676	268	21,265	790	2,965	17,267	243
Total investments	\$ 53,308	32,048	2,204	18,788	268	52,146	15,916	18,524	17,411	295

*Table B (in thousands)*

Credit Rating	AAA	AA	A	BBB	BB	B	Not Rated
<u>Investment Type - 2015</u>							
External investment pools	\$ -	858,605	-	-	-	-	-
Municipal bonds	-	513	-	-	-	-	112
Mutual funds - non-equities*	20,563	11	937	247	7	17	40
Total	\$ 20,563	859,129	937	247	7	17	152
<u>Investment Type - 2014</u>							
External investment pools	\$ -	832,597	-	-	-	-	-
Municipal bonds	-	575	201	-	-	-	163
Corporate bonds	-	-	22	19	6	12	58
Mutual funds - non-equities*	18,898	-	1,140	-	1,227	-	-
Total	\$ 18,898	833,172	1,363	19	1,233	12	221

\*based on average credit quality of holdings

## Notes to Financial Statements

June 30, 2015 and 2014

## 5. Accounts, Notes, and Loans Receivable

At June 30, accounts, notes, and loans receivable are summarized for years 2015 and 2014, as follows (in thousands):

	2015	2014
Tuition and fees	\$ 43,937	40,011
Allowance for uncollectible	(10,094)	(9,592)
Net tuition and fees	<u>33,843</u>	<u>30,419</u>
Room rent	11,407	11,940
Allowance for uncollectible	(2,650)	(2,633)
Net room rent	<u>8,757</u>	<u>9,307</u>
Patient fees, net of contractual allowances	1,087,750	820,971
Allowance for uncollectible	(358,372)	(314,634)
Net patient fees	<u>729,378</u>	<u>506,337</u>
Other, net	<u>64,582</u>	<u>138,662</u>
Total accounts and notes receivable	<u>836,560</u>	<u>684,725</u>
Student loans	163,102	161,597
Allowance for uncollectible	(24,157)	(24,765)
Total student loans receivable	<u>138,945</u>	<u>136,832</u>
Total, net	<u>\$ 975,505</u>	<u>821,557</u>

## 6. Capital Assets

Capital assets, net of accumulated depreciation, totaled \$11.25 billion and \$10.70 billion at fiscal year ends 2015 and 2014, respectively. Capital asset activity for fiscal years 2015 and 2014 is reflected in Table C. In the table, closed projects and retirements represent capital assets retired and assets transferred from construction in progress for projects completed and added to the related capital assets category.

## 7. Long-term Liabilities

The State University has entered into capital leases and other financing agreements with DASNY to finance most of its capital facilities. The State University has also entered into financing arrangements with the New York Power Authority under the statewide energy services program. Equipment purchases are also made through DASNY's Tax-exempt Equipment Leasing Program (TELP), PIT Revenue Bonds, various state sponsored equipment leasing programs, and private financing arrangements. The State University is responsible for lease debt service payments sufficient to cover the interest and principal amounts due under these arrangements.

Table C (in thousands)

	June 30, 2013	Additions	Closed Projects & Retirements	June 30, 2014	Additions	Closed Projects & Retirements	June 30, 2015
Capital assets:							
Land	\$ 547,995	66,748	170	614,573	29,723	1,510	642,786
Infrastructure and land improvements	872,259	120,477	17,937	974,799	131,941	14,298	1,092,442
Buildings	9,155,561	1,446,217	80,650	10,521,128	888,714	105,080	11,304,762
Equipment, library books and other	2,898,865	182,147	72,454	3,008,558	184,051	64,352	3,128,257
Construction in progress	2,787,928	1,035,407	1,661,860	2,161,475	913,329	1,029,243	2,045,561
Total capital assets	<u>16,262,608</u>	<u>2,850,996</u>	<u>1,833,071</u>	<u>17,280,533</u>	<u>2,147,758</u>	<u>1,214,483</u>	<u>18,213,808</u>
Less accumulated depreciation:							
Infrastructure and land improvements	430,698	40,063	15,960	454,801	45,656	12,252	488,205
Buildings	3,594,964	279,907	70,847	3,804,024	316,215	87,872	4,032,367
Equipment, library books and other	2,195,468	182,217	57,466	2,320,219	185,892	59,222	2,446,889
Total accumulated depreciation	<u>6,221,130</u>	<u>502,187</u>	<u>144,273</u>	<u>6,579,044</u>	<u>547,763</u>	<u>159,346</u>	<u>6,967,461</u>
Capital assets, net	<u>\$ 10,041,478</u>	<u>2,348,809</u>	<u>1,688,798</u>	<u>10,701,489</u>	<u>1,599,995</u>	<u>1,055,137</u>	<u>11,246,347</u>

# Notes to Financial Statements

June 30, 2015 and 2014

## 7. Long-term Liabilities (continued)

Total obligations as of June 30, 2015 and 2014, other than facilities obligations, which are included as of March 31, 2015 and 2014, are summarized in Table D.

### Educational Facilities

The State University, through DASNY, has entered into financing agreements to finance various educational facilities which have a maximum 30-year life. Athletic facility debt is aggregated with educational facility debt. Debt service is paid by, or from specific appropriations of, the State.

During the year, Sales Tax Revenue Bonds were issued with a par amount of \$127.5 million at a premium of \$24.3 million for the purpose of financing capital construction and major rehabilitation for educational facilities.

Personal Income Tax Revenue Bonds were also issued with a par amount of \$672.3 million at a premium of \$88.9 million for the purpose of financing capital construction and major rehabilitation for educational facilities. Also, during the year PIT bonds were issued with a par amount

of \$391.6 million at a premium of \$75.1 million in order to refund \$432.7 million of the State University's existing educational facilities obligations. The result will produce an estimated savings of \$95.7 million in future cash flow, with an estimated present value gain of \$75.2 million.

In June 2015, PIT bonds were issued with a par amount of \$704.1 million at a premium of \$88.0 million for the purpose of financing capital construction and major rehabilitation for educational facilities. Also, PIT bonds were issued with a par amount of \$21.0 million in order to refund \$19.4 million of the State University's existing educational facilities obligations.

### Residence Hall Facilities

The State University has entered into capital lease agreements for residence hall facilities. DASNY bonds for most of the residence hall facilities, which have a maximum 30-year life, are repaid from room rentals and other residence hall revenues. Upon repayment of the bonds, including interest thereon, and the satisfaction of all other obligations under the lease agreements, DASNY shall convey to the State University all rights, title, and interest in the assets financed by the capital lease agreements.

Table D (in thousands)

<i>For the 2015 Fiscal Year</i>	Restated July 1, 2014	Additions	Reductions	June 30, 2015	Current Portion
Long-term debt:					
Educational facilities	\$ 7,541,201	1,191,381	741,008	7,991,574	250,508
Unamortized bond premium - educational facilities	500,993	188,276	59,121	630,148	31,901
Residence hall facilities	1,215,060	-	50,805	1,164,255	53,160
Unamortized bond premium - residence hall facilities	75,970	-	2,971	72,999	2,971
Capital lease arrangements	176,356	30,693	51,280	155,769	45,098
Other long-term debt	88,177	-	14,083	74,094	10,565
Total long-term debt	<u>9,597,757</u>	<u>1,410,350</u>	<u>919,268</u>	<u>10,088,839</u>	<u>394,203</u>
Other long-term liabilities:					
Postemployment and post-retirement	4,170,783	985,410	285,001	4,871,192	-
Collateralized borrowing	471,334	-	3,909	467,425	7,884
Litigation	542,768	65,471	15,410	592,829	30,138
Pension	438,366	246,871	260,578	424,659	26,913
Other long-term liabilities	449,583	149,152	147,107	451,628	170,412
Total other long-term liabilities	<u>6,072,834</u>	<u>1,446,904</u>	<u>712,005</u>	<u>6,807,733</u>	<u>235,347</u>
Total long-term liabilities	<u>\$ 15,670,591</u>	<u>2,857,254</u>	<u>1,631,273</u>	<u>16,896,572</u>	<u>629,550</u>

## Notes to Financial Statements

June 30, 2015 and 2014

## 7. Long-term Liabilities (continued)

Table D, continued (in thousands)

For the 2014 Fiscal Year	July 1, 2013	Additions	Reductions	June 30, 2014	Current Portion
Long-term debt:					
Educational facilities	\$ 7,209,018	860,485	528,302	7,541,201	308,268
Unamortized bond premium - educational facilities	462,807	71,151	32,965	500,993	26,312
Residence hall facilities	1,546,315	-	331,255	1,215,060	50,805
Unamortized bond premium - residence hall facilities	78,941	-	2,971	75,970	2,971
Capital lease arrangements	182,006	49,173	54,823	176,356	50,816
Other long-term debt	44,714	50,811	7,348	88,177	11,516
Total long-term debt	<u>9,523,801</u>	<u>1,031,620</u>	<u>957,664</u>	<u>9,597,757</u>	<u>450,688</u>
Other long-term liabilities:					
Postemployment and post-retirement	3,732,255	718,598	280,070	4,170,783	-
Collateralized borrowing	-	472,414	1,080	471,334	3,910
Litigation	479,983	88,140	25,355	542,768	35,217
Other long-term liabilities	474,087	141,000	155,515	459,572	175,258
Total other long-term liabilities	<u>4,686,325</u>	<u>1,420,152</u>	<u>462,020</u>	<u>5,644,457</u>	<u>214,385</u>
Total long-term liabilities	<u>\$ 14,210,126</u>	<u>2,451,772</u>	<u>1,419,684</u>	<u>15,242,214</u>	<u>665,073</u>

Residence hall facilities revenue realized during the year from facilities from which there are bonds outstanding is pledged as a security for debt service and is assigned to DASNY to the extent required for debt service purposes. Any excess funds pledged to DASNY are available for residence hall capital and operating purposes.

In prior years, the State University defeased various obligations, whereby proceeds of new

obligations were placed in an irrevocable trust to provide for all future debt service payments on the defeased obligations. Accordingly, the trust account assets and liabilities for the defeased obligations are not included in the State University's financial statements. As of March 31, 2015, \$284.5 million of outstanding educational facilities obligations were considered defeased.

Requirements of the long-term debt obligations as of June 30, 2015 are as follows (in thousands):

Fiscal year(s)	Educational Facilities		Residential Facilities		Other		Total	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2016	\$ 250,508	400,803	53,160	55,591	90,535	3,860	394,203	460,254
2017	217,411	388,721	53,075	53,252	77,145	3,148	347,631	445,121
2018	337,732	375,118	50,550	50,861	68,203	2,609	456,485	428,588
2019	288,950	360,127	44,975	48,530	64,595	2,088	398,520	410,745
2020	242,614	347,981	49,330	46,277	55,146	1,603	347,090	395,861
2021-25	1,828,625	1,527,715	221,195	197,210	200,861	3,012	2,250,681	1,727,937
2026-30	1,594,724	1,058,739	196,960	146,240	150,342	506	1,942,026	1,205,485
2031-35	1,463,060	670,683	223,215	95,729	110,353	4	1,796,628	766,416
2036-40	1,306,635	307,635	203,865	40,884	80,205	-	1,590,705	348,519
2041-45	461,315	46,653	67,930	4,203	35,625	-	564,870	50,856
Total	<u>\$ 7,991,574</u>	<u>5,484,175</u>	<u>1,164,255</u>	<u>738,777</u>	<u>933,010</u>	<u>16,830</u>	<u>10,088,839</u>	<u>6,239,782</u>
	Interest rates range from 0.7% to 5.875%		Interest rates range from 3.0% to 5.25%		Interest rates range from 0.51% to 5.8%			

# Notes to Financial Statements

*June 30, 2015 and 2014*

## 7. Long-term Liabilities (continued)

### *Collateralized Borrowing*

In March 2013, the State enacted legislation amending the Public Authorities Law and Education Law of the State. The amendments, among other things, authorized the State University to assign to DASNY all of the State University's rights, title and interest in dormitory facilities revenues derived from payments made by students and others for use and occupancy of certain dormitory facilities. The amendments further authorize DASNY to issue State University of New York Dormitory Facilities Revenue Bonds payable from and secured by the dormitory facilities revenues assigned to it by the State University. The enacted legislation also created a special fund to be held by the State's Commissioner of Taxation and Finance on behalf of DASNY. All dormitory facilities revenues collected by the State University are required to be deposited in this special fund.

The outstanding obligations under these bonds are reported as collateralized borrowing in the State University's financial statements since these bonds are not payable from any money of the State University or the State and neither the State University nor the State has any obligation to make any payments with respect to the debt service on the bonds. The pledged revenues recognized during the fiscal years ended June 30, 2015 and 2014 amounted to \$527.5 million and \$505.2 million, respectively. There were principal and interest payments during 2015 of \$2.8 million and \$21.8 million, respectively, and no payments during 2014. Total principal and interest outstanding on the bonds at June 30, 2015 were \$437.2 million and \$248.6 million, respectively, payable through July 1, 2043.

In May 2015, bonds with a par amount of \$268.8 million at a premium of \$38.3 million were issued to refinance \$295.8 million of the State University's existing residential facility obligations. These bonds are special obligations of DASNY payable solely from the dormitory facilities revenues collected by the State University as agent for DASNY.

## 8. Retirement Plans

### *Retirement Benefits*

The two major defined benefit retirement plans State University employees participate in are ERS and TRS. ERS is a cost-sharing, multiple-employer, defined benefit public plan administered by the State Comptroller. TRS is a cost-sharing, multiple-employer, defined benefit public plan separately administered by a ten-member board. The State University reported amounts include the net pension asset (liability) for employees of the State University that participate in ERS and TRS pension plans.

Obligations of employers and employees to contribute, and related benefits, are governed by the New York State Retirement and Social Security Law (NYSRSSL) and Education Law and may only be amended by the Legislature with the Governor's approval. These plans offer a wide range of programs and benefits. ERS and TRS benefits vary based on the date of membership, years of credited service and final average salary, vesting of retirement benefits, death and disability benefits, and optional methods of benefit payments. Both plans provide a permanent annual cost-of-living increase to both current and future retired members meeting certain eligibility requirements. Participating employers are required under law to contribute to these plans on an actuarially determined rate. For ERS, this rate is determined annually by the State Comptroller and the average contribution rate for the fiscal year ended March 31, 2015 was approximately 20.1 percent of payroll. For TRS, this rate is determined by the TRS Board on annual basis and was 16.25 percent of payroll for the year ended June 30, 2014.

**ERS** and **TRS** provide retirement benefits as well as death and disability benefits. For those members joining prior to January 1, 2010 benefits generally vest after five years of credited service. For those joining after January 1, 2010, benefits generally vest after 10 years of credited service. The NYSRSSL provides that all participants in ERS and TRS are jointly and severally liable for any actuarial unfunded amounts. Such amounts are collected through annual billings to all participating employers.

# Notes to Financial Statements

June 30, 2015 and 2014

## 8. Retirement Plans (continued)

Employees who joined ERS and TRS after July 27, 1976 and before January 1, 2010, and have less than ten years of service or membership are required to contribute 3 percent of their salary. Those joining on or after January 1, 2010 and before April 1, 2012 are required to contribute 3.5 percent of their annual salary for their entire working career. Those joining on or after April 1, 2012 are required to contribute between 3 percent and 6 percent, dependent upon their salary, for their entire working career. Employee contributions are deducted from their salaries and remitted on a current basis to ERS and TRS.

The State University administers a single-employer defined benefit plan, “the Upstate Medical University Retirement Plan for Former Employees of Community General Hospital (CGH)” (Upstate Plan). This plan provides for retirement benefits for former employees of CGH, and can be amended subject to applicable collective bargaining and employment agreements. For those who opted out of this plan, benefit accruals were frozen. No new participants can enter this plan. The State University established a Pension Oversight Committee (Committee) which has the primary fiduciary responsibility oversight of the Upstate Plan. The Committee is permitted to invest plan assets pursuant to various provisions of State law, including the State Retirement and Social Security Law (RSSL).

The Upstate Plan provides retirement, disability, termination and death benefits to plan participants and their beneficiaries. Pension benefits are generally based on the highest five year average compensation of the final ten years of employment, and years of credited service as outlined in the plan. Covered employees with five or more years of service are entitled to a pension benefit beginning at normal retirement age (65). Participants with less than five years of service are not vested. Participants become fully vested after five years of service. The funding policy is to contribute enough to the plan to satisfy the annual required contributions (ARC) and the employer contributions. For the calendar year ended December 31, 2014 and 2013, employer contributions were \$3.0 million and \$2.6 million, respectively. Employees do not contribute to the Plan.

For ERS, TRS and the Upstate Plan, the long-term expected rate of return on pension plan investments was determined in accordance with Actuarial Standard of Practice (ASOP) No. 27, *Selection of Economic Assumptions for Measuring Pension Obligations*. ASOP No. 27 provides guidance on the selection of an appropriate assumed investment rate of return. Consideration was given to the expected future real rates of return (expected returns, net of pension plan investment expense and inflation) for each major asset class as well as historical investment data and plan performance. In addition, for each plan, the projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current member contribution rates and that contributions from members will be made at statutorily required rates, actuarially determined. Based on these assumptions, the fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability for each plan. ERS used a discount rate of 7.5 percent, TRS used a discount rate of 8.0 percent and the Upstate Plan used a discount rate of 6.5 percent. The total contributions made to the ERS, TRS and Upstate Plan during 2015 were \$244 million, \$17 million, and \$3 million, respectively. At June 30, 2015, the total net pension liability, included in long-term liabilities, for these plans was \$188.3 million, a pension asset, included in other noncurrent assets, of \$79.6 million, with deferred outflows of resources of \$41.3 million, deferred inflows of resources of \$72.1 million and pension expense of \$155.8 million.

**ERS** – At June 30, 2015, the State University recognized a net pension liability of \$179.8 million for its proportionate share of the ERS net pension liability. The State University’s proportionate share of the net pension liability was consistent with the manner in which contributions to the pension plan are determined and was based on the ratio of the State University’s total projected long-term contribution effort to the total ERS projected long-term contribution effort from all employers.

## Notes to Financial Statements

June 30, 2015 and 2014

### 8. Retirement Plans (continued)

The net pension liability was measured as of March 31, 2015, and was determined by an actuarial valuation as of April 1, 2014, with update procedures used to roll forward the total pension liability to March 31, 2015. The proportionate share of the net pension liability was 5.32 percent measured at March 31, 2015, which is the same as the previous measurement date of March 31, 2014.

For the year ended June 30, 2015, the State University recognized pension expense of \$159.1 million related to ERS. At June 30, 2015, the State University reported deferred outflows and deferred inflows of resources related to ERS from the following sources (in thousands):

	Deferred Outflows of Resources:	Deferred Inflows of Resources:
Differences between expected and actual experience	\$ 5,755	—
Net difference between projected and actual earnings on pension plan investments	31,224	—
Changes in proportion and differences between employer contributions and proportionate share of contributions	2,805	17,324
Total	<u>\$39,784</u>	<u>17,324</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense in the amount of \$5.6 million each year over the next four fiscal years.

The actuarial assumptions included in the actuarial valuation included an inflation factor of 2.7 percent, projected salary increases of 4.9 percent and investment rate of return of 7.5 percent. The ERS Plan also assumes a projected COLA of 50 percent of the annual CPI published by U.S. Bureau of Labor, but cannot be less than 1 percent or exceed 3 percent. Annuitant mortality rates are based on April 1, 2005 – March 31, 2010 system experience,

with adjustments for mortality improvements based on Society of Actuaries Scale MP-2014. The actuarial assumptions used in the April 1, 2014 valuation were based on the actuarial experience study for the period April 1, 2005 to March 31, 2010.

Best estimates of arithmetic real rates of return for each major asset class included in the ERS target asset allocation as of March 31, 2015 are as follows:

Asset class	Target Allocation	Long-term expected real rate of return
Domestic equities	38%	7.30%
International equities	13	8.55
Private equities	10	11.00
Real Estate	8	8.25
Absolute return strategies	3	6.75
Opportunistic portfolio	3	8.60
Real assets	3	8.65
Bonds and mortgages	18	4.00
Cash	2	2.25
Inflation-indexed bonds	2	4.00
Total	<u>100%</u>	

*Sensitivity of the net pension (liability) asset to changes in the discount rate.* The following presents the net pension (liability) asset of the State University, calculated using the discount rate of 7.5 percent as well as what the State University's net pension (liability) asset would be if it were calculated using a discount rate that is 1 percentage point lower (6.5%) and 1 percentage point higher (8.5%) than the current year rate (in thousands):

	1% Decrease (6.5%)	Current Discount (7.5%)	1% Increase (8.5%)
Net Pension (Liability) Asset	\$(1,198,265)	(179,773)	680,087

The ERS retirement system issues a publicly available financial report that includes financial statements and supplementary information and provides detailed information about the pension plan's fiduciary net position. The report may be obtained at [http://www.osc.state.ny.us/retire/about\\_us/financial\\_statements\\_index.php](http://www.osc.state.ny.us/retire/about_us/financial_statements_index.php).

# Notes to Financial Statements

June 30, 2015 and 2014

## 8. Retirement Plans (continued)

The ERS plan allows participating employers to amortize a portion of their annual pension costs. The amounts amortized will be paid back with interest over 10 years. The State University participates in this program and the total pension payable included in long-term liabilities at June 30, 2015 is \$236.3 million.

**TRS** – At June 30, 2015, the State University recognized a net pension asset of \$79.6 million for its proportionate share of the TRS net pension asset. The State University's proportionate share of the net pension asset was based on the ratio of the State University's actuarially determined employer contribution to the total TRS actuarially determined employer contribution. The net pension asset was measured as of June 30, 2014, and was determined by an actuarial valuation as of June 30, 2013, with update procedures used to roll forward the total pension liability to June 30, 2014. The proportionate share of the net pension asset was 0.714% measured at June 30, 2014 compared to 0.688% at June 30, 2013. During the measurement period beginning July 1, 2013, there were no changes in assumptions or benefit terms. The actuarial assumptions used in the June 30, 2013 valuation were based on the actuarial experience study for the period July 1, 2005 to June 30, 2010.

For the year ended June 30, 2015, the State University recognized pension expense of \$(3.1) million related to TRS. At June 30, 2015, the State University reported deferred inflows of resources related to TRS from the following sources (in thousands):

	Deferred Inflows of Resources:
Differences between expected and actual experience	\$ 1,164
Net difference between projected and actual earnings on pension plan investments	53,453
Changes in proportion and differences between employer contributions and proportionate share of contributions	156
Total	<u>\$ 54,773</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows (in thousands):

Year Ended June 30:

2016	\$ (13,517)
2017	(13,517)
2018	(13,517)
2019	(13,517)
2020	(153)
Thereafter	\$ (552)

*Actuarial assumptions* – The actuarial valuation used the following actuarial assumptions:

Inflation – 3%

Projected salary increases – Rates of increase differ based on age and gender. They have been calculated based on recent TRS member experience.

Age	Female	Male
25	10.35%	10.91%
35	6.26	6.27
45	5.39	5.04
55	4.42	4.01

Projected COLAS – 1.625% compounded annually

Investment rate of return – 8% compounded annually, net of pension plan investment expense, including inflation

Annuitant mortality rates are based on plan member experience, with adjustments for mortality improvements based on Society of Actuaries Scale AA.

Best estimates of arithmetic real rates of return for each major asset class included in TRS target asset allocation as of the valuation date of June 30, 2013 is as follows:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return*
Domestic equities	37%	7.3%
International equities	18%	8.5%
Real estate	10%	5.0%
Alternative investments	7%	11.0%
Total equities	<u>72%</u>	

## Notes to Financial Statements

June 30, 2015 and 2014

### 8. Retirement Plans (continued)

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return*
Domestic fixed income securities	18%	1.5%
Global fixed income securities	2	1.4
Mortgages	8	3.4
Short-term	-	0.8
Total fixed income	<u>28</u>	
Total	<u>100%</u>	

\*Real rates of return are net of the long-term inflation assumption of 2.3% for 2013.

Discount Rate – The discount rate used to measure the total pension liability was 8%.

*Sensitivity of the net pension asset to changes in the discount rate.* The following presents the net pension asset of the State University, calculated using the discount rate of 8.0% as well as what the State University's net pension asset would be if it were calculated using a discount rate that is 1-percentage point lower (7.0%) and 1-percentage point higher (9.0%) than the current year rate (in thousands):

	1% Decrease (7.0%)	Current Discount (8.0%)	1% Increase (9.0%)
Net Pension Asset	\$1,717	\$79,589	\$145,947

TRS report may be obtained at: <https://www.nystsr.org/Library/Publications/Annual-Report>.

**Upstate Plan** – At June 30, 2015, the State University recognized a net pension liability of \$8.6 million based on the net pension liability as reported by the plan as of December 31, 2014 as follows (in thousands):

Total pension liability	\$ 104,665
Plan fiduciary net position	96,114
Net pension liability	<u>\$ (8,551)</u>

Ratio of plan fiduciary net position to total pension liability	91.8%
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The total pension liability at December 31, 2014, was determined by using an actuarial valuation as of January 1, 2014 with update procedures used to roll forward to the total pension liability at December 31, 2014. Membership of the Upstate Plan totaled 1,816 members, comprised of 569 active members, 599 inactive vested members, and 648 retirees and beneficiaries currently receiving benefits. The actuarial assumptions included in the actuarial valuation included an inflation factor of 3.0 percent, projected salary increases of 3.5 percent and investment rate of return of 6.5 percent. Mortality rates were based on the RP-2014 Mortality Tables with full generational projections using Scale MP-2014. At June 30, 2015, \$1.5 million was reported as deferred outflows of resources related to pensions resulting from the State University contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ended June 30, 2016. There were no material deferred inflows or deferred outflows of resources associated with the Upstate Plan and pension expense for the year was (\$.1) million. The actuarial accrued liability at December 31, 2013 was \$87.9 million and plan assets were \$77.0 million. At June 30, 2014, the State University had a net pension obligation for the plan of \$10.0 million.

Best estimates of arithmetic real rates of return for each major asset class included in the Upstate Plan's target asset allocation as of December 31, 2014 is as follows:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
U.S. Equities	50%	5.35%
Non-U.S. Equities	15	5.25
Fixed Income	30	.75
Alternatives (Real Estate)	5	3.90
	<u>100%</u>	

# Notes to Financial Statements

June 30, 2015 and 2014

## 8. Retirement Plans (continued)

*Sensitivity of the net pension (liability) asset to changes in the discount rate:* The following presents the net pension (liability) asset calculated using the discount rate of 6.5 percent, as well as what the net pension liability would be if it were calculated using a discount rate that is 1 percentage point lower (5.5%) or 1 percentage point higher (7.5%) than the current rate (in thousands):

	1% Decrease (5.5%)	Current Discount (6.5%)	1% Increase (7.5%)
Net Pension (Liability) Asset	\$(21,711)	(8,551)	2,421

The Upstate Plan issues a stand-alone financial report on a calendar year basis (i.e., December 31) that includes disclosure about the elements of the pension plan's basic financial statements. These financial statements are prepared on the accrual basis of accounting in accordance with GAAP, with investments reported at fair value and benefits recognized when due and payable in accordance with the terms of the Upstate Plan. The pension plan fiduciary net position has been determined on the same basis used by the pension plan. The schedule of changes in the net pension liability for the Upstate Plan are reflected in the Required Supplementary Information on page 49. The pension plan financial statements may be requested at FOIL@upstate.edu.

**ORP** – State University employees may also participate in an Optional Retirement Program (ORP) under IRS Section 401(a), which is a multiple-employer, defined contribution plan administered by separate vendors –TIAA-CREF, Fidelity, Metropolitan Life, VALIC, and VOYA. ORP employer and employee contributions are dictated by State law. The ORP provides benefits through annuity contracts and provides retirement and death benefits to those employees who elected to participate in an ORP. Benefits are determined by the amount of individual accumulations and the retirement income option selected. All benefits generally vest after the completion of one year of service if the employee is retained thereafter. Employer contributions are not remitted to an ORP plan until an employee is fully vested. As such there are no forfeitures reported by these plans if an

employee is terminated prior to vesting. Employees who joined an ORP after July 27, 1976, and have less than ten years of service or membership are required to contribute 3 percent of their salary. Those joining on or after April 1, 2012 are required to contribute between 3 percent and 6 percent, dependent upon their salary, for their entire working career. Employer contributions range from 8 percent to 15 percent depending upon when the employee was hired. Employee contributions are deducted from their salaries and remitted on a current basis to the respective ORP. For the year ended June 30, 2015, the State University recognized pension expense of \$223.8 million.

The disclosure requirements for pension plans for the fiscal year end June 30, 2014 conform to disclosure requirements under GASB No. 27. Certain disclosures required under GASB No. 27 are consistent with the disclosures above under GASB No. 68 for the 2015 fiscal year. Additional disclosures required for the 2014 fiscal years under GASB 27 are as follows:

For 2014, the State University's total retirement-related payroll was \$3.2 billion. The payroll for 2014 for State University employees covered by ORP was \$1.80 billion, ERS was \$1.26 billion, and TRS was \$141 million, respectively. Employer and employee contributions under each of the plans were as follows for years 2014 and 2013, respectively (in millions):

	2014	2013
Employer contributions:		
ORP	\$ 199.8	206.4
ERS	130.3	116.1
TRS	11.9	12.0
Employee contributions:		
ORP	\$ 21.0	19.0
ERS	18.6	18.1
TRS	1.4	1.4

For ORP and TRS, the employer contributions are equal to 100 percent of the required contributions under each of the respective plans. For ERS, employer contributions were less than the required contributions with the difference deferred as allowed under the plan.

Each retirement system issues a publicly available financial report that includes financial statements and supplementary information. The ORP financial

## Notes to Financial Statements

June 30, 2015 and 2014

### 8. Retirement Plans (continued)

reports can be obtained by requesting them from their respective corporate offices.

The Research Foundation maintains a separate non-contributory plan through TIAA-CREF for substantially all nonstudent employees. Contributions are based on a percentage of earnings and range from 8 percent to 15 percent, depending on date of hire. Employees become fully vested after completing one year of service. Contributions are allocated to individual employee accounts. The payroll for Research Foundation employees covered by TIAA-CREF for its fiscal years ended June 30, 2015 and 2014 was \$362 million and \$359 million, respectively. The Research Foundation pension contributions were \$30 million for both fiscal years. These contributions are equal to 100 percent of the required contributions for each year.

#### Postemployment and Post-retirement Benefits

The State, on behalf of the State University, provides health insurance coverage for eligible retired State University employees and their survivors as part of the New York State Health Insurance Plan (NYSHIP). NYSHIP offers comprehensive benefits through various providers consisting of hospital, medical, mental health, substance abuse and prescription drug programs. The State administers NYSHIP and has the authority to establish and amend the benefit provisions offered. NYSHIP is considered an agent multiple-employer defined benefit plan, is not a separate entity or trust, and does not issue stand-alone financial statements. The State University, as a participant in the plan, recognizes these other postemployment benefit (OPEB) expenses on an accrual basis.

Employee and retiree contribution rates for NYSHIP are established by the State and are generally 12 percent, and range from 12 to 16 percent for enrollee coverage. The dependent coverage rate is 27 percent and ranges from 27 to 31 percent. NYSHIP premiums are being financed on a pay-as-you-go basis. During the fiscal year, the State, on behalf of the State University, paid health insurance premiums of \$263.8 million. The State University's OPEB obligation and funded status of the plan for the years ended June 30, 2015, 2014, and 2013 were as follows (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Annual OPEB cost \$	926,232	718,598	715,910
Benefits paid	<u>(263,780)</u>	<u>(252,084)</u>	<u>(243,446)</u>
Increase in OPEB obligation	662,452	466,514	472,464
Net obligation at beginning of year	<u>4,017,933</u>	<u>3,551,419</u>	<u>3,078,955</u>
Net obligation at end of year	<u>\$ 4,680,385</u>	<u>4,017,933</u>	<u>3,551,419</u>
Funded Status:			
Actuarial accrued liability (AAL)	14,427,276	13,932,707	13,932,707
Actuarial value of OPEB plan assets	<u>-</u>	<u>-</u>	<u>-</u>
Unfunded AAL (UAAL)	<u>\$ 14,427,276</u>	<u>13,932,707</u>	<u>13,932,707</u>
Actuarial valuation date	4/1/14	4/1/12	4/1/12
Funded ratio	-	-	-
Covered payroll \$	3,336,622	3,201,732	3,200,930
UAAL as a % of covered payroll	432%	435%	435%

The components of the State University's OPEB obligation include the total ARC of \$940.6 million, ARC reduction of \$141.2 million, and interest costs of \$126.8 million.

The initial unfunded accrued actuarial liability is being amortized over an open period of thirty years using the level percentage of projected payroll amortization method.

The actuarial valuation utilizes a frozen entry age actuarial cost method. The actuarial assumptions include a 3.2 percent discount rate, payroll growth rate of 3.0 percent, and an annual healthcare cost trend rate for medical coverage of 8.25 percent initially, reduced by decrements to a rate of 4.75 percent after 7 years.

Projections of benefits are based on the plan and include the types of benefits provided at the time of each valuation. Actuarial valuations involve estimates of the value of reported amounts and assumptions about the probability of future events, and actual results are considered for future valuations. The actuarial methods and assumptions used are designed to reduce short-term volatility in reported amounts and reflect a long-term perspective.

# Notes to Financial Statements

June 30, 2015 and 2014

## 8. Retirement Plans (continued)

The Research Foundation sponsors a separate single employer defined benefit post-retirement plan that covers substantially all nonstudent employees. The plan provides post-retirement medical benefits and is contributory for employees hired after 1985. In fiscal years 2011 and 2013, the Research Foundation amended the plan to increase the participant contribution rates for those hired after 1985 with the specific rates to be determined based on an employee's years of service.

Contributions by the Research Foundation are made pursuant to a funding policy established by its Board of Directors. Assets are held in a Voluntary Employee Benefit Association (VEBA) trust and are considered plan assets in determining the funded status or funding progress of the plan under GASB reporting and measurement standards. The plan issued stand-alone financial statements for the 2014 calendar year.

The Research Foundation's OPEB obligation and funded status of the plan for the years ended June 30, 2015, 2014, and 2013, respectively, were as follows (in thousands):

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Annual OPEB cost	\$ 59,177	(9,982)	15,805
Benefits paid	(10,859)	(9,557)	(9,493)
Contribution to plan	<u>(10,362)</u>	<u>(8,447)</u>	<u>(7,956)</u>
Change in OPEB obligation	37,956	(27,986)	(1,644)
Net obligation at beginning of year	<u>152,850</u>	<u>180,836</u>	<u>182,480</u>
Net obligation at end of year	<u>\$ 190,806</u>	<u>152,850</u>	<u>180,836</u>
Funded Status:			
Actuarial accrued liability (AAL)	359,877	294,535	302,530
Actuarial value of OPEB plan assets	<u>169,827</u>	<u>148,675</u>	<u>124,829</u>
Unfunded AAL (UAAL)	<u>\$ 190,050</u>	<u>145,860</u>	<u>177,701</u>
Actuarial valuation date	6/30/15	6/30/14	6/30/13
Funded ratio	47%	50%	41%
Covered payroll	\$ 235,284	235,751	234,009
UAAL as a % of covered payroll	81%	62%	76%

The components of the Research Foundation OPEB obligation at June 30, 2015 include the total ARC of \$212.0 million, ARC reduction of \$163.5 million, and interest costs of \$10.7 million. The unfunded actuarial accrued liability is amortized over one year. The cost of the benefits provided under this plan is recognized on an actuarially determined basis using the projected unit cost method. Under this method, actuarial assumptions are made based on employee demographics and medical trend rates to calculate the accrued benefit cost. The actuarial assumptions include a 7.0 percent discount rate, and an initial healthcare cost trend rate range of 7.0 percent to 8.5 percent grading down to 5.0 percent in 2022 and later. A blended discount rate was utilized using the expected investment return on investments of the plan and investments held in the operational pool expected to be used to fund future OPEB obligations.

## 9. Commitments

The State University has entered into contracts for the construction and improvement of various projects. At June 30, 2015, these outstanding contract commitments totaled approximately \$1.2 billion.

The State University is also committed under numerous operating leases covering real property and equipment. The Research Foundation also contracts with various entities to lease space as part of its mission to support the State University research and university-industry-government partnerships. Rental expenditures reported for the years ended June 30, 2015 and 2014 under such operating leases were \$90.3 million and \$89.3 million, respectively. The following is a summary of the future minimum rental commitments under non-cancelable real property and equipment leases with terms exceeding one year (in thousands):

Year(s) ending June 30:	
2016	\$ 88,235
2017	81,547
2018	74,506
2019	72,532
2020	67,893
2021-25	121,499
2026-30	41,896
2031-98	37,719
Total	<u>\$ 585,827</u>

# Notes to Financial Statements

*June 30, 2015 and 2014*

## 10. Contingencies

The State is contingently liable in connection with claims and other legal actions involving the State University, including those currently in litigation, arising in the normal course of State University activities. The State University does not carry malpractice insurance and, instead, administers these types of cases in the same manner as all other claims against the State involving State University activities in that any settlements of judgments and claims are paid by the State from an account established for this purpose. With respect to pending and threatened litigation, the medical malpractice liability includes incurred but not reported (IBNR) loss estimates. The estimate of IBNR losses is actuarially determined based on historical experience using a discount rate of 3.2 percent to calculate the present value of estimated future cash payments. The State University has recorded a liability and a corresponding appropriation receivable of approximately \$593 million and \$543 million at June 30, 2015 and 2014, respectively (almost entirely related to hospitals and clinics).

The State University is exposed to various risks of loss related to damage and destruction of assets, injuries to employees, damage to the environment or noncompliance with environmental requirements, and natural and other unforeseen disasters. The State University has insurance coverage for its residence hall facilities. However, in general, the State University does not insure its educational buildings, contents or related risks and does not insure its vehicles and equipment for claims and assessments arising from bodily injury, property damages, and other perils. Unfavorable judgments, claims, or losses incurred by the State University are covered by the State on a self-insured basis. The State does have fidelity insurance on State employees.

As part of the acquisition of Long Island College Hospital (LICH), a separate entity, Staffco of Brooklyn, LLC (Staffco), was created as a single member Limited Liability Company of the Health Science Center at Brooklyn Foundation, Inc. In 2011, Staffco entered into a professional employer agreement with the State University (acting through the Downstate Hospital) to provide non-physician staffing at the LICH campus. Staffco is responsible for providing all routine administrative and human resources functions with respect to the employment

of the Staffco employees. The State University is responsible for reimbursing Staffco for its direct and indirect costs relating to the non-physician staffing.

Staffco contributes to a multiemployer defined benefit pension plan (multiemployer plan) under the terms of a collective-bargaining agreement that covers union-represented employees. Under this multiemployer plan, assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the multiemployer plan, the unfunded obligations of the plan may be shared by the remaining participating employers. If Staffco were to stop participating in the multiemployer plan, Staffco may be required to pay this multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability. In accordance with the professional employer agreement, the State University may be required to pay Staffco the amount of the withdrawal liability.

## 11. Related Parties

The State University's single largest source of revenue is State appropriations. State appropriations take the form of direct assistance, debt service on educational facility and PIT bonds, fringe benefits for State University employees, and litigation expenses for which the State is responsible. State appropriations totaled \$3.14 billion and \$3.09 billion and represented approximately 31 percent and 30 percent of total revenues for the 2015 and 2014 fiscal years, respectively. The State University's continued operational viability is substantially dependent upon a consistent and proportionate level of ongoing State support.

## 12. Federal Grants and Contracts and Third-Party Reimbursement

Substantially all federal grants and contracts are subject to financial and compliance audits by the grantor agencies of the federal government. Disallowances, if any, as a result of these audits may become liabilities of the State University. State University management believes that no material disallowances will result from audits by the grantor agencies.

# Notes to Financial Statements

June 30, 2015 and 2014

## 12. Federal Grants and Contracts and Third-Party Reimbursement (continued)

The State University hospitals have agreements with third-party payors, which provide for reimbursement to the hospitals at amounts different from the hospitals' established charges. Contractual service allowances and discounts (reflected through State University hospitals and clinics sales and services) represent the difference between the hospitals' established rates and amounts reimbursed by third-party payors. The State University has made provision in the accompanying financial statements for estimated retroactive adjustments relating to third-party payor cost reimbursement items.

## 13. Condensed financial statement information of the Research Foundation

The condensed financial statement information of the Research Foundation, contained in the combined totals of the State University reporting entity in accordance with GASB accounting and reporting requirements, is shown below (in thousands):

### Condensed Balance Sheet

	2015	2014
<u>Assets</u>		
Current assets	\$ 470,249	463,305
Capital assets	211,681	206,673
Other assets	53,219	41,552
Total assets	\$ <u>735,149</u>	<u>711,530</u>
<u>Liabilities</u>		
Current liabilities	282,736	319,663
Noncurrent liabilities	384,603	322,467
Total liabilities	<u>667,339</u>	<u>642,130</u>
<u>Net position</u>		
Invested in capital assets, net	46,369	33,982
Unrestricted	21,441	35,418
Total net position	<u>67,810</u>	<u>69,400</u>
Total liabilities and net position	\$ <u>735,149</u>	<u>711,530</u>

### Condensed Statement of Revenues, Expenses, and Changes in Net Position

	2015	2014
<u>Operating revenues</u>		
Federal grants and contracts	\$ 485,712	499,688
State grants and contracts	113,807	173,531
Private grants and contracts	286,014	230,039
Other operating revenues	81,964	78,460
Total operating revenues	<u>967,497</u>	<u>981,718</u>

	2015	2014
<u>Operating expenses</u>		
Instruction	91,729	79,220
Research	535,047	562,313
Public service	114,806	122,706
Institutional support	129,307	149,209
Other operating expenses	39,187	43,542
Depreciation and amortization expense	43,435	37,025
Total operating expenses	<u>953,511</u>	<u>994,015</u>
Operating income (loss)	<u>13,986</u>	<u>(12,297)</u>
Net nonoperating (expenses) revenues	(15,576)	50,779
Change in net position	<u>(1,590)</u>	<u>38,482</u>
Net position at the beginning of the year	<u>69,400</u>	<u>30,918</u>
Net position at the end of the year	\$ <u>67,810</u>	<u>69,400</u>

### Condensed Statement of Cash Flows

	2015	2014
Cash flows from operating activities	\$ (15,538)	114,025
Cash flows from noncapital financing activities	10,452	(18,797)
Cash flows from capital and related financing activities	(50,030)	(93,801)
Cash flows from investing activities	<u>55,082</u>	<u>(2,100)</u>
Net change in cash	(34)	(673)
Cash - beginning of year	<u>219</u>	<u>892</u>
Cash - end of year	\$ <u>185</u>	<u>219</u>

## 14. Subsequent Events

In September 2015, PIT Revenue Bonds were issued totaling \$408.6 million for the purpose of financing capital construction and major rehabilitation for educational facilities.

On June 30, 2014, the State University through a related party, Downstate at LICH Holding Company (DLHC), entered into a Purchase and Sale Agreement (PSA) with Fortis Property Group, LLC (Fortis) to sell the LICH property. Under the agreement, the real estate, improvements and related personal property will be sold to an affiliate of Fortis. As outlined under the PSA there are expected to be three separate closings to consummate the sale. An initial closing was held on September 3, 2015 and Fortis made a payment of \$98 million in exchange for certain property. These proceeds, plus \$22 million of

# Notes to Financial Statements

June 30, 2015 and 2014

## 14. Subsequent Events (continued)

the initial down payment held by the DLHC, totaling \$120 million, was paid to DASNY and used to defease certain PIT bonds (Series 2012D) and cover related costs associated with the LICH properties in the amount of \$116.4 million. The balance of \$3.6 million is being held in escrow at DASNY and will be applied to future debt service obligations of the State University.

## 15. Restatement of beginning of the year net position

The provisions of GASB No. 68 have been applied to the beginning of the 2015 fiscal year net position. The following is a reconciliation of the total net position as previously reported at July 1, 2014 to the total restated net position (in thousands):

Total net position as previously reported at July 1, 2014	\$ (1,034,760)
Restatement to beginning net position	<u>(423,848)</u>
Total net position at July 1, 2014 (restated)	<u>\$ (1,458,608)</u>

As discussed in note 8, the result of adopting GASB No. 68, the State University is required to report its proportionate share of the net pension liability (asset) for the State University as reported by the ERS and TRS pension plans. As a result the beginning net position was restated by \$235.8 million. The restatement to the beginning net position also reflects the total pension payable of \$188.0 million for the State University's participation in the pension amortization program offered under the ERS Plan.

## 16. Component Units

The reported totals of the discretely presented component units include campus-related foundations, auxiliary services corporations, and student housing corporations. These related entities are campus-based, legally separate, nonprofit organizations. The campus-related foundations are responsible for the fiscal administration of revenues and support received for the promotion, development

and advancement of the welfare of campuses, the State University and its students, faculty, staff and alumni. The foundations receive the majority of their support and revenues through contributions, gifts and grants and provide benefits to their campus, students, faculty, staff and alumni. The auxiliary services corporations act as independent contractors, operate, manage, and promote educationally related services for the benefit of the campus community. In addition, the reported amounts include student housing corporations, nonprofit organizations that operate and administer certain housing and related services for students.

All these organizations are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. All of the financial data for these organizations was derived from each entity's individual audited financial statements, reported in accordance with generally accepted accounting principles promulgated by FASB, the majority of which have a May 31 or June 30 fiscal year end. The financial statements of the discretely presented component units were not audited in accordance with Government Auditing Standards.

Separately issued financial statements of the component unit entities may be obtained by writing to:

The State University of New York  
Office of the University Controller  
State University Plaza, N-514  
Albany, New York 12246

## Net Asset Classifications

Unrestricted net assets represent resources whose uses are not restricted by donor-imposed stipulations and are generally available for the support of the State University campus and affiliated entity programs and activities. Temporarily restricted net assets represent resources whose use is limited by donor-imposed stipulations that either expire by the passage of time or are removed by specific actions. Permanently restricted net assets represent resources that donors have stipulated must be maintained permanently. The income derived from the permanently restricted net assets is permitted to be spent in part or in whole, restricted only by the donors' wishes.

# Notes to Financial Statements

June 30, 2015 and 2014

## 16. Component Units (continued)

### Investments

All investments with readily determinable fair values have been reported in the financial statements at fair value. Realized and unrealized gains and losses are recognized in the statement of activities. Gains or losses on investments are recognized as increases or decreases in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or by law. Investments of the State University discretely presented component units were \$2.04 billion and \$1.95 billion as of June 30, 2015 and 2014, respectively.

The composition of investments is as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Equities - domestic	\$ 642,370	606,335
Equities - international	330,492	317,140
Non-equities	436,500	451,870
Multi-strategy funds	225,029	222,738
Equity partnerships	152,532	111,035
Hedge funds	147,756	132,798
Real assets	90,327	91,315
Other investments	16,887	17,663
Total investments	<u>\$ 2,041,893</u>	<u>1,950,894</u>

### Capital Assets

Capital assets are stated at cost, if purchased, or fair value at date of receipt, if acquired by gift. Land improvements, buildings, and equipment are depreciated over their estimated useful lives using the straight-line method. Capital assets, net of accumulated depreciation, totaled \$590.4 million and \$620.3 million at fiscal year end 2015 and 2014, respectively. Capital asset classifications are summarized as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Land and land improvements	\$ 36,154	38,405
Buildings	663,658	687,497
Equipment	118,683	116,728
Artwork and library books	28,465	26,634
Construction in progress	37,208	31,766
Total capital assets	<u>884,168</u>	<u>901,030</u>
Less accumulated depreciation	<u>293,778</u>	<u>280,758</u>
Capital assets, net	<u>\$ 590,390</u>	<u>620,272</u>

### Long-term Debt

The component units have entered into various financing arrangements, principally through the issuance of Industrial Development Agency, Local Development Corporation, and Housing Authority bonds, for the construction of student residence hall facilities. The following is a summary of the future minimum annual debt service requirements for the next five years and thereafter (in thousands):

Year ending June 30:

2016	\$ 14,023
2017	15,878
2018	13,411
2019	13,499
2020	46,170
Thereafter	<u>314,944</u>
	<u>\$ 417,925</u>

# Notes to Financial Statements

June 30, 2015 and 2014

## 16. Component Units (continued)

### Condensed financial statement information

The table below displays the combined totals of the foundations (including student housing corporations) and auxiliary services corporations (ASCs) (in thousands):

#### Combined Balance Sheet

	2015			2014		
	Foundations	ASCs	Total	Foundations	ASCs	Total
<b>Assets:</b>						
Investments	\$ 1,968,612	73,281	2,041,893	1,873,178	77,716	1,950,894
Capital assets, net	484,408	105,982	590,390	516,131	104,141	620,272
Other assets	380,384	156,647	537,031	423,783	159,300	583,083
Total assets	\$ <u>2,833,404</u>	<u>335,910</u>	<u>3,169,314</u>	<u>2,813,092</u>	<u>341,157</u>	<u>3,154,249</u>
<b>Liabilities:</b>						
Other liabilities	179,336	103,336	282,672	167,590	112,583	280,173
Long-term debt	392,795	25,130	417,925	440,683	30,462	471,145
Total liabilities	<u>572,131</u>	<u>128,466</u>	<u>700,597</u>	<u>608,273</u>	<u>143,045</u>	<u>751,318</u>
<b>Net Assets:</b>						
Unrestricted	550,155	206,981	757,136	517,951	197,637	715,588
Temporarily restricted	937,113	220	937,333	964,548	232	964,780
Permanently restricted	774,005	243	774,248	722,320	243	722,563
Total net assets	<u>2,261,273</u>	<u>207,444</u>	<u>2,468,717</u>	<u>2,204,819</u>	<u>198,112</u>	<u>2,402,931</u>
Total liabilities and net assets	\$ <u>2,833,404</u>	<u>335,910</u>	<u>3,169,314</u>	<u>2,813,092</u>	<u>341,157</u>	<u>3,154,249</u>
<b>Combined Statements of Activities</b>						
<b>Revenues:</b>						
Contributions, gifts and grants	\$ 181,607	-	181,607	176,690	-	176,690
Food and auxiliary services	-	358,631	358,631	-	348,277	348,277
Sales and services	130,545	-	130,545	163,457	-	163,457
Other revenue	192,167	4,467	196,634	378,727	8,113	386,840
Total revenues	<u>504,319</u>	<u>363,098</u>	<u>867,417</u>	<u>718,874</u>	<u>356,390</u>	<u>1,075,264</u>
<b>Expenses:</b>						
Food and auxiliary services	-	303,230	303,230	-	291,011	291,011
Program expenses	131,549	-	131,549	110,807	-	110,807
Health care services	121,093	-	121,093	155,079	-	155,079
Other expenses	195,223	50,536	245,759	226,646	41,778	268,424
Total expenses	<u>447,865</u>	<u>353,766</u>	<u>801,631</u>	<u>492,532</u>	<u>332,789</u>	<u>825,321</u>
Total change in net assets	56,454	9,332	65,786	226,342	23,601	249,943
Net assets at the beginning of year	<u>2,204,819</u>	<u>198,112</u>	<u>2,402,931</u>	<u>1,978,477</u>	<u>174,511</u>	<u>2,152,988</u>
Net assets at the end of year	\$ <u>2,261,273</u>	<u>207,444</u>	<u>2,468,717</u>	<u>2,204,819</u>	<u>198,112</u>	<u>2,402,931</u>

## Required Supplementary Information

*(Unaudited)*

### *Schedule of Funding Progress*

#### *Other Postemployment Benefits and Post-Retirement Benefits*

*(Amounts in millions)*

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (UAAL) (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percentage Covered Payroll ((b-a)/c)
State University Plan:						
April 1, 2014	-	14,427	14,427	0%	3,337	432%
April 1, 2012	-	13,933	13,933	0%	3,201	435%
April 1, 2010	-	12,200	12,200	0%	3,037	402%
Research Foundation Plan:						
June 30, 2015	170	360	190	47%	235	81%
June 30, 2014	149	295	146	50%	236	62%
June 30, 2013	125	303	178	41%	234	76%

## Required Supplementary Information

(Unaudited)

### *Schedule of the State University's Proportionate Share of the ERS Net Pension Liability*

(Amounts in millions)

	<u>2015</u>
Proportion of the net pension liability	5.32%
Proportionate share of the net pension liability	\$ 179.8
Covered-employee payroll	\$ 1,262.1
Proportionate share of the net pension liability as a % of its covered payroll	14.2%
Pension plan's fiduciary net position as a % of the total pension liability	97.9%

*Changes in benefit terms.* There were no significant legislative changes in benefits for the April 1, 2013 actuarial valuation.

*Changes of assumptions.* There were no significant changes in actuarial assumptions for the April 1, 2013 actuarial valuation.

*Methods and assumptions used in calculations of actuarially determined contributions.* The April 1, 2013 actuarial valuation determines the employer rates for contributions payable in fiscal year 2015. The following actuarial methods and assumptions were used:

Actuarial cost method	The system is funded using the Aggregate Cost Method, all unfunded actuarial liabilities are evenly (as a percentage of projected pay) amortized over the remaining worker lifetimes of the valuation cohort.
Asset valuation period	5-year level smoothing of the difference between the actual gain and the expected gain using the assumed investment rate of return.
Inflation	2.7%
Salary scale	4.9%
Investment Rate of Return	7.5% compounded annually, net of investment expenses, including inflation.

### *Schedule of Employer Contributions for the ERS Plan*

(Amounts in millions)

	<u>2015</u>
Actuarially determined contribution (1)	242.2
Contributions in relation to the actuarial determined contribution (2)	189.6
Contribution deficiency	52.6
Covered-employee payroll (3)	1,384.2
Contribution as a percentage of covered-employee payroll	13.7%

(1) The actuarially determined contribution includes normal costs, adjustments made to record the reconciliation of projected salary to actual salary and miscellaneous accounting adjustments.

(2) The contributions in relation to the actuarially determined contribution reflects actual payments.

(3) Total payroll of covered employees for fiscal year ended June 30, 2015.

*Schedule is intended to show information for 10 years.  
Additional years will be displayed as they become available.*

*See accompanying independent auditors' report.*

## Required Supplementary Information

(Unaudited)

### *Schedule of the State University's Proportionate Share of the TRS Net Pension Liability (Asset)*

(Amounts in millions)

	<u>2015</u>
Proportion of the net pension liability (asset)	.71%
Proportionate share of the net pension liability (asset)	\$ (79.6)
Covered-employee payroll	\$ 140.7
Proportionate share of the net pension liability (asset) as a % of its covered payroll	(56.6%)
Pension plan's fiduciary net position as a % of the total pension liability	111.48%

*Changes in benefit terms.* There were no significant legislative changes in benefits for the June 30, 2014 actuarial valuation.

*Changes of assumptions.* There were no significant changes in actuarial assumption for the June 30, 2014 actuarial valuation.

*Methods and assumptions used in calculations of actuarially determined contributions.* The actuarially determined contribution rates in the schedule of contributions are calculated as of June 30, two years prior to the end of the fiscal year in which contributions are reported. The following actuarial methods and assumptions were used:

Actuarial cost method	The system is funded using the Aggregate Cost Method, which does not identify nor separately amortize unfunded actuarial liabilities. Costs are determined by amortizing unfunded present value of benefits over the average future working lifetime of active plan members, which currently for TRS is approximately 15 years.
Asset valuation period	5-year phased in deferred recognition of each year's actual gain or loss, above (or below) an assumed inflationary gain of 3.0%.
Inflation	3.0%
Salary scale	Rates of increase differ based on age and gender as disclosed on page 36.
Investment Rate of Return	8.0% compounded annually, net of investment expenses, including inflation.

### *Schedule of Employer Contributions for the TRS Plan*

(Amounts in millions)

	<u>2015</u>
Actuarially determined contribution (1)	17.2
Contributions in relation to the actuarial determined contribution (2)	17.2
Contribution deficiency	-
Covered-employee payroll (3)	145.2
Contribution as a percentage of covered-employee payroll	11.81%

(1) The actuarially determined contribution includes normal costs, adjustments made to record the reconciliation of projected salary to actual salary and miscellaneous accounting adjustments.

(2) The contributions in relation to the actuarially determined contribution reflects actual payments.

(3) Total payroll of covered employees for fiscal year ended June 30, 2015.

*Schedule is intended to show information for 10 years.  
Additional years will be displayed as they become available.*

*See accompanying independent auditors' report.*

## Required Supplementary Information

(Unaudited)

### *Schedule of Changes in the Net Pension Liability and Related Ratios for the Upstate Plan*

(Amounts in millions)

	<u>December 31, 2014</u>
Total pension liability:	
Service cost	\$ .9
Interest	6.0
Changes of assumptions	7.6
Benefit payments	<u>(3.8)</u>
Net change in total pension liability	10.7
Total pension liability, beginning	<u>94.0</u>
Total pension liability, ending (a)	<u>104.7</u>
Plan fiduciary net position:	
Employer contributions	3.0
Net investment income	6.5
Benefit payments	(3.8)
Administrative expenses	<u>(.2)</u>
Net change in fiduciary net position	5.5
Fiduciary net position, beginning	<u>90.6</u>
Fiduciary net position, ending (b)	<u>96.1</u>
Net pension liability, ending (a) - (b)	<u>\$ 8.6</u>
Ratio of fiduciary net position to total pension liability	91.8%
Covered-employee payroll	33.6
Net pension liability as a percentage of covered-employee payroll	25.5%

*Schedule is intended to show information for 10 years.  
Additional years will be displayed as they become available.*

## Required Supplementary Information

(Unaudited)

### Schedule of Employer Contributions for the Upstate Plan

(Amounts in millions)

	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011*</u>
Actuarially determined contribution (1)	1.5	2.6	3.0	1.2
Contributions in relation to the actuarial determined contribution (2)	3.0	2.6	3.0	1.2
Contribution deficiency (excess)	(1.5)	-	-	-
Covered-employee payroll (3)	33.6	36.0	16.0	21.9
Contribution as a percentage of covered-employee payroll	9.02%	7.14%	18.57%	5.44%

\* Period from July 7, 2011 through December 31, 2011

(1) The actuarially determined contribution includes normal costs, adjustments made to record the reconciliation of projected salary to actual salary and miscellaneous accounting adjustments.

(2) The contributions in relation to the actuarially determined contribution reflects actual payments.

(3) Covered-employee payroll represents pensionable payroll at the end of each Plan year. It is not practicable to obtain covered employee payroll amounts at the end of each fiscal year.

*Schedule is intended to show information for 10 years. Additional years will be displayed as they become available.*

### Notes for the Plan

*Changes in benefit terms.* There were no significant legislative changes in benefits for the January 1, 2014 actuarial valuation.

*Changes in assumptions.* The actuarial assumptions for the mortality basis used for the January 1, 2014 actuarial valuation were changed from the RP-2000 mortality tables with generational improvements using scale AA to the RP-2014 mortality tables with generational improvements using scale MP-2014.

*Methods and assumptions used in calculations of actuarially determined contributions.* The January 1, 2014 actuarial valuation determines the employer rates for contributions payable in 2014. The following actuarial methods and assumptions were used:

Investment rate of return - 6.5%

Mortality basis - RP-2000 mortality tables with full generational projections using Scale AA and alternative post disability mortality tables

Amortization method - Level dollar, 20 year closed

Remaining amortization period - 17.5 years

Asset valuation method - Market value

Inflation - 3.0%

Compensation - 3.5% increases, limited to a maximum of \$260,000

Termination - 1992 Vaughn Select and Ultimate Table

## Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*



KPMG LLP  
515 Broadway  
Albany, NY 12207-2974

The Board of Trustees  
State University of New York:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of the business type activities and the aggregate discretely presented component units of the State University of New York (the University) as of and for the year ended June 30, 2015, and related notes to the financial statements, which collectively comprise the University's basic financial statements, and have issued our report thereon dated November 24, 2015. Our report includes a reference to other auditors who audited the financial statements of certain discretely presented component units, as described in our report on the University's financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting and compliance and other matters that are reported on separately by those auditors.

### ***Internal Control over Financial Reporting***

In planning and performing our audit of the financial statements, we considered the University's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of University's internal control. Accordingly we do not express an opinion on the effectiveness of University's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### ***Compliance and Other Matters***

As part for obtaining reasonable assurance about whether University's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an

objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the University's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the University's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

November 24, 2015  
Albany, New York





ANNUAL FINANCIAL  
REPORT 2015

The State University of New York  
State University Plaza  
Albany, NY 12246  
[www.suny.edu](http://www.suny.edu)

518.320.1439



STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY



## FACTBOOK

*Factbook* is a compendium of key indicators employed by the College to monitor the effectiveness of its programs.

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- [↓ Entering GPA and Science GPA](#)
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- [Community Service](#)
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STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY

## 2008 STRATEGIC PLAN

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### Mission

The State University of New York College of Optometry excels, innovates and leads in Optometry and Vision Science by:

- Developing outstanding optometrists and vision scientists;
- Making new discoveries that advance vision science and patient care;
- Improving patients' lives by providing exceptional general and specialized optometric care;
- Enhancing public health through education and service to a broad range of communities.

### Goals and Objectives

#### 1.0 Developing Outstanding Optometrists and Vision Scientists

**1.1 Goal: To provide innovative, exciting and attractive educational programs and outstanding co-curricular opportunities that meet the evolving needs of our students and the public**

**Objectives:**

- Additional masters-level opportunities for students pursuing the OD degree will be developed.
- Flexibility in the professional curriculum will be introduced that will allow a degree of individual customization through the development of elective courses and clinical experiences.
- By 2013, on average, at least 50% of the SUNY graduating class will enter residency programs affiliated with colleges of optometry.

**1.2 Goal: To deliver clinical education programs which are competency based.**

**Objectives:**

- Measurable clinical competencies necessary for advancement at each level of the professional degree and residency programs will be defined.
- Students and residents will be required to demonstrate targeted clinical competencies as a part of their programs.

**1.3 Goal: To provide an environment that develops critical thinking and lifelong learning skills.**

**Objectives:**

- A dynamic professional curriculum will be delivered that is centered on evidence-based care and critical thinking.
- The use of varied, innovative and pedagogically sound instructional strategies in the professional program will be increased. This will facilitate critical thinking while being sensitive to the diverse learning styles of students.
- The use of primary research literature will be increased in all programs.

**1.4 Goal: To develop future leaders in optometry.**

**Objectives:**

- The College will develop a postgraduate assessment program to evaluate the effectiveness of its education programs as reflected in career path satisfaction, the assumption of leadership posts and impact on the communities in which our graduates serve.
- Each "value-added" educational program (PhD, masters, residencies, electives, etc.) will include a leadership development component within its curriculum.
- The College will develop programs to recognize and reward achievements of leadership among its students, staff, faculty and graduates.

**1.5 Goal: To provide students, residents and alumni with the services to succeed in their careers.**

**Objectives:**

- A Center for Career Development to provide professional career counseling services will be developed.
- Greater emphasis will be placed on career planning within the professional curriculum and residency programs.

- Additional programs will be developed that will increase professional program graduates' access to preferred career paths.

**1.6 Goal: To provide residency education that will train individuals to develop advanced clinical competencies to meet current and future healthcare needs.**

**Objectives:**

- Residency education will be expanded within 5 years to offer at least 6 additional residency positions to optometric graduates. These new opportunities will reflect the future healthcare needs of the public.
- An innovative and flexible didactic curriculum will be customized for each clinical residency program and reviewed annually.

**1.7 Goal: To become a leader in continuing optometric education.**

**Objectives:**

- The College will become the first choice for obtaining continuing education credits for the majority of New York State optometrists as determined by periodic surveys.
- The College will diversify the methods by which it delivers continuing education (e.g., data transfer, internet, webinars and simulcasting of programs).
- Within five years, 20% of all continuing education will occur via distance learning.

**1.8 Goal: To attract and enroll highly qualified students for the professional program.**

**Objectives:**

- In any year, average scores for each entering class in the professional program, on all sections of the Optometry Admissions Test (OAT), will be in the first quartile of admitted optometry students for that year.
- Leadership potential and evidence of a strong commitment to community service will be specific criteria for admission to the professional degree program.
- The attrition rate for academic reasons, in the professional program, will not exceed 5% of students in any one class for the duration of the 4-year program.
- The College will promote access and affordability through increased student scholarships and grants.
- The College will endeavor to keep the average total cost of education for students in the lowest quartile relative to similar programs nationally.
- Based on the results of the 2010-2011 Workforce Study, the entering first-year class will be increased to a maximum of 100 students (*revised 03.01.11*).

**1.9 Goal: To attract and retain highly qualified, full-time faculty members.**

**Objectives:**

- To compensate both existing and future faculty members at or near discipline-competitive levels adjusted for

geographic location and faculty rank. (The compensation of faculty will be improved to a level equal to or above the average among comparable New York City-based institutions and among comparable institutions nationally. And, for clinical faculty, a level of compensation that is no less than 20% below other optometry compensation levels in the New York metropolitan area will also be used as an indicator.)

- A program of awards and recognition for achievements of faculty will be developed.
- Faculty members will be provided with appropriate development time including sabbatical leaves, opportunities to develop research, teaching and clinical skills.
- A mentoring system will be established that takes into account both faculty interests and institutional strategic imperatives.

#### **1.10 Goal: To increase cultural sensitivity in all College operations.**

##### **Objectives:**

- Participants from groups underrepresented in the profession will be sought in any recruitment programs sponsored by the College.
- Faculty search processes will be national in scope and will specifically encourage diversity within our community.
- Programs will be developed to increase cultural competencies in patient care.

#### **1.11 Goal: To encourage, recognize and reward outstanding achievement.**

##### **Objective:**

- The College will develop a recognition program to encourage achievement and outstanding service among its staff.

## **2.0 Making New Discoveries That Advance Vision Science and Patient Care**

### **2.1 Goal: To develop and maintain the most productive basic and clinical research programs among schools and colleges of Optometry.**

##### **Objectives:**

- Within 5 years, SUNY Optometry will reach \$5 million per year in externally funded research grants including at least 1 center/training grant.
- By 2013, there will be at least 10 faculty members holding major National Institutes of Health research grants (R01 or equivalent grants) and at least three of them will be clinical in nature.
- By 2013, there will be three faculty or graduate students with National Institute of Health Clinician Development awards ("K" awards) of which at least 1 will be patient-based.
- Over the next 5 years, at least 100 research papers will be published in peer-reviewed journals and at least 10 publications will appear in high-impact journals.
- Over the next 5 years, at least 100 patient-based papers will be published in Index Medicus listed journals.
- Over the next 5 years, at least 3 basic science discoveries from SUNY Optometry will be recognized as seminal by the field.

- At least 2 significant applications of basic research to clinical problems will appear in publications authored by faculty or students.
- The College will produce at least 3 clinical contributions that alter or influence standards of clinical care in the practice of optometry.
- Groundbreaking research will be supported by fostering research collaborations.
- The application of basic research to clinical vision problems will be facilitated.

## **2.2 Goal: To establish a Center for Clinical Research**

### **Objectives:**

- Groundbreaking clinical research will be promoted by recruiting faculty whose research is supported by National Institutes of Health research grants (R01 or equivalent) in patient-based areas.
- Opportunities for clinicians to participate in research will be enhanced by forming a research-based institutional career path and providing research mentoring and support in experimental design, statistics, technology infrastructure and access to the clinical population.
- Translational research will be developed through innovative means, such as funding pilot projects for graduate program faculty, recruiting a researcher who is developing technology that translates existing basic research activity and/or supporting a nationally competitive clinical fellowship in translational research methods.

## **2.3 Goal: To provide resources to attract and retain outstanding research faculty.**

### **Objectives:**

- Endowed chairs to support the recruitment and maintenance of outstanding research faculty will be developed.
- New faculty will be recruited in research areas that are transforming basic science and are likely to advance vision care (e.g., retinal and brain imaging, molecular genetics, extra-striate cortical studies, computational vision, visual-motor interactions, biophysics, cell signaling and development of eye growth and refractive state).
- In-house imaging facilities will be expanded for basic and clinical research, including retinal, single cell and cortical surface imaging.
- Access to fMRI facilities at neighboring institutions will be provided.
- The College will compete actively for New York State funds targeted towards recruiting scientists and graduate students.
- There will be increased collaboration with other colleges through the establishment of a visiting professor program.
- Projects that require funding between grant application cycles will be supported as is reasonable and appropriate.

## **2.4 Goal: To enhance the PhD program in Vision Science.**

### **Objectives:**

- PhD training and research activities will be arranged into interdisciplinary functional themes (e.g., image forming mechanisms of the eye, retinal mechanisms for acquisition and transmission of visual information, cortical mechanisms for extraction and interpretation of visual information, oculo-motor and visuo-motor interactions).

Outstanding PhD students and post-docs will be attracted by implementing a new research-oriented curriculum.

- Stipends will be offered that are competitive with similar programs.
- The graduate programs will become an international nexus for vision research by hosting national and international vision conferences.
- The College will create an identity for the graduate program in vision science to increase its visibility.
- PhD applications will be coordinated with the admissions process used for the OD program for both recruitment and electronic processing of applications.
- Student and faculty interaction with each other and with other scientists within the New York City area will be improved.

## **2.5 Goal: To integrate the OD/MS Program in Vision Science with clinical research and the development of clinical faculty**

### **Objectives:**

- By 2013, 25% of students graduating from the OD./MS program will have joined the faculty at a school or college of optometry, be with another academic institution or be otherwise engaged in research as a part of their professional responsibilities.
- All OD/MS students will be expected to publish their theses in peer-reviewed journals and to present at a national conference.
- Basic science and clinical faculty sharing mentorship of students will be encouraged.
- The College will develop and implement a contemporary clinical-research-oriented curriculum that provides a sound basis for the pursuit of clinical research and clinical teaching activities.
- OD/MS students will be strategically linked to clinically relevant projects and involve clinical faculty that will address the future needs of optometric education and patient care. Coursework and research activities will be integrated with the PhD program in order to foster research collaboration between the 2 programs and to allow for smooth transitions from the MS to the PhD program.

## **3.0 Improving Patients' Lives by Providing Exceptional General and Specialized Optometric Care**

### **3.1 Goal: To provide clinical programs that attract a large, diverse patient population to support clinical education and enhance the visual welfare of the community.**

### **Objectives:**

- Increased public awareness of SUNY/UEC as a primary resource for eye/vision care needs will be increased.
- The UEC will expand its ability to support clinical activity at off-site locations in support of underserved communities.
- The UEC will expand its Homebound Program outside of Manhattan to reach an additional 1,000 patients per year.
- The UEC will increase its annual patient visits to 85,000 by 2013, reflecting an average annual growth of 5%.
- The UEC will increase visits via the Referral Service to 3,000 per year by 2013.
- The UEC will expand support groups and patient education programs in order for patients to be active participants in the care process.
- Students and faculty will be educated on options available to patients who are either uninsured or underinsured.

- Annual financial assistance for patients in need will increase by 20% per year through 2013.

### **3.2 Goal: To provide clinical care that is contemporary, efficient, ethical and of the highest quality.**

#### **Objectives:**

- Expansion of clinical services will occur in the areas of rehabilitation, geriatrics and ocular disease, special testing and imaging.
- Clinical faculty, staff and students will demonstrate cultural competency and sensitivity.
- The UEC will provide in-house emergency eyecare on a 24/7 basis.
- The UEC will develop and implement a comprehensive compliance program.
- The UEC's programs and clinical outcomes will achieve nationally recognized performance standards of excellence.

### **3.3 Goal: To train interns, residents and faculty to function as members of an integrated health care team.**

#### **Objectives:**

- Additional opportunities will be offered for students to provide care with other primary healthcare providers and relevant professionals.
- Students and residents will demonstrate clinical competency in the co-management of systemic diseases that are relevant to optometric practice.
- An affiliation will be established with a local comprehensive healthcare entity to facilitate integrated patient care.

## **4.0 Enhancing Public Health Through Education and Service to a Broad Range of Communities**

### **4.1 Goal: To increase SUNY Optometry's international presence.**

#### **Objectives:**

- The College will establish a Center for International Studies dedicated to the advancement of vision care worldwide.
- Affiliations will be established with at least 5 educational entities in foreign countries.
- Within 5 years, at least 30% of fourth-year students will experience foreign clinical rotations each year.
- The College will host at least 2 foreign visiting faculty members for on-site programs each year.  
In collaboration with its foreign affiliates, SUNY faculty will present at least 25 days of educational programs abroad annually.
- Affiliations with foreign institutions will include opportunities for collaboration on basic science or clinical research projects.
- A feasibility study will be conducted to determine whether or not the College should develop a special OD program for foreign-trained optometrists and/or PhD or MD faculty at affiliated foreign institutions.

### **4.2 Goal: To promote public health.**

## Objectives:

- The College will conduct at least 20 vision screenings per year.
- The UEC will develop a speakers network on a variety of topics relating to eye and vision care to be available on its website as a community resource.
- The College will become a member of local/regional healthcare and/or public health related associations.
- Public health awareness campaigns for faculty, staff and students will be established.
- The UEC will review its current clinical affiliation agreements every 2 years to determine whether or not its resources are being maximized to best serve the unmet eye and vision care needs in metropolitan New York City and throughout New York State.
- The UEC will meet with corporate/community neighbors to promote collaborative efforts to enhance the visual well-being of their constituents through public education and clinical care.
- The College will further develop collaborative relationships within its communities.

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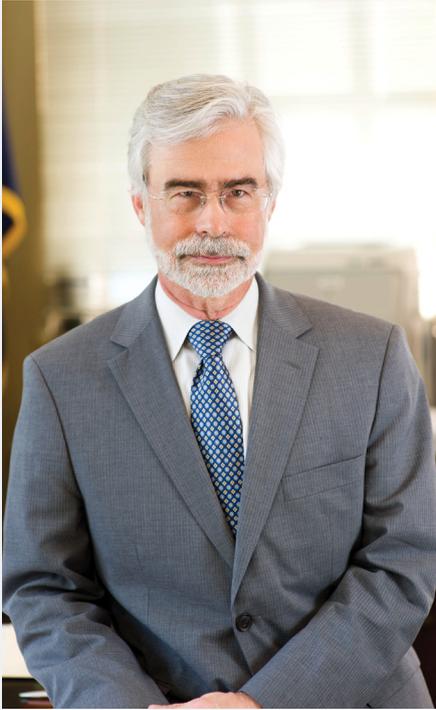
# 2013-2018 STRATEGIC PLAN CREATING A LEGACY OF LEADERSHIP



STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY

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## A Message from the President

The State University of New York College of Optometry is committed to the principles of strategic planning and assessment in the development of its organizational priorities and allocation of resources. The institution's strategic plan is informed by internal and external trends and guided by a core set of values: excellence, leadership, inquiry, innovation, professionalism and service.

Consistently developing and implementing new and better strategies to achieve goals is a hallmark for any progressive organization. But rarely has the need to be creative and resourceful been as critical as it is in the health care and higher education communities today.

With health care reform upon us, institutions like ours must be nimble in pioneering new approaches to education, patient care and research to produce the next generation of health care leadership. We must continue to provide the highest quality care to our community and advance vision care through an ongoing and determined commitment to basic and clinical vision research.

This five-year strategic plan—produced out of an extensive collaboration between the SUNY College of Optometry's administration, faculty, students and staff—is designed to guide our institution through this challenging moment in history. It will help us continue to lead and innovate as educators in optometry and the vision sciences as well as health care providers to our community.

The values, mission and goals in this plan represent the SUNY College of Optometry's firm and long-standing commitment to excel at what we do and our determined pursuit of quality improvement every step of the way.

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Heath". The signature is fluid and cursive, with a prominent loop at the end.

David A. Heath, OD, EdM

President



## Our community shares these values:

- **Excellence**

We commit to excellence in everything we do; we are dedicated to providing a premier education for our students, superb evidence-based care to our patients and outstanding basic vision and clinical research that enhances understanding and improves lives.

- **Leadership**

We cultivate leaders and scholars in education, research and health care.

- **Inquiry**

We inspire a passion for lifelong learning in students, faculty and staff contributing to the advancement of the quality of life. We promote discovery and understanding through basic, translational and clinical research.

- **Innovation**

We support an environment that promotes innovation and creativity in optometric education, health care and research.

- **Professionalism**

We conduct ourselves with integrity and civility to build the trust required to foster long-term relationships within our community and with our patients. Professionalism defines the character of the entire College community and is reflected in our respect for the needs and values of one another.

- **Service to Diverse Communities**

We are committed to serving all individuals with compassion, respect and appreciation for their unique cultural insights and needs. We celebrate diversity in our College community, accepting our differences and treating everyone with dignity and respect. The College is committed to making its programs broadly accessible to all populations.



## Our Mission

The State University of New York College of Optometry excels, innovates and leads in optometry and vision science by

- **Developing outstanding optometrists and vision scientists;**
- **Making new discoveries that advance patient care and vision science;**
- **Improving patients' lives by providing exceptional general and specialized optometric care; and**
- **Enhancing public health through education and service to a broad range of communities.**

# WE WILL DEVELOP the highest quality practitioners by providing the most progressive and adaptive education available.

## GOAL 1

### Deliver a customizable professional degree program that ensures active integrated learning while preparing students for problem-oriented patient care:

- Provide opportunities for incoming students to place out of certain basic science courses and participate in alternative educational tracks, including independent study and research.
- Develop accelerated- or advanced-standing OD programs for scientists and internationally trained physicians and optometrists.
- Implement the advanced graduate certificate program in optometry business management leading to an MBA program.
- Align pre-clinical and clinical training with current and future trends in optometric practice.
- Ensure the curriculum effectively integrates basic and clinical sciences and teaches critical thinking and the principles of evidence-based practice.
- Explore and implement technologies that support and enhance the effectiveness and efficiency of the delivery of course materials.
- Develop the library's electronic resources and make them readily accessible to students, clinicians, scientists and alumni.



**Goals 1 and 2 are linked to the following Power of SUNY\* goals:**

- **SUNY and the Entrepreneurial Century** [Learn more >>](#)
- **SUNY and a Healthier New York** [Learn more >>](#)
- **SUNY and the World** [Learn more >>](#)

*\* The Power of SUNY is the State University of New York's systemwide strategic plan.*



GOAL 2

## Deliver competency-based clinical training that is founded upon evidence-based practice and anticipates future practice trends:

- Redefine core clinical competencies and expected clinical experiences and use these to develop clinical schedules and individualized student portfolios that will allow every student to achieve each of the competencies while offering opportunities for developing special interests.
- Increase the emphasis on evidence-based medicine, particularly in Integrative Seminar.
- Highlight research colloquia for students and faculty that feature both internal and external speakers with emphasis on translational and clinical topics relating to evidence-based practice.
- Place greater emphasis on inter-professionalism, providing additional opportunities for faculty, students and residents to improve skills in providing interdisciplinary, team-based patient care and use of auxiliary personnel.
- Increase opportunities for fourth-year rotations, including more upstate and international rotations.
- Increase the ability of students to assess and use new technologies.
- Provide innovative and cost-effective residency programs, including combined graduate degree/residency programs and opportunities for involvement with clinical research.
- Expand and diversify Continuing Professional Education programs, including synchronous and asynchronous online webinars.
- Provide Continuing Professional Education programs in countries other than the United States.

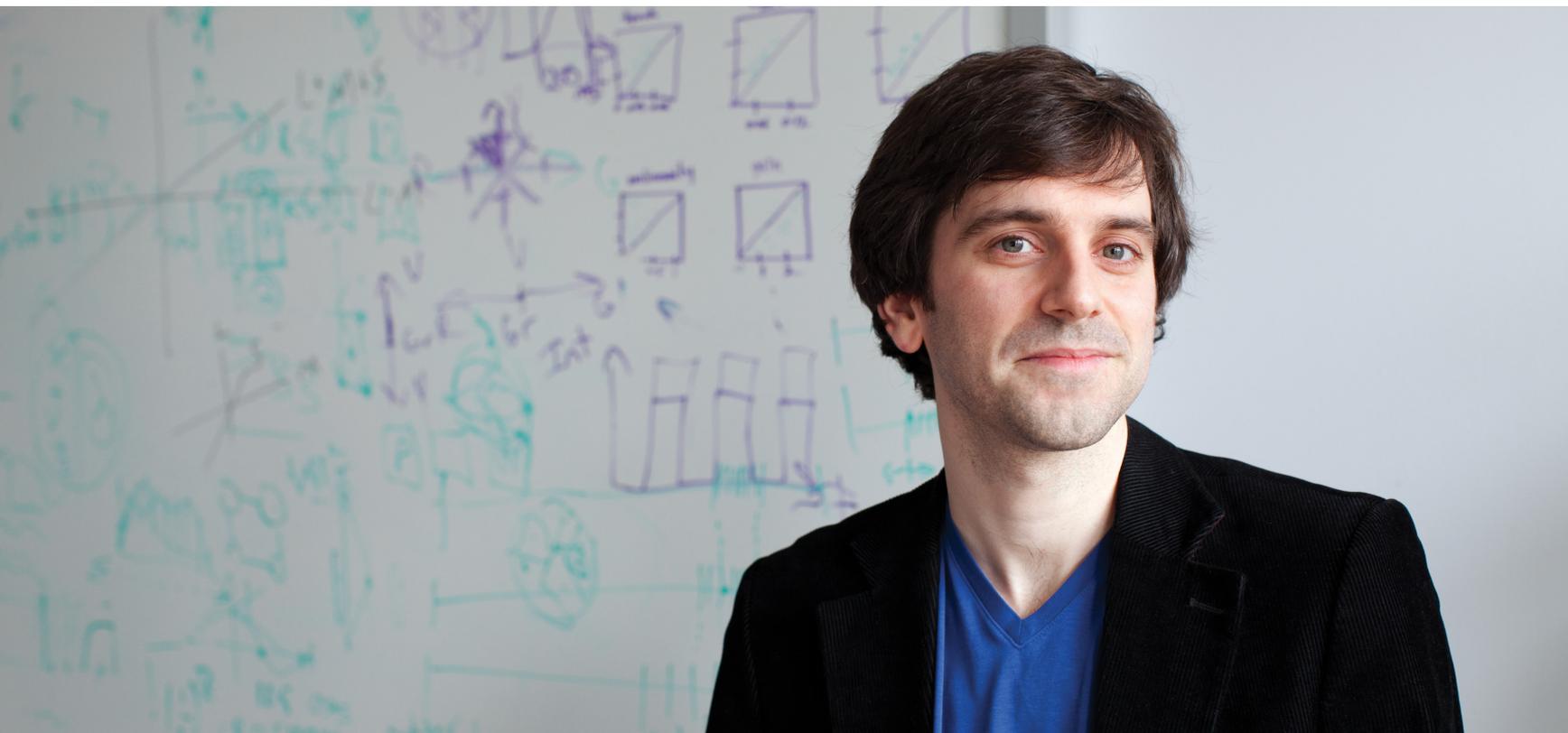
# WE WILL CREATE the next generation of researchers and continue to be a global leader in vision science and clinical vision research.

## GOAL 3

### Enhance the College's intellectual impact by developing new areas of research that are synergistic with the College's existing research and clinical strengths and provide opportunities for collaborations and translational projects:

- Recruit new research faculty members whose interests are synergistic with the College's existing research and clinical strengths.<sup>1</sup>
- Establish new research collaborations specifically through the SUNY Eye Institute and the New York City vision science community that lead to additional funded research and opportunities to attract and cross-train high-quality graduate students.
- Offer credit-bearing graduate courses in vision science that attract students who are studying eye/vision-related issues in other disciplines at SUNY and/or New York City institutions.
- Explore and develop alternative funding strategies to expand research programs, including fundraising, foundations and industry grants.
- Obtain extramural (e.g., T32) funding to support doctoral students and post-doctoral fellows.
- Create a regular internal review and evaluation process for intramural awards that fund pilot projects to develop funding opportunities for collaborative translational research or research training.
- Increase faculty interactions and collegiality through implementation of faculty SIGs.

<sup>1</sup> Areas of identified need in research (basic science, clinical or translational) include optics, epidemiology/statistics, computer-assisted visual aids, ocular physiology/pharmacology (including molecular biology and genetics) and extrastriate cortex.



**GOAL 4**

## Strengthen and expand programs that train clinician scientists:

- Heighten optometry students' awareness of
  - Career opportunities in research;
  - The importance of research for the profession and the value that the College places on research; and
  - Funding mechanisms that are available to support research training.
- Review all graduate programs using experienced external advisors and develop and implement recommendations for improvements.
- Redesign the OD-MS program to provide the necessary training, skills and career development support to increase the number of graduates obtaining research positions in academia or industry or continuing on to a PhD program.
- Establish combined graduate degree/residency programs.
- Develop a track that allows OD-MS students and qualified optometrists to receive a PhD in as little as three years.
- Obtain an institutional "K" award to support optometrists who enroll in the PhD program.



**Goals 3 and 4 are linked to the following Power of SUNY\* goals:**

- **SUNY and the Entrepreneurial Century** [Learn more >>](#)
- **SUNY and a Healthier New York** [Learn more >>](#)
- **SUNY and the World** [Learn more >>](#)

*\* The Power of SUNY is the State University of New York's systemwide strategic plan.*

# WE WILL DELIVER effective and compassionate eye and vision care in an innovative and accessible way.

## GOAL 5

### Make the University Eye Center (UEC) more accessible to the public:

- Develop a patient internet portal that allows new and current patients to request and/or schedule appointments online and better facilitates communication.
- Enable patients to make self-referrals to a variety of clinical units.
- Provide patients and the public with onsite 24/7 care for ocular emergencies.
- Continue to provide community outreach, including screenings and educational seminars.
- Ensure that the UEC website and other official communication vehicles present current, updated patient educational material.
- Revise UEC policies to comply with health care reform as they relate to increasing patient access.
- Develop a communication/marketing campaign.



*Goals 5 and 6 are linked to the following Power of SUNY\* goals:*

- **SUNY and a Healthier New York** [Learn more >>](#)
- **SUNY and the Vibrant Community** [Learn more >>](#)

*\* The Power of SUNY is the State University of New York's systemwide strategic plan.*



**GOAL 6**

## Increase UEC patient visits and develop new revenue streams while providing the highest quality patient care within the context of the Affordable Care Act of 2010:

- Deliver patient care services efficiently and cost-effectively:
  - Increase patient volume in fee-for-service specialties.
  - Increase the number and type of referrals from community eye care providers for patient consultation/clinical care.
  - Ensure compliance with health care models that may add additional revenue to the UEC (e.g., Physician Quality Reporting System (PQRS) and evidence-based medicine).
  - Render student and residency education in a cost-effective manner.
  - Incorporate new clinical technologies into patient care.
- Implement the new EHR and patient management system.

# WE WILL CULTIVATE, engage and nurture the next generation of leadership.

## GOAL 7

### Strengthen workforce engagement:

- Recruit faculty who enhance the College's ethnic, cultural and experiential diversity.
- Implement clinical faculty performance reviews that effectively define expectations and provide feedback.
- Promote and support lifelong learning.
- Promote and support staff values centered on patient satisfaction.
- Cultivate a culture of community spirit and camaraderie.
- Provide potential future leaders with growth opportunities.



*Goals 7 and 8 are linked to the following Power of SUNY\* goals:*

- **SUNY and the Entrepreneurial Century** [Learn more >>](#)
- **SUNY and the Vibrant Community** [Learn more >>](#)

*\* The Power of SUNY is the State University of New York's systemwide strategic plan.*



**GOAL 8**

## Create a vibrant sense of community that promotes student and alumni engagement, academic success and the development of personal and professional competencies:

- Identify factors that influence academic and clinical successes and implement programs to address these.
- Strengthen academic support programs in tutoring, personal counseling, financial aid counseling, orientation and mentoring.
- Create additional learning opportunities for meaningful campus and civic engagement.
- Continue to encourage and support student involvement in organized optometry.
- Support and facilitate student involvement in service learning projects and international mission trips.
- Provide additional learning opportunities for students to develop personal and professional competencies including those related to time management, reflective thinking, interpersonal skills and civic engagement.

# WE WILL INVEST in a diverse community of health care professionals dedicated to lifelong learning and the advancement of visual health.

## GOAL 9

### Enroll a highly qualified and diverse student body:

- Launch the Explore Initiative, a marketing initiative that will promote the profession and College to pre-optometry, undecided and high school students.
- Engage career counselors and academic advisors in the recruitment of optometry students.
- Enhance recruitment efforts with colleges and universities in high-yield states.
- Increase the number of inquiries and applicants from residents of New York, particularly upstate New York.
- Increase the IDEA project's ability to attract and retain minority students.
- Make "leadership potential" and "commitment to public service" explicit criteria for admission to the professional program.
- Continue to develop the CSTEP program.
- Facilitate entering students' transition into housing by providing up-to-date information on housing options, search strategies and neighborhoods.
- Maintain tuition and fees competitive with other schools and colleges of optometry.

#### ➤ Goals 9, 10 and 11 are linked to the following Power of SUNY\* goals:

- **SUNY and the Entrepreneurial Century** [Learn more >>](#)
- **SUNY and the Vibrant Community** [Learn more >>](#)
- **SUNY and the Seamless Education Pipeline** [Learn more >>](#)

\* The Power of SUNY is the State University of New York's systemwide strategic plan.

**GOAL 10**

## Provide students, residents and alumni with the services to succeed in their careers:

- Implement high-quality programs, activities and special events to prepare students and residents for their careers, including an annual career symposium and new mentoring program.
- Offer services to College alumni that are tailored to their needs.
- Create new pathways for alumni, industry partners and potential donors to engage with the College community.
- Monitor employment trends as well as state and national legislation issues and respond by providing up-to-date programming for students, residents and alumni.
- Create programs and activities to enhance minority groups' education and overall experience at the College.
- Maintain graduate debt below the national average for schools and colleges of optometry.

**GOAL 11**

## Assure the College's programs and strategic goals are achieved through ongoing, responsible, effective long-term financial planning resource allocation and infrastructure development:

- Assure College resources are deployed in support of strategic priorities and used in a prudent, cost-effective manner through continued use of the zero-based resource assessment process.
- Increase campus-based revenues, including the multi-year tuition plan, patient care, facilities-use agreements, continuing education and research grants.
- Implement the College's enrollment management plan, increasing the entering class size for the professional degree program to 100.
- Continue to develop the College's physical infrastructure in support of a 21st-century health profession's education, research and patient care facility.
- Begin implementation of the College's 2013-2018 Facilities Master Plan with a focus on the University Eye Center.
- Enhance our fundraising efforts by successfully completing "The Vision and the Promise" campaign and implementing effective and ongoing post-campaign strategies.

EXCELLENCE LEADERSHIP INQUIRY INNOVATION  
PROFESSIONALISM SERVICE DIVERSITY COMMUNITY  
LEADERSHIP EXCELLENCE INNOVATION INQUIRY  
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STATE UNIVERSITY OF NEW YORK  
**COLLEGE OF OPTOMETRY**

SUNY College of Optometry  
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Choose Campus	Optometry
State Operated or Community College	State Operated
Two or Four Year Campus	4-Year Campus
Sector	Doctoral Degree Granting Institutions
Sub Sector	Other Research/Doctoral Institutions

## SUNY Excels 2015 Performance Improvement Plan Attachment 2: Data Summary and Detail Tables

In the Data Summary and Detail Tables Excel workbook we ask that you review the data and provide us with your campus goals for these measures for 2018 and 2020 (green cells). Please be sure to use this Excel file and sent it back to us intact. There are several hidden columns, rows and worksheets that when sent back, will help us compile and aggregate this data.

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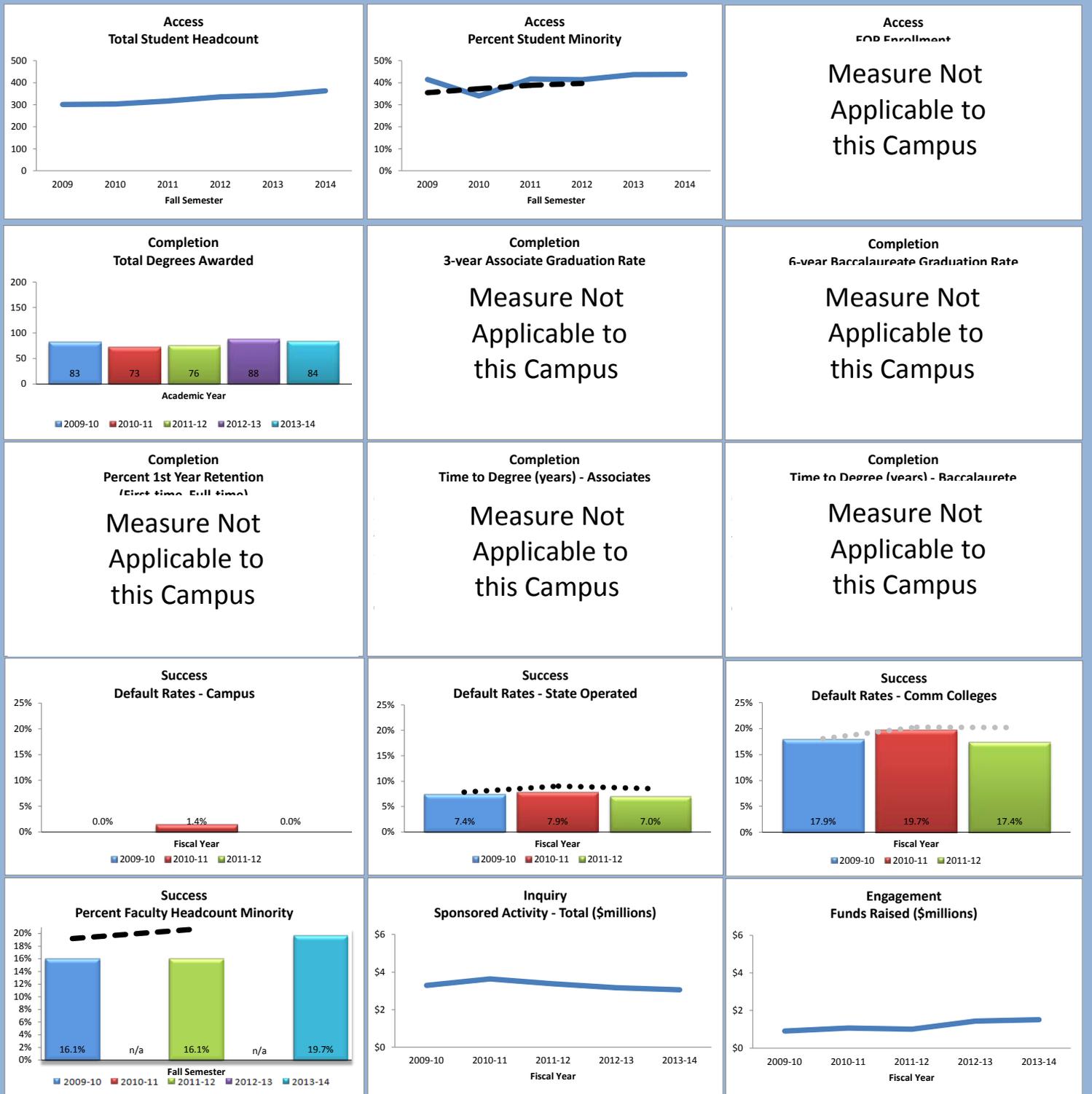
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SUNY Excels: Data Graphics with National Benchmarks



National Benchmarks  
 4 Yr Public  
 2 Yr Public

SUNY Excels: Data Executive Summary

Line	Access	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Change	% Change	Fall 2018	Fall 2020
1	Total Student Headcount	301	303	317	336	343	363	62	20.6%	399	399
2	Student AAFTE	300	300	312	333	339	362	62	20.6%	393	393
3	Acceptance Rate	-	-	-	-	-	-	-	-	-	-
4	Enrollment Yield	-	-	-	-	-	-	-	-	-	-
5	Percent of Total Headcount Full-Time	100.0%	99.7%	99.4%	99.4%	99.1%	100.0%	0.0%	0.0%	99.0%	99.0%
6	Percent New York State	75.7%	67.3%	77.9%	79.8%	78.4%	80.2%	4.4%	5.8%	80.2%	80.2%
7	Percent International	11.3%	18.2%	9.5%	8.3%	7.6%	7.4%	-3.9%	-34.2%	6.8%	6.8%
8a	Percent Student Minority	41.5%	34.0%	41.6%	41.4%	43.7%	43.8%	2.3%	5.5%	0.0%	0.0%
8b	Percent Student Underrepresented Minority	3.0%	3.0%	7.3%	7.1%	9.3%	10.2%	7.2%	240.9%	0.0%	0.0%
9	Percent Total Headcount Male	25.6%	26.7%	25.6%	26.8%	27.7%	27.0%	1.4%	5.5%	27.8%	27.8%
10	Percent Pell Receipts	n/a	n/a	-	-	-	-	-	-	-	-
11	EOP Enrollment	-	-	-	-	-	-	-	-	-	-

Completion		2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Change	% Change	2018-19	2018-19
12	Percent 1st Year Retention (First-time, Full-time)	-	-	-	-	-	-	-	-	-	-
13	Time to Degree (years) - Associates	-	-	-	-	-	-	-	-	-	-
14	Time to Degree (years) - Baccalaureate	-	-	-	-	-	-	-	-	-	-
15	3-year Associate Graduation Rate	-	-	-	-	-	-	-	-	-	-
16	6-year Baccalaureate Graduation Rate	-	-	-	-	-	-	-	-	-	-
17	Total Degrees Awarded	83	73	76	88	84	-	1	1.2%	102	102
18	Undergraduate Certificates Awarded	-	-	-	-	-	-	-	-	-	-
19	Associate Degrees Awarded	-	-	-	-	-	-	-	-	-	-
20	Baccalaureate Degrees Awarded	-	-	-	-	-	-	-	-	-	-
21	Graduate Degrees Awarded	83	73	76	88	84	-	1	1.2%	102	102
22	Graduate Certificates Awarded	-	-	-	-	-	-	-	-	-	-

Success											
23	Total Faculty Headcounts	149	145	142	139	120	-	(29)	-19.5%	125	130
24	Percent Faculty Headcount Minority	16.1%	-	16.1%	-	19.7%	-	3.6%	22.4%	0.0%	0.0%
25	Percent of Faculty that are Full-Time	37.6%	40.0%	39.4%	43.9%	50.8%	-	13.2%	35.3%	49.6%	50.0%
26	Student to Faculty Ratio (FTE)	3.5	3.5	3.7	3.9	4.2	-	0.8	22.1%	4.8	4.6
27	Total Staff Headcounts	225	218	222	223	223	-	(2)	-0.9%	227	227
28	Percent Staff Headcount Minority	68.2%	-	66.3%	-	67.3%	-	-0.8%	-1.2%	0.0%	0.0%
29	Student Default Rates - Campus <sup>1</sup>	0.0%	1.4%	0.0%	-	-	-	-	-	1.1%	1.1%
30	Student Default Rates - State Operated <sup>1</sup>	7.4%	7.9%	7.0%	-	-	-	-0.4%	-5.5%	-	-
31	Student Default Rates - Community Colleges <sup>1</sup>	17.9%	19.7%	17.4%	-	-	-	-0.5%	-3.0%	-	-

Inquiry											
32	Sponsored Activity - Total (\$millions)	\$3.3	\$3.6	\$3.4	\$3.2	\$3.1	-	\$(0.2)	-7.0%	\$3.54	\$3.74
33	Sponsored Activity - Nonfederal	\$0.4	\$0.2	\$0.2	\$0.3	\$0.4	-	\$0.0	1.2%	\$0.50	\$0.53
34	National Science Foundation R&D Total	\$3.5	\$3.7	\$3.5	\$3.6	n/a	-	\$0.1	3.1%	\$4.10	\$4.35

Engagement											
35	Funds Raised (\$millions)	\$0.9	\$1.1	\$1.0	\$1.4	\$1.5	-	\$0.6	65.8%	\$1.70	\$1.80
36	Alumni Giving Rate	12.3%	9.8%	8.9%	5.0%	6.1%	-	-6.2%	-50.2%	9.8%	15.8%

Notes:

<sup>1</sup> The federal cohort default rate reported as the 3 year rate.  
Line 4 - Retention Rates displays as of reporting year.

For headcount and monetary figures, the "% Change" column represents the percent change between the earliest and most recent numbers shown (e.g. (Fall 2014 # - Fall 2009 #) / Fall 2009 #). For percentages, the "% Change" column represents the change in percentage points (e.g. (Fall 2014 % - Fall 2009 %)).

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Fall Student Enrollment and AAFTE**



<b>TABLE 1</b>	<b>Fall 2009</b>	<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>Fall 2014</b>	<b>5-Year Percent Change</b>	<b>Plan Fall 2018</b>	<b>Plan Fall 2020</b>
<b>Student Headcount Enrollment</b>									
<b>Total Students</b>	<b>301</b>	<b>303</b>	<b>317</b>	<b>336</b>	<b>343</b>	<b>363</b>	<b>20.6%</b>	<b>399</b>	<b>399</b>
% Full-time	100.0%	99.7%	99.4%	99.4%	99.1%	100.0%	-	99.0%	99.0%
% Undergraduate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%
<b>Total Graduate Students</b>	<b>301</b>	<b>303</b>	<b>317</b>	<b>336</b>	<b>343</b>	<b>363</b>	<b>20.6%</b>	<b>399</b>	<b>399</b>
% Full-time	100.0%	99.7%	99.4%	99.4%	99.1%	100.0%	-	99.0%	99.0%
Full-time Graduates - Total	301	302	315	334	340	363	20.6%	395	395
Full-time New Graduates	78	83	82	92	80	94	20.5%	103	103
Full-time Continuing & Returning	223	219	233	242	251	240	7.6%	292	292
Full-time Other	-	-	-	-	9	29	-	0	0
Part-time Graduates	-	1	2	2	3	-	-	4	4
<b>Graduate Students by Level</b>	<b>301</b>	<b>303</b>	<b>317</b>	<b>336</b>	<b>343</b>	<b>363</b>	<b>20.6%</b>	<b>399</b>	<b>399</b>
Masters Programs	6	4	5	2	3	-	-100.0%	2	2
Graduate Certificates	-	-	-	-	-	-	-	0	0
Doctoral Programs	8	8	9	17	14	16	100.0%	12	12
First-Professional	287	291	303	317	326	347	20.9%	385	385
Non-Degree Seeking	-	-	-	-	-	-	-	-	0
	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>5-Year Percent Change</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
<b>AAFTE</b>									
Official AAFTE	<b>300</b>	<b>300</b>	<b>312</b>	<b>333</b>	<b>339</b>	<b>362</b>	-	-	-
Planned AAFTE	291	291	291	328	332	351	21%	393	393
% Deviation Between Planned and Official	3%	3%	7%	1%	2%	3%	-		

Source: SUNY Data Warehouse and Campus Approved Enrollment Plans

Note: AAFTE for 2014-15 is an estimate and will change as data is finalized for the academic year.

**Campus Notes:**

**Overall:** The College developed a comprehensive enrollment management strategy in 2011 that was approved by System Administration. The implem

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Fall Student Enrollment and AAFTE**



TABLE 1	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	5-Year Percent Change	Plan Fall 2018	Plan Fall 2020
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**Overall:** The College developed a comprehensive enrollment management strategy in 2011 that was approved by System Administration. The implementation of that plan is on schedule and will be completed with the fall 2017 entering class. During the process, the College has maintained high academic standards measured by undergraduate GPA and Admissions Tests scores which place the College in the top-tier of programs nationally. **Other Notes** - 1) There are typically 24 students enrolled in a dual OD/MS program each year. Those students are recorded under "First-Professional" on line 41. Those listed under "Masters Programs" on line 38 are only those who are enrolled in that program only. 2) Full-time other - we believe these are the dual degree OD/MS as an official Hegis code was registered just two years ago - if so that would explain the lower number in the line labeled "FT Continuing & Returning".

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Student Enrollment Beyond Fall Census**



<b>TABLE 2</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
<b>Student Enrollment</b>							
<i>Total Fall Census Enrollment</i>	301	303	317	336	343	399	399
Unduplicated Academic Year Headcount	302	303	317	336	345	399	399
Total Non-Credit Instructional Activity/Continuing Education	720	186	1,983	2,002	1,697	1,697	1,697
Business and Industry	0	0	0	0	0	0	0
Non-Business and Industry	720	186	1,983	2,002	1,697	1,697	1,697
<b>Other Enrollment Populations</b>							
Residency Program (1-year Post-graduate Program)	30	30	31	33	37	38	41
C-Step- Grant (State Grant for recruitment of under--represented minority students)				100	101	120	120
Joint-degree Program with Empire State College - OD/Certificate/MBA (included in headcount for "Unduplicated")				1	6	20	20
<b>Total Census-and-Beyond Students</b>	<b>1,052</b>	<b>519</b>	<b>2,331</b>	<b>2,472</b>	<b>2,186</b>	<b>2,274</b>	<b>2,277</b>

Source: SUNY Data Warehouse

**Campus Notes:**

**Overall:** In addition to its core degree programs, the college offers educational opportunities for the practitioner community through continuing medical education (CME); to international community through the Center for International Programs; and to undergraduate students from under-served communities considering careers in the health s Step). **Other notes** - 1) The numbers for Continuing education reflect the number of registrants to a variety of programs. Some may be as short as one hour some may be hours (3 days). 2) Continuing Education - in 2011 we implemented a new CME management program. Prior to the time the numbers may not be accurate. 3) In addition degree offerings the College also provides residency education opportunities both within its University Eye Center and through affiliated clinical programs. In optometry, re education is a voluntary one-year postgraduate program offering advanced clinical training in an area of sub-specialization. The College currently offers 37 residency slots. 4 labeled "Business and Industry" included the number projected on the line below it - we believe these were entered in error and have corrected them.

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**Trends in First-Time Undergraduate Applicants, Acceptances, and Enrollment Yield with Selectivity Data**

<b>TABLE 3</b>	<b>Fall 2009</b>	<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>Fall 2014</b>	<b>1-Year Percent Change</b>	<b>5-Year Percent Change</b>	<b>Plan Fall 2018</b>	<b>Plan Fall 2020</b>
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**Data in this table is based on first-time full-time students in a baccalaureate program, regular admits. As such, Optometry does not have data in this table.**

Source: NYSED-1 Admissions and Ability Measures of FT, FT Freshmen and SUNY Data Warehouse

<sup>1</sup> Selectivity Group Profile is based on first-time full-time students in a baccalaureate program, regular admits.

<sup>2</sup> Indicates that complete SAT and HS Average information is not available.

<sup>3</sup> Mean SAT score and High School Average are for first-time degree-seeking baccalaureate students regularly admitted to the institution.

**Campus Notes:**

While not useful for comparative purpose with other campuses, we do track this information. Over the past five years we have offered an average of 27% of applica admission (Selectivity) and of those offered admission an average of 54% (Yield) accepted our offer.

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**Trends in Geographic Diversity of Students**



<b>TABLE 4</b>	<b>Fall 2009</b>	<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>Fall 2014</b>	<b>5-Year Percent Change</b>	<b>Plan Fall 2018</b>	<b>Plan Fall 2020</b>
<b>Total Students</b>	<b>301</b>	<b>303</b>	<b>317</b>	<b>336</b>	<b>343</b>	<b>363</b>	<b>20.6%</b>	<b>399</b>	<b>399</b>
New York State	228	204	247	268	269	291	27.6%	320	320
Percent	75.7%	67.3%	77.9%	79.8%	78.4%	80.2%	-	80.2%	80.2%
U.S. Non New York	39	44	40	40	48	45	15.4%	52	52
Percent	13.0%	14.5%	12.6%	11.9%	14.0%	12.4%	-	13.0%	13.0%
International	34	55	30	28	26	27	-20.6%	27	27
Percent	11.3%	18.2%	9.5%	8.3%	7.6%	7.4%	-	6.8%	6.8%
<b>Graduate Students</b>	<b>301</b>	<b>303</b>	<b>317</b>	<b>336</b>	<b>343</b>	<b>363</b>	<b>20.6%</b>	<b>399</b>	<b>399</b>
New York State	228	204	247	268	269	291	27.6%	320	320
Percent	75.7%	67.3%	77.9%	79.8%	78.4%	80.2%	-	80.2%	80.2%
U.S. Non New York	39	44	40	40	48	45	15.4%	52	52
Percent	13.0%	14.5%	12.6%	11.9%	14.0%	12.4%	-	16.3%	16.3%
International	34	55	30	28	26	27	-20.6%	27	27
Percent	11.3%	18.2%	9.5%	8.3%	7.6%	7.4%	-	8.4%	8.4%

Source: SUNY Data Warehouse

Note: New York State includes unknowns

**Campus Notes:**

**Overall:** A driver of the expanded enrollment within the professional degree program was the need to provide an adequate supply of optometrists to NY based upon workforce analysis and the geographic distribution of recent graduates. To meet the health care needs of NY the College has enhanced its recruitment efforts in partnership with upstate SUNY campuses to draw more students from regions of NYS with projected shortages and to encourage graduates to look at underserved communities as areas in which to practice. That effort is ongoing. **Other Notes:** 1) The reduction in international students largely associated with a decreased enrollment of Canadian students and may be attributed to the increases in our non-resident tuition over the past five years we have become less financially competitive for this population, the reduction could continue and the loss is likely to be permanent. 2) We are piloting an Advanced Standing Program through which internationally trained physicians and optometrists could earn the Doctor of Optometry degree.

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Student Diversity - Race/Ethnicity, Gender, and Pell**



<b>TABLE 5</b>	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	5-Year Percent Change	Plan Fall 2018	Plan Fall 2020
<b>Race/Ethnicity</b>									
<b>Total Students</b>	301	303	317	336	343	363	20.6%	Data provided for reference only. No goals requested.	
White Non-Hispanic	142	129	154	163	161	170	19.7%		
<b>All Minorities</b>	<b>125</b>	<b>103</b>	<b>132</b>	<b>139</b>	<b>150</b>	<b>159</b>	<b>27.2%</b>		
Black Non-Hispanic	4	4	6	10	11	9	125.0%		
Hispanic	5	5	9	8	13	17	240.0%		
Asian/Pacific Islander	116	94	109	115	118	122	5.2%		
Native American/Alaskan	0	0	0	0	0	0	-		
Two or More Races	0	0	8	6	8	11	-		
<b>Underrepresented Minorities<sup>1</sup></b>	<b>9</b>	<b>9</b>	<b>23</b>	<b>24</b>	<b>32</b>	<b>37</b>	<b>311.1%</b>		
Non-Resident Alien	34	55	30	28	26	27	-20.6%		
Unknown	0	16	1	6	6	7	-		
<b>Campus % All Minorities</b>	<b>41.5%</b>	<b>34.0%</b>	<b>41.6%</b>	<b>41.4%</b>	<b>43.7%</b>	<b>43.8%</b>	-		
<i>Sector % All Minorities</i>	23.1%	24.2%	26.4%	27.7%	29.0%	29.7%	-		
<b>Campus % Underrepresented Minorities</b>	<b>3.0%</b>	<b>3.0%</b>	<b>7.3%</b>	<b>7.1%</b>	<b>9.3%</b>	<b>10.2%</b>	-		
<i>Sector % Underrepresented Minorities</i>	12.3%	13.2%	14.8%	15.6%	16.5%	17.3%	-		
<b>Gender</b>									
<b>Total Students</b>	301	303	317	336	343	363	20.6%	399	399
Male	77	81	81	90	95	98	27.3%	111	111
Female	224	222	236	246	248	265	18.3%	288	288
<b>Campus % Male</b>	<b>25.6%</b>	<b>26.7%</b>	<b>25.6%</b>	<b>26.8%</b>	<b>27.7%</b>	<b>27.0%</b>	-	<b>27.8%</b>	<b>27.8%</b>
<i>Sector % Male</i>	49.3%	49.3%	49.3%	49.3%	49.3%	49.3%	-	-	-
<b>Campus % Female</b>	<b>74.4%</b>	<b>73.3%</b>	<b>74.4%</b>	<b>73.2%</b>	<b>72.3%</b>	<b>73.0%</b>	-	<b>72.2%</b>	<b>72.2%</b>
<i>Sector % Female</i>	50.7%	50.7%	50.7%	50.7%	50.7%	50.7%	-	-	-
<b>Pell Recipients</b>									
Students Eligible to Apply for Pell	n/a	n/a	n/a	n/a	n/a	n/a	-	0	0
Students Receiving Pell	n/a	n/a	n/a	n/a	n/a	n/a	-	0	0
<b>Campus % Students Receiving Pell</b>	-	-	-	-	-	-	-	-	-
<i>Sector % Students Receiving Pell</i>	n/a	n/a	31.3%	32.3%	32.2%	32.6%	-	-	-
<b>EOP Enrollment</b>									
EOP Enrollment	0	0	0	0	0	0	-		

<sup>1</sup> Underrepresented Minorities includes Black, Hispanic, Native American/Alaskan, and Two or More Races.

Source: SUNY Data Warehouse

**Campus Notes:**

**Overall:** The College's student body is quite ethnically and culturally diverse with over 50% being minority or international students (SUNY Data Warehouse). However, only 10% of students are under-represented minorities (URM). In recent years we have seen some improvement in URM numbers due to a new configuration of our NY C-Step Program and new leadership within Student Affairs.

**Attachment 2: Data Summary and Detail Tables - Optometry  
Faculty Trends, with Diversity and Student Faculty Ratios**



<b>TABLE 6</b>	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	4-Year Percent Change	Plan Fall 2018	Plan Fall 2020
<b>Faculty Headcount</b>									
<b>Faculty Total</b>	149	145	142	139	120	n/a	-19.5%	125	130
Full-Time	56	58	56	61	61	-	8.9%	62	65
Part-Time	93	87	86	78	59	-	-36.6%	63	65
<b>Campus % Full-time</b>	37.6%	40.0%	39.4%	43.9%	50.8%	-	-	49.6%	50.0%
<i>Sector % Full-time</i>	71.2%	71.3%	70.1%	69.3%	69.6%	-	-	-	-
<b>Faculty and Student FTEs</b>									
<b>Estimated Faculty FTE (FT + .33PT)</b>	87	87	85	87	81	-	-7.3%	83	87
Student FTE (fall semester)	302	301	312	335	341	-	13.2%	399	399
<b>Campus Student/Faculty FTE Ratio</b>	3.5	3.5	3.7	3.9	4.2	-	22.1%	4.8	4.6
<i>Sector Student/Faculty FTE Ratio</i>	11.8	12.0	11.6	11.5	11.8	-	-0.2%	-	-
<b>Faculty and Student FTEs - excluding EOC faculty</b>									
<b>Estimated Faculty FTE (FT + .33PT)</b>	-	-	-	-	-	-	-	-	-
Student FTE (fall semester)	302	301	312	335	341	-	13.2%	399	399
<b>Campus Student/Faculty FTE Ratio</b>	-	-	-	-	-	-	-	-	-
<b>Race/Ethnicity</b>									
<b>Full-Time Faculty Total</b>	56	-	56	-	61	-	8.9%	Data provided for reference only. No goals requested.	
White Non-Hispanic	45	-	45	-	47	-	4.4%		
<b>All Minorities</b>	9	-	9	-	12	-	33.3%		
Black Non-Hispanic	0	-	0	-	0	-	-		
Hispanic	2	-	2	-	2	-	0.0%		
Asian/Pacific Islander	7	-	7	-	10	-	42.9%		
Native American/Alaskan	0	-	0	-	0	-	-		
Two or More Races	0	-	0	-	0	-	-		
<b>Underrepresented Minorities<sup>1</sup></b>	2	-	2	-	2	-	0.0%		
Non-Resident Alien	2	-	2	-	2	-	0.0%		
Unknown	0	-	0	-	0	-	-		
<b>Campus % All Minorities</b>	16%	-	16%	-	20%	-	22.4%		
<i>Sector % All Minorities</i>	19%	-	20%	-	19%	-	3.3%		
<b>Campus % Underrepresented Minorities</b>	4%	-	4%	-	3%	-	-8.2%		
<i>Sector % Underrepresented Minorities</i>	7%	-	7%	-	7%	-	-0.6%		
<b>Gender</b>									
<b>Full-Time Faculty Total</b>	56	-	56	-	61	-	8.9%	62	65
Male	33	-	33	-	32	-	-3.0%	29	28
Female	23	-	23	-	29	-	26.1%	33	37
<b>Campus % Male</b>	59%	-	59%	-	52%	-	-	46.8%	43.1%
<i>Sector % Male</i>	65%	-	64%	-	63%	-	-	-	-
<b>Campus % Female</b>	41%	-	41%	-	48%	-	-	53.2%	56.9%
<i>Sector % Female</i>	35%	-	36%	-	37%	-	-	-	-

<sup>1</sup> Underrepresented Minorities includes Black, Hispanic, Native American/Alaskan, and Two or More Races.

Source: IPEDS HR Survey

**Attachment 2: Data Summary and Detail Tables - Optometry  
(Non-instructional) Staff Trends, with Diversity**



<b>TABLE 7</b>	<b>Fall 2009</b>	<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>Fall 2014</b>	<b>4-Year Percent Change</b>	<b>Plan Fall 2018</b>	<b>Plan Fall 2020</b>
<b>Staff Headcount</b>									
<b>Staff Total</b>	<b>225</b>	<b>218</b>	<b>222</b>	<b>223</b>	<b>223</b>	<b>n/a</b>	<b>-0.9%</b>	<b>227</b>	<b>227</b>
Full-Time	201	195	199	202	202	-	0.5%	205	205
Part-Time	24	23	23	21	21	-	-12.5%	22	22
<b>Campus % Full-time</b>	<b>89.3%</b>	<b>89.4%</b>	<b>89.6%</b>	<b>90.6%</b>	<b>90.6%</b>	<b>-</b>	<b>-</b>	<b>90.3%</b>	<b>90.3%</b>
<i>Sector % Full-time</i>	<i>73.3%</i>	<i>73.5%</i>	<i>73.8%</i>	<i>75.1%</i>	<i>75.1%</i>	<i>-</i>	<i>-</i>	<i>0.0%</i>	<i>0.0%</i>
<b>Race/Ethnicity</b>									
<b>Full-Time Staff Total</b>	<b>201</b>	<b>-</b>	<b>199</b>	<b>-</b>	<b>202</b>	<b>-</b>	<b>0.5%</b>	<b>Data provided for reference only. No goals requested.</b>	
White Non-Hispanic	61	-	62	-	62	-	1.6%		
<b>All Minorities</b>	<b>137</b>	<b>-</b>	<b>132</b>	<b>-</b>	<b>136</b>	<b>-</b>	<b>-0.7%</b>		
Black Non-Hispanic	70	-	66	-	62	-	-11.4%		
Hispanic	45	-	44	-	50	-	11.1%		
Asian/Pacific Islander	21	-	20	-	24	-	14.3%		
Native American/Alaskan	0	-	0	-	0	-	-		
Two or More Races	1	-	2	-	0	-	-100.0%		
<b>Underrepresented Minorities<sup>1</sup></b>	<b>116</b>	<b>-</b>	<b>112</b>	<b>-</b>	<b>112</b>	<b>-</b>	<b>-3.4%</b>		
Non-Resident Alien	3	-	5	-	4	-	33.3%		
Unknown	0	-	0	-	0	-	-		
<b>Campus % All Minorities</b>	<b>68%</b>	<b>-</b>	<b>66%</b>	<b>-</b>	<b>67%</b>	<b>-</b>	<b>-1.2%</b>		
<i>Sector % All Minorities</i>	<i>28%</i>	<i>-</i>	<i>27%</i>	<i>-</i>	<i>24%</i>	<i>-</i>	<i>-15.4%</i>		
<b>Campus % Underrepresented Minorities</b>	<b>58%</b>	<b>-</b>	<b>56%</b>	<b>-</b>	<b>55%</b>	<b>-</b>	<b>-3.9%</b>		
<i>Sector % Underrepresented Minorities</i>	<i>22%</i>	<i>-</i>	<i>21%</i>	<i>-</i>	<i>19%</i>	<i>-</i>	<i>-15.6%</i>		
<b>Gender</b>									
<b>Full-Time Staff Total</b>	<b>201</b>	<b>-</b>	<b>199</b>	<b>-</b>	<b>202</b>	<b>-</b>	<b>0.5%</b>	<b>205</b>	<b>205</b>
Male	89	-	84	-	86	-	-3.4%	91	91
Female	112	-	115	-	116	-	3.6%	114	114
<b>Campus % Male</b>	<b>44%</b>	<b>-</b>	<b>42%</b>	<b>-</b>	<b>43%</b>	<b>-</b>	<b>-</b>	<b>44.4%</b>	<b>44.4%</b>
<i>Sector % Male</i>	<i>22%</i>	<i>-</i>	<i>21%</i>	<i>-</i>	<i>19%</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<b>Campus % Female</b>	<b>56%</b>	<b>-</b>	<b>58%</b>	<b>-</b>	<b>57%</b>	<b>-</b>	<b>-</b>	<b>55.6%</b>	<b>55.6%</b>
<i>Sector % Female</i>	<i>28%</i>	<i>-</i>	<i>27%</i>	<i>-</i>	<i>24%</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

<sup>1</sup> Underrepresented Minorities includes Black, Hispanic, Native American/Alaskan, and Two or More Races.

Source: IPEDS HR Survey

**Campus Notes:**

According to the SUNY Warehouse Data, the College of Optometry has the 2nd highest degree of diversity of staff among all campuses.

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**Trends in First Year Retention for First-Time (Full-Time and Part-Time) and Transfer Matriculated Students**



<b>TABLE 8</b>	<b>as of Fall 2009</b>	<b>as of Fall 2010</b>	<b>as of Fall 2011</b>	<b>as of Fall 2012</b>	<b>as of Fall 2013</b>	<b>as of Fall 2014</b>	<b>5-Year Percent Change</b>	<b>Plan as of Fall 2015</b>	<b>Plan as of Fall 2018</b>	<b>Plan as of Fall 2020</b>
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**Data in this table is based on first-time and transfer undergraduate students. As such, Optometry does not have data in this table.**

Source: SUNY Data Warehouse. National public benchmarks based on most recent data available from the Integrated Post Secondary Education Data System (IPEDS).

**Campus Notes:**

**Retention is typically 95%**

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Graduation Rates of First-Time Full-Time Students**



<b>TABLE 9</b>	as of Fall 2009	as of Fall 2010	as of Fall 2011	as of Fall 2012	as of Fall 2013	as of Fall 2014	5-Year Percent Change	as of Fall 2015	Plan as of Fall 2015	Plan as of Fall 2018	Plan as of Fall 2020
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**Data in this table is based on first-time full-time undergraduate students. As such, Optometry does not have data in this table.**

Source: SUNY Data Warehouse. National public benchmarks based on most recent data available from the Integrated Post Secondary Education Data System (IPEDS).

**Campus Notes:**

**Graduations rates are typically 95%**

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Graduation of Full-Time Undergraduate Transfer Students**



<b>TABLE 10</b>	<b>as of Fall 2009</b>	<b>as of Fall 2010</b>	<b>as of Fall 2011</b>	<b>as of Fall 2012</b>	<b>as of Fall 2013</b>	<b>as of Fall 2014</b>	<b>5-Year Percent Change</b>	<b>as of Fall 2015</b>	<b>Plan as of Fall 2015</b>	<b>Plan as of Fall 2018</b>	<b>Plan as of Fall 2020</b>
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**Data in this table is based on full-time undergraduate transfer students. As such, Optometry does not have data in this table.**

Source: SUNY Data Warehouse

**Campus Notes:**

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**First-Time and Transfer Student Time to Degree (in years)**  
**and Average Number of Credits at Graduation**



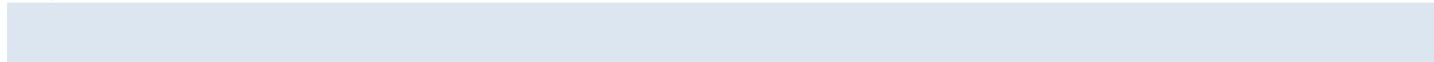
<b>TABLE 11</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>5-Year Percent Change</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
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**Data in this table is based on first-time full-time undergraduate students. As such, Optometry does not have data in this table.**

Source: SUNY Data Warehouse

<sup>1</sup> Based on graduates from July 1 of year one through June 30 of the following year.

**Campus Notes:**



Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in SUNY Educational Outcomes



TABLE 12	as of Fall 2011	as of Fall 2012	as of Fall 2013	as of Fall 2014	Percent Change	Plan as of Fall 2015	Plan as of Fall 2018	Plan as of Fall 2020
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**Data in this table is based on first-time full-time undergraduate students. As such, Optometry does not have data in this table.**

Source: SUNY Data Warehouse

**Campus Notes:**

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**Trends in Degrees/Awards Granted by Academic Level**



<b>TABLE 13</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>5-Year Percent Change</b>	<b>Plan 2015-16</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
<b>Degrees/Awards Granted</b>										
<b>Total Degrees/Awards</b>	<b>77</b>	<b>83</b>	<b>73</b>	<b>76</b>	<b>88</b>	<b>84</b>	<b>9.1%</b>	<b>88</b>	<b>102</b>	<b>102</b>
Masters Degrees	8	10	8	5	10	5	-37.5%	5	5	5
Doctoral Degrees	0	0	0	2	2	3	-	2	3	3
First-Professional	69	73	65	69	76	76	10.1%	81	94	94
Graduate Certificates	n/a	n/a	n/a	n/a	n/a	n/a	-	0	0	0

Source: SUNY Data Warehouse

<sup>1</sup> Based on graduates from July 1 of year one through June 30 of the following year.

**Campus Notes:**

1) Over the past five-years both the Masters and PhD programs have become more rigorous and highly selective. Selectivity (% offered admission) rates are 50% and 16% respectively. Notably, those applying to the Master's program are students in the first year of the professional degree program who also would like to earn the MS in Vision Science. The number of seats are limited based on the ability of our research labs to accommodate the students and the degree to which the faculty believe the applicant can handle the added academic obligation. 2) One of the key issues several years ago was the low degree completion rates of the PhD program. Changes in program leadership and in curriculum design appears to have rectified the problem and we are seeing a steady rate of degree completion emerging.

**Attachment 2: Data Summary and Detail Tables - Optometry  
2012 Student Opinion Survey**



TABLE 14	Campus Relative to Sector				Campus Relative to All		
	Campus Scale Score	Sector Scale Score	Z Score	Sector Score Rating	Overall State-Op Scale Score	Z Score	Institution Score Rating

**Data in this table is based on a survey of undergraduate students. As such, Optometry does not have data in this table.**

**Campus Notes:**

Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Specific Student Opinion Survey Items



TABLE 15	2003	2006	2009	2012
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Data in this table is based on a survey of undergraduate students. As such, Optometry does not have data in this table.

Campus Notes:

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Student Default Rates and Financial Literacy**



<b>TABLE 16</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>Plan 2015</b>	<b>Plan 2018</b>	<b>Plan 2020</b>
<b>Campus Student Default Rates<sup>1</sup></b>						
Default Rate - 2YR	0.0%	1.4%	0.0%			
Default Rate - 3YR	0.0%	1.4%	0.0%	1.1%	1.1%	1.1%
<b>Sector</b>						
Default Rate - 3YR <sup>2</sup>	4.7%	5.4%	-	-	-	-
<b>State-Operated Campuses</b>						
Default Rate - 3YR <sup>2</sup>	7.4%	7.9%	7.0%	-	-	-
<b>Community Colleges</b>						
Default Rate - 3YR <sup>2</sup>	17.9%	19.7%	17.4%	-	-	-
<b>National Student Default Rates<sup>1</sup></b>						
<b>2-Year Public</b>						
Default Rate - 2YR	18.3%	20.9%	-	-	-	-
Default Rate - 3YR <sup>2</sup>	-	-	20.6%	-	-	-
<b>4-Year Public</b>						
Default Rate - 2YR	7.9%	9.3%	-	-	-	-
Default Rate - 3YR	-	-	8.9%	-	-	-

	<b>2012-13</b>	<b>2013-14</b>	<b>Plan 2014-15</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
<b>Financial Literacy</b>					
<b>SUNY Smart Track</b>					
Award Letter	X	X	X	X	X
Financial Literacy Website			X	X	X
Student Engagement (i.e. early alert)			X	X	X

Source: SUNY Office of Financial Aid

<sup>1</sup> Cohort Default Rates are calculated on a 10/1 – 9/30 cohort year. The 2011 3YR rate for the 2011 cohort/repayment denominator of 10/1/2010 to 9/30/2011 and a default numerator of 10/1/2010 to 09/30/2013.

<sup>2</sup> The federal cohort default rate calculation beginning for the 2009 cohort year increases the numerator to include an additional year of students in default. Beginning in 2012, only the 3 year rate will be calculated.

**Campus Notes:**

The 3-year default rate for FY 2011-12 was also 0%

**Attachment 2: Data Summary and Detail Tables - Optometry**  
**Trends in Research Expenditures, Disclosures, Patents and Licenses**



<b>TABLE 17</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>1-Year Percent Change</b>	<b>4 or 5-Year Percent Change</b>	<b>Plan Fall 2018</b>	<b>Plan Fall 2020</b>
<b>Research Expenditures: Sponsored Activity <sup>1</sup></b>										
<b>Total Sponsored Activity - SUNYRF (\$mil.)</b>	<b>\$3.10</b>	<b>\$3.29</b>	<b>\$3.63</b>	<b>\$3.38</b>	<b>\$3.17</b>	<b>\$3.06</b>	<b>-3.6%</b>	<b>-1.3%</b>	<b>\$3.54</b>	<b>\$3.74</b>
Federal	\$2.46	\$2.55	\$3.17	\$3.08	\$2.82	\$2.58	-8.6%	4.6%	\$3.01	\$3.17
Federal Flow Through	\$0.04	\$0.30	\$0.23	\$0.11	\$0.06	\$0.04	-35.4%	-17.8%	\$0.03	\$0.03
Nonfederal	\$0.59	\$0.44	\$0.23	\$0.19	\$0.30	\$0.45	48.6%	-24.7%	\$0.50	\$0.53

<b>Research Expenditures: National Science Foundation (NSF) <sup>2</sup></b>										
<b>Total R&amp;D (\$mil.)</b>	<b>\$2.67</b>	<b>\$3.53</b>	<b>\$3.74</b>	<b>\$3.47</b>	<b>\$3.64</b>	<b>n/a</b>	<b>4.9%</b>	<b>36.2%</b>	<b>\$4.10</b>	<b>\$4.35</b>
Federal R&D	\$2.04	\$2.83	\$3.34	\$3.16	\$2.76	-	-12.8%	34.9%	\$3.03	\$3.22
Industry R&D	\$0.17	\$0.20	\$0.06	\$0.03	\$0.16	-	477.8%	-8.8%	\$0.34	\$0.36
State/Local Govt. R&D	\$0.00	-	-	-	-	-	-	100.0%	-	-
Institution R&D	\$0.14	\$0.37	\$0.27	\$0.17	\$0.65	-	284.5%	368.1%	\$0.66	\$0.70
Nonprofit R&D	n/a	\$0.13	\$0.07	\$0.11	\$0.02	-	-83.5%	100.0%	\$0.03	\$0.04
All Other R&D	\$0.32	-	-	-	\$0.06	-	-	-81.1%	\$0.03	\$0.04

<b>Disclosures, Patents, and Licenses</b>										
Invention Disclosures	1	2	3	0	1	1	0.0%	0.0%	2	2
U.S. Patent Applications Filed	1	3	2	2	0	1	-	0.0%	2	2
U.S. Patents Issued	2	0	1	0	0	1	-	-50.0%	1	1
License and Option Agreements Executed	1	0	0	0	0	0	-	-100.0%	1	1

<sup>1</sup> SUNY Research Foundation Expenditure Profile

<sup>2</sup> National Science Foundation, Survey of Research and Development Expenditures at Universities and Colleges

**Campus Notes:**

**Attachment 2: Data Summary and Detail Tables - Optometry  
Trends in Alumni and Philanthropy**



<b>TABLE 18</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>5-Year Percent Change</b>	<b>Plan 2018-19</b>	<b>Plan 2020-21</b>
<b>Alumni</b>									
Alumni on Record	2,090	2,209	2,276	2,600	2,695	2,790	33.5%	3,075	3,170
Number of Alumni Donors	281	272	224	232	135	171	-39.1%	300	500
<b>Campus Alumni Giving Rate</b>	<b>13.4%</b>	<b>12.3%</b>	<b>9.8%</b>	<b>8.9%</b>	<b>5.0%</b>	<b>6.1%</b>	<b>-54.4%</b>	<b>9.8%</b>	<b>15.8%</b>
<i>Sector Alumni Giving Rate</i>	<i>9.5%</i>	<i>9.9%</i>	<i>9.6%</i>	<i>8.1%</i>	<i>7.8%</i>	<i>7.4%</i>	-	-	-
<b>Philanthropy</b>									
Funds Raised (\$mil.)	\$0.9	\$0.9	\$1.1	\$1.0	\$1.4	\$1.5	69.1%	\$1.7	\$1.8

Source: University Controller's Office, VSE Survey, and SUNY Office of Advancement

**Campus Notes:**

The College of Optometry's affiliated foundation (the Optometric Center of NY) successfully completed a \$10M campaign as of October 1, 2014. This was the first formal campaign in the history of the College. While the campaign was successful, the percentage of giving among alumni is low and will be a focus for future efforts.



## SUNY Excels 2015 Performance Improvement Plan Attachment 1: Narrative

### CAMPUS INFORMATION

<b>Campus:</b>	College of Optometry
<b>President:</b>	David A. Heath, OD, EdM
<b>Chief Academic Officer:</b>	David Troilo, PhD
<b>Chief Financial Officer:</b>	David Bowers, MBA

### Section 1: Campus Alignment with SUNY Excels (the framework for the *Power of SUNY 2020*) and SUNY's overall focus on completion.

**Overview:** The SUNY College of Optometry, founded in 1971, is dedicated to the education of optometrists, to the advancement of eye and vision care through research and graduate education, and to the care of communities through the provision of comprehensive visual health services. The College of Optometry is part of the doctoral-research sector. It does not offer any undergraduate degree programs.

**Mission Statement:** *The State University of New York College of Optometry excels, innovates and leads in optometry and vision science by:*

- *Developing outstanding optometrists and vision scientists;*
- *Making new discoveries that advance vision science and patient care;*
- *Improving patients' lives by providing exceptional general and specialized optometric care;*
- *Enhancing public health through education and service to a broad range of communities*

The College's doctor of optometry program is one of 21 nationwide, and the only such program in New York State. Over sixty percent of all practicing optometrists in New York are alumni of SUNY Optometry. Several years ago, the College initiated a significant enrollment expansion in its Doctor of Optometry (O.D.) degree program to meet NYS demand for eye care providers into the foreseeable future. The plan, which increases the entering class size from 75 to 100, was formally approved by SUNY Administration in early 2012. Successful completion of the implementation process by the 2018 AY directly supports System-wide completion goals while serving the eye care needs of the people of New York State.

There are currently 384 students (AY 2016 across all programs) attending the College. Approximately ninety-five percent of students are enrolled in the professional degree program although a number of those are in dual-degree programs. The College is exploring the option of adding additional degree programs.

The College also supports a vigorous research program including basic, translational and clinic programs with approximately \$3.22M in extramural activity during FY 2015. The Graduate Vision Research Center supports approximately 16 PhD candidates and 24 MS students each year.

The College's University Eye Center (Article 28 Diagnostic & Treatment Center) provides vital vision care services to the New York City community with approximately 70,000 patient visits per year. An additional 80,000+ patient encounters involve students, residents and faculty providing care through affiliated clinical partners in the community (hospitals, health centers, etc.).

**International Programs:** The College also has strong international links to China and supports the Power of SUNY 2020's big idea: SUNY and The World. In partnership with the Wenzhou Medical University and the Chinese Government, the college provides international study opportunities for its students, partners in a Center of Excellence in Low Vision & Vision Rehabilitation in Wenzhou, China and hosts a Confucius Institute specializing in health care. The College has more recently begun working with the University of KwaZulu-Natal in Durban, South Africa on practitioner education and this year is piloting an advanced standing program for optometrists and physicians trained abroad.

**Alumni/Philanthropy:** The College successfully concluded a \$10M campaign, (*The Vision & the Promise*), October 1, 2014. This was the first formal campaign in the history of the College and its success holds promise for the future. The College is currently working to build upon the Campaign's success and improve its annual fundraising operation. We have set a target of doubling the percentage of alumni giving annually by 2020. We anticipate the next major campaign will coincide with the College's 50<sup>th</sup> Anniversary in 2021.

**Strategic Plan & Alignment:** The College is guided by its strategic plan, "**2013-2018 Strategic Plan: A Legacy of Leadership**", ([http://www.sunyopt.edu/2013\\_strategic\\_plan/](http://www.sunyopt.edu/2013_strategic_plan/)), which is proactively managed through a comprehensive Institutional Assessment Plan approved in July 2013, ([http://www.sunyopt.edu/offices/institutional\\_research/assessment\\_plan](http://www.sunyopt.edu/offices/institutional_research/assessment_plan)). (Also included as PDF Attachments 1 & 2.)

The College conducts a major review of its strategic plan every five years, while monitoring progress on a continual basis. The last major review occurred during the 2012-2013 Academic Year with final endorsement by the College Council on June 3, 2013. The College's Strategic Plan contains 11 goals with corresponding objectives: Each goal is explicitly linked to the six big ideas of the **Power of SUNY 2020**. Key elements (among others) of the strategic plan that align with *The Power of SUNY 2020's* six big ideas and *SUNY Excels* include:

- Increasing enrollment in the Doctor of Optometry degree program to meet eye care workforce needs in New York. (*Healthier New York, The Entrepreneurial Century – Access, Completion, Engagement*)
- Enrolling a highly qualified and diverse student body. (*A Healthier New York - Access, Completion*)
- Making the University Eye Center more accessible to the public within the context of health care reform and expanded educational programming. (*A Healthier New York, A Vibrant Community, The Entrepreneurial Century - Engagement, Completion, Success (applied learning)*)
- Expanding external clinical training opportunities within the health care systems of NYC and beyond. (*Healthier New York – Access, Completion, Engagement*)
- Developing new areas of research that are synergistic with the College's existing research community. (*The Entrepreneurial Century, A Healthier New York – Inquiry, Success, Access*)
- Strengthening and expanding programs that train clinician scientists. (*The Entrepreneurial Century, A Healthier New York – Access, Completion, Success, Inquiry*)
- Creating additional learning opportunities for meaningful campus and civic engagement (*A Vibrant Community, The World, The Entrepreneurial Century – Success, Engagement*)

**Assessment:** In support of the strategic planning process, the College of Optometry has developed a comprehensive Institutional Assessment Plan. Various assessment strategies are used to track implementation of the strategic plan and monitor College operations. The primary motivation is to identify, obtain, analyze, and use outcomes data for meaningful program improvement. The assessment plan includes a comprehensive listing of metrics collected by the college including key measures linked to the College's Strategic Plan. Many of these

metrics are published on the College's website ([http://www.sunyopt.edu/offices/institutional\\_research/factbook](http://www.sunyopt.edu/offices/institutional_research/factbook)). Within the College's key metrics there are numerous indicators that align with SUNY Excels.

The alignment of the College's Strategic Plan with the Power of SUNY 2020 and SUNY Excels will be readily apparent in Section 2 of this performance plan.

***SUNY Expanded Performance & Investment Fund:*** The College submitted three Phase 1 proposals for support from the SUNY Expanded Investment and Performance Fund. All three were deemed eligible for further consideration. The three proposals are:

- 1) **Developing Innovative Clinical Education Paradigms for Healthcare Reform** - The SUNY College of Optometry is requesting \$2 million in funding from a combination of "SUNY 2020 Round V" and the "Investment and Performance Fund" to pilot a fundamental redesign of its patient care and clinical education program using a 3,000 square foot portion of the University Eye Center's primary care floor. The redesign, while supporting our 30% increase in enrollment, will develop an exemplary patient care unit that will ensure effective and efficient eye care as well as better prepare optometrists for the effective management of chronic diseases through care coordination, team-based interprofessional care and the promotion of wellness. (Excels Links: [Access](#), [Completion](#), [Engagement](#), [Success/Applied Learning](#).)
- 2) **Virtual Reality and Simulation Laboratories** - The intent of this project is to support the College's 30% increase in enrollment/completion in the Doctor of Optometry degree program by increasing the capacity of the clinical education process and assuring in-depth exposure to an array of clinical conditions, including those with broad population health implications. The use of VR technology serves as an effective bridge preparing students for the applied learning experience of the patient care setting and will enhance their technical abilities, knowledge and critical thinking skills. (Excels Links: [Access](#), [Completion](#), [Success/Applied Learning](#))
- 3) **Faculty Position in Cellular/Molecular Ocular Physiology** – this application to the Empire Innovations Program is to obtain assistance in the recruitment of a leading cell and molecular biologist, performing research in ocular physiology, and who will fill a critical and complementary role within our research community. We seek a leader in the field to conduct a funded research program at the College and develop collaborations with our other faculty researchers, including translational and clinical projects with our Clinical Vision Research Center. This position represents a vital step toward meeting our research (Inquiry) goals of increasing sponsored activity at the College, expanding educational opportunity and collaboration through the SUNY Eye Institute and SUNY Networks of Excellence. (Excels Links: [Inquiry](#), [Access](#), [Engagement](#))

***Endorsement:*** The College Council of the SUNY College of Optometry reviewed and endorsed the submission of this plan at its meeting on 16 September 2015.

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## **Section 2: Specific SUNY Excels Priority Areas and Metrics**

### **2.1 Access**

***Overview:*** The implementation of the College's 2012 Enrollment Management Plan specifically links to SUNY Excels - Access. The expansion of the professional degree program was based upon a workforce analysis conducted by the College's Center for Vision Care Policy to assure that NYS has an adequate supply of highly qualified eye care providers in the future. The plan's implementation strategy specifically targeted increasing the enrollment of New York residents by expanding and revitalizing our partnerships with other SUNY campuses across the state. Similarly, redesign of our Collegiate Science and Technology Entry Program (C-Step) enhanced our efforts to attract under-served minorities into health care professions generally and optometry specifically. The efforts have increased both the enrollment of New Yorkers and improved our ability to attract a diverse student body. The College will continue the Enrollment Management Plan until it is fully implemented with the class entering in the fall of 2017. Enrolling New York residents and a more diverse student body continue to be priorities.

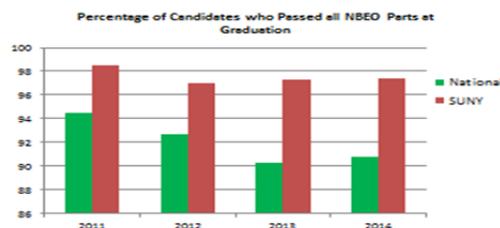
**2.1.1 Full Enrollment Picture:** The College’s projected enrollment growth starting in AY 2011 (303) going through AY 2020 (399) is on track to achieve a 30% increase. This growth is a result of implementation of the College’s 2012 Enrollment Management Plan. Capital improvement projects have modified the instructional facilities to permit enrollment of 100 new doctor of optometry students per year (up from 75) making our enrollment amongst the highest of any publicly funded optometry college. We are in the process of making needed improvements, structurally and programmatically, within the College’s patient care facility (the University Eye Center) to effectively accommodate the increased class size. The College’s commitment to graduating a sufficient number of practitioners to meet the eye care needs of the State of New York must be balanced by the need to assure all graduates are highly qualified to provide eye care services.

The College of Optometry offers one of the strongest Doctor of Optometry (O.D.) degree programs in the country. In a highly competitive recruitment market the college is expanding its enrollment by 30% while maintaining all quality indicators. This is evidenced by the profile of the entering classes and the performance of our students on national board licensing examinations.

<b>Profile - Entering Fall of:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Entering Class Size	100	98	88	87	79	76	78	76	72
Overall Class GPA	3.50	3.51	3.51	3.53	3.56	3.48	3.50	3.50	3.41
Pre-Req's Class GPA	3.37	3.38	3.33	3.40	3.42	3.35	3.42	3.38	3.35
Total Science Class OAT	346	346	342	347	350	353	366	361	361

The College’s average performance on the Optometry Admissions Test (OAT) has been the second highest in the country (200 – 400 scale; National average of accepted students = 316) while the average entering GPA is among the top five programs (21 programs nationally). Most students enrolling have completed a Pre-Med Bachelor’s degree program. Several students participate in a 3-4 programs through which they are awarded a bachelor’s degree from their undergraduate institution after the successful completion of the first year of the professional optometry program: Nine of these programs are with SUNY campuses.

All optometry students take a three-part national board examination (NBEO) prior to graduation. Passage is required for licensure. SUNY College of Optometry students have been highly successful in passing all parts of the NBEO prior to graduation (97%), well above the national average.



The College’s graduate research program offers M.S. and Ph.D. degrees in Vision Science. The program has become increasingly competitive and there has been recent growth in the number of applications with 28 applications for 2 positions available for the fall of 2015. For AY 16 the College will have 24 MS and 16 Ph.D. degree students. Enrollment in these programs will be largely dictated by continued growth in the College’s research program.

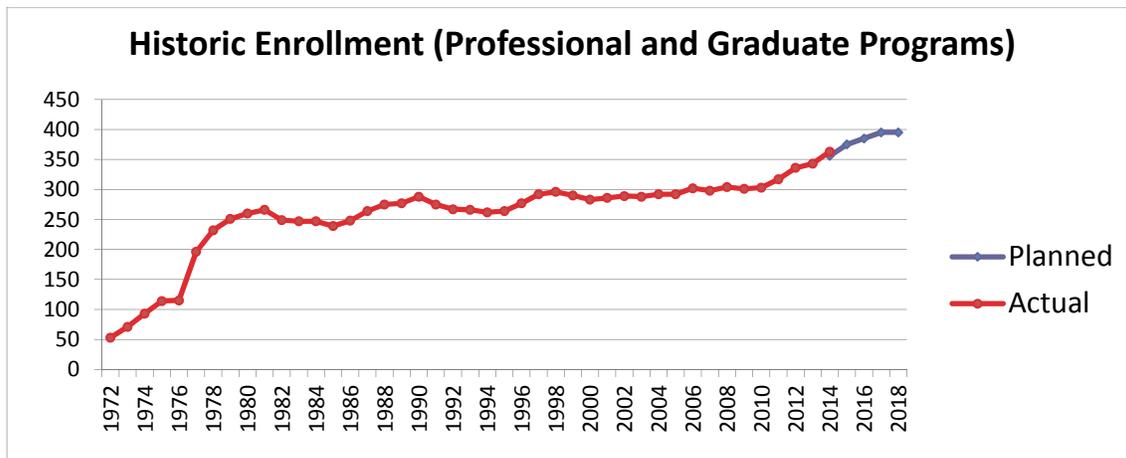


Fig: Overall enrollment of the SUNY College of Optometry since its inception in 1971.

Further growth in the professional OD program beyond what is already planned would not be consistent with the results of the workforce study that justified the current expansion of the program and would require approval from the Accreditation Council on Optometric Education, the optometry program’s specialized accreditation agency.

**2.1.2 NYS Residents Served by SUNY:** The expanded enrollment of the College of Optometry provides additional opportunities for NYS residents to pursue a career in optometry. The College’s 2012 Enrollment Management Plan specifically considered provider shortage areas in upstate NY in its recruitment strategy and similarly in guiding new graduates as they consider practice opportunities. The College’s recruitment efforts upstate include increased visits and the development of formal inter-campus relationships including an increased focus on 3 – 4 programs with other SUNY institutions. The number of NYS residents enrolled at the College has increased 27% over the past five years (Attachment 2 - Table 4).

**2.1.3 Diversity:** During the 2014 academic year, the College’s student body profile was 73% female, 43.8% minority (all) and 10.2% underrepresented minority (Attachment 2 - Table 5). According to the SUNY Data Warehouse, among the 64 SUNY campuses, the College of Optometry has the fourth highest representation of minority and international students representing 51.2% of total enrollment. Notably, doctoral-level health professions program have historically had difficulty in increasing the number of enrolled under-represented minority students. While the college has a high level of cultural/ethnic diversity among its students and is well above the average for its sector (doctoral-research – 29.7%), it continues to be challenged in its efforts to increase the number of underrepresented minority students. The College is investing in its diversity efforts. The College receives State support for its C-Step program; has established the position of Director of Minority Recruitment and Enrichment and in recent years expanded student support services with the creation of the College’s Center for Career Development.

**2.1.4 Capacity:** The College is already using workforce study data to align its enrollment and infrastructure capacity with the supply of and demand for eye care providers in NYS. The ongoing expansion of enrollment will achieve that alignment.

**Access Summary – Future Plans & Investment:** To increase access the College of Optometry will continue to devote its energy and resources to -

- Completing the expansion of the doctor of optometry program by increasing the entering class size from 75 to 100 (33% increase);
- Increasing the enrollment of underrepresented minorities into the professional degree program;
- Increasing its graduate degree enrollment secondary to expanded research programming; and
- Conducting a study to examine the feasibility and desirability of offering additional degree programs that complement the College’s core mission and supports the System-wide Access and Completion goals.

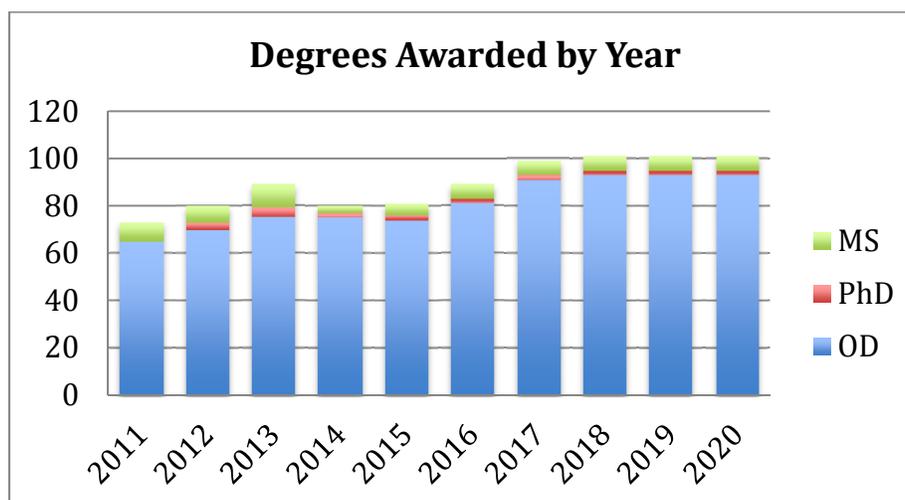
**Access Summary - Key Performance Measures:**

- Have a total enrollment in degree granting programs of 400 or more by 2020
- Have a diverse student body with minorities (all) representing between 40 – 45% of students.
- Complete a feasibility analysis examining the potential expansion of degree granting programs at the College

## 2.2 Completion

**Overview:** Increasing completion may be achieved by expanding enrollment or by improving the percentage of students who complete the program in a timely manner. The College of Optometry’s professional degree programs has a consistently high completion rate (95% +/-). It is unlikely that our completion rate can be improved, thus our commitment to increasing completion is linked to the expansion in enrollment and the potential initiation of new programming.

**2.2.1 Completion:** The College of Optometry anticipates that by 2020 it will have expanded its total completion numbers for the 2015 AY by over 30%.



- **Doctor of Optometry Degree program:** In June 2015, the College awarded 74 Doctor of Optometry degrees. With the full implementation of the Enrollment Management Plan, we anticipate that by 2020 the number of OD degrees will increase 30% to an average of 94 annually.
- **Graduate Research (MS, PhD):** There are currently 16 PhD candidates (FT & PT) and 18 MS student (with an additional 5 – 6 to be admitted mid-year). The MS students are concurrently enrolled in the OD degree program. Over the past 5 years, we have awarded an average of 3 PhD and 5 MS degrees each year.
- **Certificates:** The College of Optometry and Empire State College have entered into an agreement to provide the College’s professional degree students with an opportunity to earn an MBA. The first phase is the *Advanced Graduate Certificate in Optometry Business Management* which may be earned commensurate with the 4-year OD Program. The program began with the 2014 AY. We anticipate that the number of certificate completions by 2020 will be 8 – 10 annually. Students successfully completing the certificate program may then automatically be admitted into Empire State’s *MBA in Health Care Leadership* program.
- **Residency Education:** The College trains 36 Residents per year through the College’s University Eye Center and other affiliated clinical sites, (VAMC, Hospitals, Health Centers, etc.). Optometry residencies are one year in length and residents receive *Certificates of Advanced Competency* upon the successful completion of the program. The number of positions increased from 32 in 2010 to the current 36. We anticipate having 41 training slots by 2020.

**2.2.2 Student Achievement / Success (SAM):** The SAM program targets undergraduate programs thus the College of Optometry is not a participant. The college does however have multiple measures of success including national licensing exam data, graduating student exit surveys and surveys of alumni six years after graduation.

**2.2.3 Graduation Rates/Time to Degree:** Approximately 95% of College of Optometry students complete their Doctor of Optometry degree within a five year period. This is not an area in which significant improvement can be achieved.

**Completion Summary – Future Plans & Investment:** Consistent with its 2013 – 2015 Strategic Plan, the College will substantively contribute to the System-wide Completion goal by -

- Graduating more Doctors of Optometry through the full implementation of the enrollment management plan;
- Achieving enrollment goals (8-10 student per year) in the *Advanced Graduate Certificate in Optometric Business Management*;
- Increasing graduate research enrollments, secondary to expansion of the College’s research programs; and
- Expanding Residency Education Program by 15% through affiliations with external health care entities.

**Completion Summary - Key Performance Measures:**

- The College will increase the number of degrees granted by 30% by 2020.
- The College will increase the number of certificate programs completed by 15% by 2020.

## 2.3 Success

**Overview:** Similarly to “Completion”, we measure most of the variables associated with Success. Importantly, **Applied Learning** in the health professions has always been an integral part of educational program design: 100% of professional degree students participate in a variety patient care settings for well over 2000 hours prior to graduation. All graduate research programs require hands-on research activity as well.

Other examples of some key “Success” measures/programs at Optometry include:

- 95% + 0f those admitted complete their degrees and do it within five years (**Progression**)
- Virtually a 100% employment rate (**Employment**)
- A nearly 0% default rate (**financial literacy**)
- One of the highest performance rates on the national licensing exams in the country. (**Credentials & Learning**)
- International clinical education opportunities (China) and volunteer mission trips to developing countries. (**Multi-cultural**)
- Students provide eye care (under the supervision of licensed practitioners) to a highly racially and ethnically diverse clinical population (**multi-cultural**)
- Hosting a Confucius Institute for Health to encourage Cultural Exchange (**Multi-Cultural**)
- The College collects data on **student engagement** annually through its annual Student Exit Survey.

Student participation in the delivery of **Patient Care (Community Service)**, while being an applied learning strategy, is more critically a central feature of health professions education. The College’s Article 28 patient care unit, the **University Eye Center (UEC)**, is a key strength of the institution and is projected to support 70,000+ patient visits this year in its 42<sup>nd</sup> St. facility. As one of the largest out-patient eye care facilities in the country, the UEC offers an unparalleled array of services including adult and pediatric primary care, contact lens care for cosmetic and medically necessary indications, refractive surgery, ocular imaging services, specialized ocular disease management clinics, low vision rehabilitation, traumatic brain injury (TBI) vision rehabilitation, vision therapy, vision care services for learning disabled children and adults, along with services for children with special needs (multiple handicapped). The UEC opened its new Sports and Performance Vision Center on June 1, 2015. While the infrastructure of the UEC has been adequate, to accommodate increased enrollment and provide an applied learning experience that reflects the future of eye care, the College will need to invest in major renovations to the UEC facility and acquire significant clinical equipment and information technology upgrades over the next several years.

In addition to the UEC, the College of Optometry has an established **network of over 50 external clinical affiliates (see Engagement)**. With the implementation of the Affordable Care Act (ACA) and the NYS DSRIP

program, the College is expanding its collaborations within health care systems in New York and is a participant in several Performing Provider Systems (PPS). The expansion of affiliated sites will 1) increase clinical training opportunities to accommodate increased enrollment, 2) prepare students for an increasingly integrated and team-based health care model, and 3) provide needed eye care services to the NYC community.

The College's commitment to serving the community is strong. Charitable programs include Vision Screenings in NYC schools, community-based institutions/agencies, Homebound Care, provision of Support Groups, an Indigent Patient fund, and community education. Students also volunteer both in New York and through vision care missions to developing countries, while also serving as advocates for health, (Vision Walk, World Vision Day, etc.).

**2.3.1 SUNY Advantage:** The College places substantial emphasis on enhanced curricular and co-curricular opportunities. Examples include the following:

- Applied learning through the College's patient care facility – The University Eye Center.
- Applied learning opportunities available through the college's affiliated clinical care sites which include medical centers, hospitals, community health centers and other practice settings providing students with a rich array of educational opportunities in eye care.
- The 2011 establishment of our Career Development Center, which supports the preparation and transition of graduates into the professional workforce.
- In conjunction with Empire State, the development of an advanced graduate certificate program in optometric business management that can be completed in conjunction with the OD degree. Credits earned in this program may be directly applied toward a MBA in Healthcare Leadership from SUNY Empire that may be earned pre- or post-graduation.
- A National Institutes of Health T-35 training grant supports the research activities of optometry students through summer stipends and direct research support
- A combined OD-MS program that allows optometry students to earn simultaneously both an OD and MS in vision science

**2.3.2 Financial Literacy:** The College's student default rate on federal student loans couldn't be lower than it is currently: approximately 0%. Nonetheless, we recognize that student debt will continue to increase and may negatively impact perceived career options. We have been proactive in putting in place programs to mitigate this and maintain as near as possible our current success in this area. Specific examples include:

- The College fully participates in SUNY Smart Track program for financial literacy.
- The Career Development Center that was described previously provides financial management courses for both personal and professional development.
- The advanced graduate certificate and MBA programs in optometric business management that was described previously
- Clinical externship rotations in private practices located throughout the State, which provide possible postgraduate employment opportunities
- Required coursework that covers business aspects of optometric practice and the health care delivery system
- Elective coursework in personal financial planning for the new optometrist

**Success Summary – Future Plans and Development:** The College intends to maintain its record of excellence in academic and clinical program performance while increasing its educational capacity to accommodate the expanded enrollment. Specific plans related to the System-wide success goal include -

- Investment in the renovation of the University Eye Center and acquisition of new clinical technologies to ensure a) an appropriate applied learning experience for the doctor of optometry degree students; b) increased patient care capacity and quality of care for those served; and c) to provide a platform for the expansion of the clinical research program.
- Investing in the expansion of clinical partnerships (hospitals & health centers) within the health care system of New York and participating as a partner in NYS DSRIP PPS programs;

- Increasing co-curricular opportunities (including programs enhancing financial literacy) offered by the Center for Career Development;
- Expanding of international clinical education opportunities; and
- Enhancing opportunities for student participation in research;

***Success Summary – Key Performance Measures:***

- Renovation and Capital Investment in the University Eye Center
  - Square footage of clinical space renovated
  - Investment in and acquisition of clinical equipment and technology
  - Investment in and acquisition of clinical equipment and technology
  - Number of patients cared for (measure of clinical capacity and student education)
  - Clinical Research Activity (Indirect measure of impact)
- Expanding the number of clinical affiliations and external student rotations into multi-disciplinary, team-based health care settings
- One hundred percent (100%) of students will continue to have applied learning experiences as integral part of their educational program
- Default rate on federal student loans to maintained at 1% or less
- Student participation rates in activities offered by the Center for Career Development
- Student participation in basic, translational and clinical research

## **2.4 Inquiry**

**Overview:** The College of Optometry is a doctoral-research center with basic, translational and clinical research programs associated with healthcare. The SUNY Excel priority of Inquiry and its measures and initiatives are a central part of our mission and one to which the College is strongly linked. The College’s strategic plan establishes ambitious goals for our research program and in particular the growth of the Clinical Vision Research Center, which was formally established during the 2012-13 AY. A comparison of the Excel Performance System Worksheet with the College’s own assessment plan indicates that we are currently collecting virtually all of the measures listed. The College prioritizes continued growth in all areas of research as well as seeking opportunities to development Intellectual Property (IP) and technology transfer. Our outcomes data reflect these priorities and provide guidance in planning.

**Graduate Research:** The College’s PhD and MS programs have undergone significant review and reform in recent years and are highly competitive. In AY 2015, we had 16 PhD students, (up from 8 five-years before) and typically have 8-12 applicants for each open position. We are currently working with Rockefeller University and Weill Cornell Medical College to expand our doctoral program to include collaborative projects in which our students will have opportunities to take courses and carry out parts of their dissertation research at these other two schools and their students at ours. A major goal of this collaboration is to create a multi-institution training program that will be supported by federal funding through the T32 training grant mechanism for doctoral students and post-doctoral trainees.

In recent years our MS program has been focused on granting a combined OD/MS degree to our optometry students as a means of establishing the next generation of clinician-scientists in vision research. We normally have two applicants for each of our MS program slots (6-8 per year depending on advisor/laboratory availability). In AY 2015, we had 24 OD/MS students enrolled over all four years and we expect this number to be stable over the next few years. Growth of these programs depends heavily on the recruitment and retention of active and productive graduate research faculty which is best measured by sponsored program activity.

**2.4.1 Total Sponsored Activity:** The College has a vital and stable research program that is well positioned for continued growth. Over the past five years the College’s total R & D activity has been relatively stable averaging around \$3.5M per year. In 2015, the College held 16 federal, 15 non-federal and 4 foreign grants. Of those were 12 industry grants. These numbers are notable given the size of our faculty, most of whom are clinical care providers. During the past three years, with increasing competition for federal dollars, the College has diversified its research portfolio by moving into clinical research with the realization of the Clinical Vision Research Center (February, 2013). In only 2.5 years, we have significantly expanded industry support and according to

Association of Schools & Colleges of Optometry (ASCO) 2015 data, the College now ranks first nationally among optometry programs in industry-based research grants with just over \$1M in annual awards. The College, is a founding member of the SUNY Eye Institute, and has also been actively participating in the RF Networks of Excellence. Within the SUNY Brain Network of Excellence we partnered on four awards granted last year with a total campus award of \$380,000.

We hope to expand our portfolio of federal and industry grants further in the coming years. Our priorities include:

- Obtain a federal T32 training grant in order to expand our PhD program and to fund additional postdoctoral fellows in our laboratories.
- Secure additional R01 and R21 federal grants by initially providing internal funding of pilot projects through the College's Schnurmacher Institute for Eye Research as well as through funding by the RF Networks of Excellence.
- Hire at least one new full-time researcher faculty member within the next year who is capable of securing external federal funding (We will seek Empire Innovation Funds to attract and recruit a leader in cell and molecular biology of ocular physiology.)
- Expand our portfolio of industry funding for clinical trials within the Clinical Vision Research Center (CVRC).

We will continue to track our research activity through publications, grants awarded, sponsored research funding, and total research expenditures. We will compare our activity to other optometry and other vision research programs in the nation directly and on a per faculty basis. We will track the increase in funding as compared to our prior levels as well as national trends at other institutions.

In 2015-16 we plan are conducting an international search for a research faculty with interest in the cell and molecular biology of ocular physiology and disease. We have requested funding through the SUNY Expanded Investment and Performance Fund, specifically from the Empire Innovation program, to assist in our recruitment efforts.

**2.4.2 Student hands-on research, entrepreneurship, etc.:** A primary goal of our graduate programs is to engage students in original, cutting-edge research to advance vision science, the profession of optometry, and vision care. The graduate programs form the main mechanism for hands-on research for students. Currently, our mechanisms for providing strong emphasis on applied, hands-on learning through research include:

- A National Institutes of Health T-35 training grant that supports the research activities of optometry students through summer stipends and direct research support
- A combined OD-MS program that allows optometry students to earn simultaneously both an OD and MS in vision science
- We have a first-of-its-kind graduate-residency program where a new optometrist may get residency training while pursuing an MS or PhD degree in a related area of translational or clinical research.
- In addition, we are developing an Honors Research program in which dedicated optometry students will have the opportunity to carry out hands-on Research, but will not include the rigorous course load part of the MS program. The focus of this new program will be to expose more of our optometry students to scientific methods, research techniques, and problem solving strategies that will be useful in their future careers as they practice evidence-based medical eye care.

**2.4.3 Scholarship, Discovery and Innovation:** Our campus emphasizes the use of metrics to assess the success of our research programs so as to correct deficits and expand on successful strategies. The Key Metrics (among others) tracked by the College to monitor its progress in this area include:

- Total current sponsored research awards (\$5,506,261)
- Annual Research Expenditures (\$3,222,881 FY 2015)
- Number of peer-reviewed publications (46 in 2014-15 academic year)
- Number of peer-reviewed published abstracts (46 in 2014-15 academic year)

***Inquiry – Future Plans and Development:*** The College has expanded its translational and clinical research capabilities over the last several years resulting more diverse sources of extra-mural funding and partnerships with industry. The College intends to continue its commitment as a research center by expanding its basic science, translational and clinical research programs by -

- Recruiting new basic and clinical research faculty who complement our current strengths in the vision and neurosciences;
- Expanding our portfolio of industry funding for clinical trials;
- Increasing collaboration both internally and externally;
- Expanding extramural funding for the support of graduate students and post-doctoral fellows; and
- Working collaborative with other NYC programs to develop a multi-institutional training program.

### **Inquiry – Key Performance Measures**

- Total sponsored research activity with a projected goal of \$4.25M annually by 2020.
- Number of faculty with extramural research support.
- Number of students and post-docs supported by extramural funding sources.
- Number of publications in peer reviewed journals
- Number of published peer-reviewed abstracts
- Student participation in research projects (research degree & professional degree students)

## **2.5 Engagement**

**Overview:** While the College of Optometry is one of the smaller campuses within the SUNY System its health care mission requires a high level of engagement with the New York City community and beyond.

The College of Optometry may have its greatest impact on the NYC community through its patient care facility, the University Eye Center, and its network of affiliated health care entities. Our students, residents and faculty provide support for approximately 150,000 patient visits per year. Of those, 70,000+ occur within the UEC on 42<sup>nd</sup> St., while the balance is provided at external affiliates (53 total) which include Veteran’s Administration Medical Centers (14), community hospitals (3), military hospitals (5), community health centers (4), referral centers (5), private practices (17) and hospitals abroad (2 - China, India).

Through its professional degree and residency programs, the College is the major educator of eye-care providers in New York State. With 60% of all optometrists in NYS being SUNY graduates, the College’s contribution to the NYS healthcare workforce is significant.

**2.5.1 START-UP New York and beyond:** The SUNY College of Optometry is located in a 298,000 sq. ft. facility located on 42<sup>nd</sup> St. in NYC. There is no space currently available on campus for Start-Up NY although the recent designation of 200,000 sq. ft. in the Farley Post Office building in NYC opens up some limited opportunity for participation. Due to initial program restrictions on the participation of NYC institutions and the distance of currently available space, the College has not developed a campus plan for participation in the program at this time. However, when the opportunity has arisen the College has made its business partners aware of the opportunity and will consider partnerships with other Start-Up NY campuses should business interests that align with Optometry’s mission emerge.

**Partners for Patient Care:** Beyond Start-up New York, the College of Optometry is actively engaged with numerous health care entities in NY and with the ophthalmic industry nationally and internationally. The College has affiliations throughout the NY metropolitan area based upon service contracts and/or educational MOUs through which faculty, residents and/or students provide patient care at these sites. There are a total of 53 affiliations providing over 250 fulltime 3-month clinical rotations (applied learning) for students each year. With the increasing enrollment and the need to provide students with inter-professional clinical care experience the College has invested in and expects the number of these opportunities with the health care systems in NYC to grow over the next several years.

Our commitment extends well beyond NYC and in an effort to increase the supply of optometrists Upstate, the College has also begun to develop affiliations further north. At this time, we have developed clinical training opportunities for our students in Buffalo, Rochester (2), Syracuse (2), New Paltz, and Somers and we are monitoring post-graduate career paths as well.

**Workforce development and entrepreneurship:** Virtually all graduates are employed or working for themselves shortly after graduation. Many will ultimately establish their own practices throughout NYS and employ secretarial, technical and professional personnel. Our graduates also contribute to the economic vitality of the state by providing eye care that mitigates disability and increases worker productivity. Both the professional program and extracurricular activities endeavor to support the development of entrepreneurial skills. Examples include the following:

- Curricular courses in health care management and financial planning
- The Career Development Center programming (described previously)
- Advanced graduate certificate and MBA programs in Healthcare Leadership (described previously)
- Clinical rotations in private optometric practices located throughout New York

**2.5.2 Alumni/Philanthropic Support:** The College successfully concluded a \$10M campaign on October 1, 2014. The Office of Institutional Advancement is now developing plans for the next several years to build on the success of the campaign, to expand our foundation for giving and to organize operations in anticipation of a major gift campaign beginning in 2020 to celebrate the College's 50<sup>th</sup> Anniversary in 2021.

Over the life of the Campaign (2010 – 2014), the level of annual giving increased from \$.9M to \$1.5M. While the campaign was successful and annual giving has increased, the percentage of alumni giving has not (Attachment 2 - Table 18). The Alumni Association of the College is currently a separate 501C(3). To improve communication and coordination with the alumni, the College and the Alumni Association have agreed to undertake a restructuring process that will bring the Alumni Association within the College's affiliated foundation, the Optometric Center of New York (OCNY). With the re-organization, the College will be setting a goal to increase the percentage of alumni giving from 6.1% to 15% by 2020 (100%) and its overall annual support level to \$1.8M (20% increase). We also monitor alumni participation in CME and alumni events.

**2.5.3 Civic Engagement:** Civic (Community) engagement for College of Optometry students is an integral component of the professional degree program (through its UEC and affiliated patient care programs), but it is also encouraged through non-academic programming. In addition to clinical education programs (described previously), students have the opportunity to participate in 20 or more distinct professional student organizations at the College. Serving a variety of interests, leadership in student organizations require students to become more conversant in the contemporary discourse of the day and to lead movements that will impact the profession of optometry and improve the lives of patients. Students are also encouraged to participate as advocates for the development of the profession and patient access to eye care. Various campus-based organizations support these endeavors, and the College has seen an increase in the participation rate over a five-year period.

The College conducts an annual exit survey of graduating students which includes student participation in voluntary community and civic engagement. The College's Career Development Center which serves to coordinate co-curricular programming on campus also monitors activities and participation levels. AY 2015 exit survey respondents reported that 77% participated in professional organizations, 60% provided care for the Special Olympics, 35% provided care internationally by participating in mission trips in developing nations and approximately 55% volunteered their time to provide care to underserved communities in the NYC area.

The College has a history with a strong commitment to public service and this legacy serves to define the College's sense of community and values. In addition to student exit surveys, the College's department of Student Affairs and International Programs has operationalized elements of civic engagement that can be easily collected by student leaders and recorded by college staff members.

**2.5.4 Economic Impact:** Optometry has not made a specific effort to assess its economic impact but plans to do so in the next year or two. For the College of Optometry, the challenge will be to develop models that account for the impact of the care provided to the community. In health care, the economic analysis needs to consider not only the impact of the health care entity (the University Eye Center) and the directly associated activity, but also the change in the productivity of the patient as a member of the society that results from the care provided. As eye care providers serve a significant role in the early diagnosis of systemic disease (e.g. diabetes), in providing patient education and assuring compliance in patients with chronic disease, the health care cost savings may also factor into the equation. The College's role as a partner with the PPS structure of the NYS Medicaid redesign (DSRIP) effort will also need to be considered.

As mentioned previously, essentially all graduates of the Doctor of Optometry program are practicing or employed shortly after graduation. Our alumni surveys (conducted with each class six years after graduation) and national data point to strong employment prospects and incomes for optometrists. Most recently, a survey of those students graduating in 2009, we found 60.5% of respondents reported now working in New York State. Approximately 20% were in a solo or group practice with an equity interest, 40% were independent contractors in optometry or ophthalmology practices, while the balance were employed in hospital, health centers, academic and/or commercial settings.

**Engagement Summary – Future Plans and Development:** Graduates of the College of Optometry will continue to contribute to the economic vitality of New York through entrepreneurial activities that improve the health and productivity of its citizens. Future plans include -

- Expansion of partnerships with external clinical affiliates to increase educational opportunities for our students and expand access to care for the citizens of New York;
- Development and maturation of the new advanced graduate certificate and MBA programs in optometric business management conducted collaboratively with Empire State College;
- Expansion of activities and events sponsored by the Career Development Center, and;
- Re-alignment of the Alumni Association within the College's affiliated foundation (OCNY) to improve messaging and expand alumni engagement and annual giving.

**Engagement Summary – Key Performance Measures:** Alumni surveys, despite their limitations, are probably the best source of data.

- The number of patients cared for by students, residents and faculty.
- Career placement after graduation will continue to be at or about 100%.
- Income of graduates (Anticipated at graduation and six years out)
- Career satisfaction rating six years after graduation
- Economic Impact Analysis will be developed and completed every 5 years
- Percent of Alumni Giving will double by 2020 to at least 15%
- Annual giving to increase 20% to \$1.8M by 2020

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### **Section 3: Conclusion and Expected Impact on your Campus.**

The State University of New York College of Optometry, while being a small highly specialized, doctoral-research campus, plays a vital role within New York State's health care community. As the source of approximately 60% of eye care providers in the State, the College's efforts to increase the number of the highly qualified Doctors of Optometry graduated each year will be critical given changes in population demographics, an increasing demand for vision care and increasing prevalence of systemic diseases with ocular manifestations.

The following is a summary of this Performance Plan's key goals and performance measures. Those measures which most directly align with SUNY Excels' metrics are highlighted by the **red text**.

#### **ACCESS**

**Future Plans & Investment:** To increase access the College of Optometry will continue to devote its energy and resources to -

- Completing the expansion of the doctor of optometry by increasing the entering class size from 75 to 100 (33% increase);
- Increasing the enrollment of underrepresented minorities into the professional degree program;
- Increasing its graduate degree enrollment secondary to expanded research programming; and
- Conduct a study to examine the feasibility and desirability of offering additional degree programs that complement the College's core mission and supports the System-wide Completion goal.

**Key Performance Measures:**

- Have a total enrollment in degree granting programs of 400 or more by 2020
- Have a diverse student body with minorities (all) representing between 40 – 45% of students
- Complete a feasibility analysis examining the potential expansion of degree granting programs at the College

**COMPLETION**

**Future Plans & Investment:** Consistent with its 2013 – 2018 Strategic Plan, the College will substantively contribute to the System-wide Completion goal by -

- Graduating 30% more Doctors of Optometry through the full implementation of the enrollment management plan;
- Achieving enrollment goals (8-10 students per year) in the *Advanced Graduate Certificate in Optometric Business Management* (collaboration with Empire State); and
- Expanding Residency Education Program by 15% through affiliations with external health care entities.

**Key Performance Measures:**

- The College will increase the number of degrees granted by 30% by 2020.
- The College will increase the number of certificate programs completed by 15% by 2020.

**SUCCESS**

**Future Plans and Development:** The College intends to maintain its record of excellence in academic and clinical program performance while increasing its educational capacity to accommodate the expanded enrollment. Specific plans related to the System-wide success goal include -

- Investment in the renovation of the University Eye Center and acquisition of new clinical technologies to ensure a) an appropriate applied learning experience for the doctor of optometry degree students; b) increased patient care capacity and quality of care for those served; and c) to provide a platform for the expansion of the clinical research program;
- Investing in the expansion of clinical partnerships (hospitals & health centers) within the health care system of New York and by participating as a partner in NYS DSRIP PPS programs;
- Increasing co-curricular opportunities (including programs enhancing financial literacy) offered by the Center for Career Development;
- Expanding international clinical education opportunities; and
- Enhancing opportunities for student participation in research;

**Key Performance Measures:**

- Renovation and Capital Investment in the University Eye Center
  - Sq. Ft. Project Completion
  - Investment in and acquisition of clinical equipment and technology
  - Number of patients cared for (measure of clinical capacity and student education)
  - Clinical Research Activity (Indirect measure of impact)
- Expanding the number of clinical affiliations and external student rotations into multi-disciplinary, team-based health care settings
- One hundred percent (100%) of students will continue to have applied learning experiences as integral part of their educational program
- Default rate on federal student loans to be maintained at 1% or less
- Student participation in activities offered by the Center for Career Development
- Student participation in basic, translational and clinical research

**INQUIRY**

**Future Plans and Development:** The College has expanded its translational and clinical research

capabilities over the last several years resulting in more diverse sources of extra-mural funding and partnerships with industry. The College intends to continue its commitment as a research center by expanding its basic science, translational and clinical research programs by -

- Recruiting new basic and clinical research faculty who complement our current strengths in the vision and neurosciences;
- Expanding our portfolio of industry funding for clinical trials;
- Increasing collaboration both internally and externally;
- Expanding extramural funding for the support of graduate students and post-doctoral fellows; and
- Working collaboratively with other NYC programs to develop a multi-institutional training program.

#### **Key Performance Measures**

- Total sponsored research activity with a projected goal of \$4.25M annually by 2020.
- Number of faculty with extramural research support.
- Number of students and post-docs supported by extramural funding sources.
- Number of publications in peer reviewed journals
- Number of peer-reviewed published abstracts
- Student participation in research projects (research degree and professional degree students)

#### **ENGAGEMENT**

**Future Plans and Development:** Graduates of the College of Optometry will continue to contribute to the economic vitality of New York through entrepreneurial activities that improve the health and productivity of its citizens. Future plans include -

- Expansion of partnerships with external clinical affiliates to increase educational opportunities for our students and expand access to care for the citizens of New York;
- Development and maturation of its new advanced graduate certificate and MBA programs in optometric business management conducted in partnership with Empire State College;
- Expansion of activities and events sponsored by the Career Development Center; and
- Re-alignment of the Alumni Association within the College's affiliated foundation (OCNY) to improve messaging and expand alumni annual giving.

**Key Performance Measures:** Alumni surveys, despite their limitations, are probably the best source of data.

- The number of patients cared for by students, residents and faculty (UEC & clinical affiliates)
- The number and educational capacity of external clinical affiliates
- Career placement after graduation will continue to be at or about 100%.
- Income of graduates (Anticipated at graduation and six years out)
- Career satisfaction rating six years after graduation
- Economic Impact Analysis will be developed and completed every 5 years
- Percent of Alumni Giving will double by 2020 to at least 12.2%
- Annual giving to increase 20% to \$1.8M by 2020

**Summary - Impact:** The College's *Strategic Plan 2013 – 2018: A Legacy of Leadership* is in strong alignment with the Power of SUNY 2020 and SUNY Excels as evidenced in this College of Optometry Performance Improvement Plan (PIP). The implementation of the College's Enrollment Management Plan, in particular, is directly contributing to the University's Access and Completion goals through a 30% expansion in the number of graduates. Perhaps most critically, the successful implementation of the plan will insure the State of New York will have a highly qualified eye care workforce into the foreseeable future.

The College's PIP and the associated three proposals now being submitted for Phase 2 consideration by the SUNY Expanded and Investment Fund identifies clear goals and key metrics, along with critical investment strategies. Through a targeted and strategic investment in our educational, research and service (patient care) missions, the SUNY College of Optometry will maintain its leadership position in optometry and vision science while expanding its positive impact on health and the quality of life for the people of New York State.

Appendices:

1. SUNY College of Optometry Strategic Plan 2013 – 2018: *A Legacy of Leadership*
2. SUNY College of Optometry Institutional Assessment Plan

**Assessment Plan**  
***SUNY College of Optometry***

**Overview**

Planning and assessment are woven into the fabric of College operations. On a five-year cycle, the entire College community participates in a year-long strategic planning process that culminates in a faculty retreat and published five-year strategic plan. Day-to-day College operations are driven by the mission, goals and objectives included in this plan.

Various assessment strategies are used to track implementation of the strategic plan and monitor College operations. The primary motivation is to identify, obtain, analyze and utilize outcomes data for meaningful programmatic improvement. When available and appropriate, national data serve as benchmarks for assessing performance. Key performance indicators are widely distributed and generally published on the College's webpage. Analysis of data may lead to corrective actions when they are not consistent with expected outcomes.

College assessment processes are designed to meet or exceed accreditation standards published by the Middle States Commission on Higher Education (MSCHE) and Accreditation Council on Optometric Education (ACOE) and to conform to the policies of the State University of New York. Institutional operations and student learning in each of College's educational programs are assessed through multiple mechanisms.

**Office of Institutional Research and Planning**

Planning and assessment are coordinated by the director of institutional planning and research, who reports directly to the College president. The Committee on Institutional Research and Planning provides counsel and support to the director and president on matters related to planning and assessment by

- assisting in the design of an institutional assessment program linked to the College's strategic plan
- reviewing institutional outcomes data and advising the administration on action steps to achieve the College's strategic goals
- recommending methods for communicating the results of institutional research and outcomes assessment to the broader College community
- actively consulting with the College administration on the allocation of resources in support of the College's strategic priorities

The committee, which is chaired and staffed by the director of institutional planning and research, consists of 8 members (in addition to the director). All nominations are subject to review and appointment by the president, and appointments are for 1-year terms (renewable). The composition of the committee is as follows:

- 4 faculty members
  - 1 nominated by each of the 2 academic departments
  - 1 nominated by Research Council
  - 1 UEC faculty member nominated by Clinic Council
- 1 student member nominated by Student Council (the student must be in good academic standing).
- 3 members of the College's staff as appointed by the president

### Institutional Assessment (MSCHE Standard 7)

Institutional assessment is ongoing and may be conceptualized as a cyclical process that starts with the establishment of strategic goals and outcomes measures for these goals. Institutional key performance indicators are assembled by the Office of Institutional Research and Planning, generally published on the College's website ([http://www.sunyopt.edu/offices/institutional\\_research](http://www.sunyopt.edu/offices/institutional_research)) and updated annually. These and other data are utilized by the College vice presidents to analyze progress in their respective areas. The analyses are presented to the Committee on Institutional Research and Planning and senior management team at Annual Implementation Meetings (AIM) and published on the College's website. When analyses reveal shortcomings in attaining institutional goals, corrective actions are initiated by the appropriate administrative unit. The following diagram summarizes the planning and assessment cycle:



### Mission, Goals and Objectives

College operations derive from its mission, goals and objectives. These are

- reviewed (mission) and formulated (goals and objectives) every 5 years during a year-long process that includes the entire College community and culminates in a published five-year strategic plan
- modified as necessary
- aligned with the SUNY strategic plan
- the basis for annual institutional goals established for each administrative area
- used to establish outcome measures

### Assessment by Functional Unit

The College is organized into the following five functional units:

- Academic Affairs
- Finance and Administration
- Institutional Advancement
- Student Affairs

- University Eye Center (UEC)

Each unit is led by a vice president who is responsible for the implementation of the College's mission, goals and objectives in his/her area. The five vice presidents and president constitute the College's senior management team. This team, along with the director of institutional research and planning, director of communications and director of human resources, form President's Council.

The assessment processes employed by each functional unit are similar and consist of the following elements:

- Data Collection
  - Key performance indicators are established for each unit.<sup>1</sup> These are:
    - quantitative measures of College performance in key areas
    - provided to the Office of Institutional Research and Planning on an annual basis
    - intended to provide a longitudinal assessment of progress in meeting the College's mission and goals
    - generally published on the College's website as graphs and charts  
[http://www.sunyopt.edu/offices/institutional\\_research/factbook](http://www.sunyopt.edu/offices/institutional_research/factbook)
    - widely disseminated, particularly to individuals and administrative units that can shape relevant policies
    - when available and appropriate, compared to national data, which serve as benchmarks for assessing performance
  - Results of exit and alumni surveys (provided by the Office of Institutional Research and Planning)
  - Additional quantitative and qualitative outcome measures that the unit believes will be useful (referred to as unit data)
    - Unit data are collected on an annual basis and made available to the IRPC and President's Council as needed
    - Unit data are listed in *Appendix A*
- Structured Analysis
  - Key performance indicators and other information (both quantitative and qualitative) are analyzed by each of the five functional units relative to the strategic plan
- Closing the Loop
  - When a substantive lack of progress in reaching a strategic goal is indicated, potential solutions are formulated and implemented

### **Functional Units**

- ***Academic Affairs***
  - Key performance indicators<sup>2</sup>
    - Faculty
      - headcount by department and service\*
      - professional and graduate degrees\*
      - adjunct qualifications\*
      - faculty employment status\*

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<sup>1</sup> Key performance indicators are subject to change based on their utility in assessing performance.

<sup>2</sup> Not included here are key performance indicators for student learning; these are listed under individual programs in the *Assessment of Student Learning* section of the assessment plan.

\* Performance indicators denoted with an asterisk are currently published on the College's website in *FactBook*.

- faculty salary benchmarking\*
  - Library
    - searches conducted\*
    - circulation statistics\*
    - interlibrary activities and document delivery\*
    - library expenditures by year\*
    - patron assistance\*
  - Research
    - grant income\*
    - number of grants\*
    - number of publications\*
    - number of patients recruited for ongoing clinical research projects from UEC clinics and elsewhere\*
  - Structured Analysis and Closing the Loop
    - The administrative units and offices within Academic Affairs that are responsible for (1) analyzing outcomes data to determine if progress on strategic goals is satisfactory and (2) formulating and implementing policy are
      - Dean's Council
      - Clinical Education Council
      - Research Council
      - Associate Dean for Graduate Studies and Research
- **Finance and Administration**
  - Key Performance Indicators
    - annual operating budget\*
    - fund balances\*
    - revenues from state, tuition, patient care, research grants, facilities use agreements and continuing education\*
    - infrastructure projects/improvements to include status and value\*
    - program space improvements with status and value\*
    - expenditures for equipment
    - expenditures for repair and maintenance
  - Structured Analysis and Closing the Loop
    - The administrative units within Finance and Administration that are responsible for (1) analyzing outcomes data to determine if progress on strategic goals is satisfactory and (2) formulating and implementing policy are the offices of
      - Business Affairs
      - Personnel and Payroll
      - Facilities Operations and Capital Projects
      - University Police
      - Environmental Health and Safety
      - Information Technology
      - Internal Control and Institutional Services
      - Grant Administration
- **Institutional Advancement**
  - Key Performance Indicators
    - fundraising by year\*

- major gifts campaign (*The Vision & The Promise* campaign)\*
    - alumni giving by source (alumni, industry, grants, BOT)\*
    - alumni giving (number and percentage)\*
    - faculty and staff giving\*
  - Structured Analysis and Closing the Loop
    - The administrative units within Institutional Advancement that are responsible for (1) analyzing outcomes data to determine if progress on strategic goals is satisfactory and (2) formulating and implementing policy are the offices of the
      - Associate Director of Alumni Affairs
      - Associate Director of Annual Fund
      - Associate Director of Development
- **Student Affairs**
  - Key Performance Indicators
    - Admissions and Enrollment
      - inquiries, applications, admissions and enrollment by year\*
      - entering GPA and science GPA\*
      - entering GPAs by school per year\*
      - entering OAT TS by school per year\*
      - geographical distribution of entering students\*
      - percent admitted by school per year\*
      - under-represented minorities\*
      - yield by school per year\*
      - first-year enrollment by ethnic-racial category\*
      - historic enrollment\*
      - attrition rate\*
      - applicant/enrollment profiles of students who graduate from Upstate colleges and originate from Upstate\*
      - number of applicants to CSTEP program and annual trend of CSTEP participants who apply to the professional OD program
    - Graduate Admissions and Enrollment
      - applicants, acceptances and enrolled (OD-MS Program)\*
      - applications, acceptances and enrolled (PhD Program) \*
      - first-year and total OD-MS enrollment by year\*
      - first-year and total PhD enrollment by year\*
    - Residency Program Admissions and Enrollment
      - programs, applications, positions and filled\*
    - Student Expenses and Financial Aid
      - direct expenses for in-state students\*
      - direct expenses for out-of-state students\*
      - total costs for in-state students\*
      - total costs for out-of-state students\*
      - percent of students receiving aid per year\*
      - indebtedness by school per year\*
      - categories of student financial aid\*
    - Student Services
      - number of student members in clubs and organizations\*
      - number of student service hours\*

- number of activities organized by Student Affairs, clubs and organizations\*
- number of students who serve on international mission trips\*
- number of career sessions/workshops per year\*
- number of attendees at annual career symposium\*
- number of student and resident participants in *Family of Mentors* pilot project\*
- number of programs with CSTEP, the IDEA initiative and other diversity programs\*
- number of students who receive career, admissions, academic, financial aid and support counseling and tutoring and mentoring services
- Structured Analysis and Closing the Loop
  - The administrative units within Student Affairs that are responsible for (1) analyzing outcomes data to determine if progress on strategic goals is satisfactory and (2) formulating and implementing policy are the offices of the
    - Registrar
    - Director of Financial Aid
    - Director of Admissions and Marketing
    - Director of Career Development and Minority Enrichment
- **University Eye Center**
  - Key Performance Indicators
    - charitable care\*
    - new referring provider\*
    - payor mix\*
    - public service by year\*
    - number of screenings/educational seminars per month\*
    - referral center encounters by year\*
    - total, new and established patient encounters by year\*
    - total revenues by year\*
    - new UEC patients by year\*
    - patient visits by service by year\*
    - provider participation in MCPs\*
    - revenues by service\*
    - number of website hits per month
    - waiting times for service units
    - number of new patients from marketing campaigns
    - number of completed patient surveys and results as they related to patient satisfaction
    - number of pediatric patients (when mandatory pediatric benefit begins)
    - PRQS data
    - flagged records from QA Committee regarding evidence-based care
    - number of patients recruited for ongoing CVRC clinical research projects from UEC clinics\*
    - number of group managed care and individual provider plans in which the UEC participates\*
    - number of faculty members who have attained fellowship, diplomate or board certification status\*
    - number of peer-reviewed articles and presentations by clinical faculty members\*
    - number of faculty and staff who attend professional development programs
  - Structured Analysis and Closing the Loop

- The administrative units within the University Eye Center Academic Affairs that are responsible for (1) analyzing outcomes data to determine if progress on strategic goals is satisfactory and (2) formulating and implementing policy are
  - Clinic Council
  - Offices of the Service Chiefs
  - Office of the Chief of Staff/Director of Professional Services
  - Office of the Chief Operating Officer

### **Assessment at the Institutional Level**

In addition to assessment at the unit level, assessment occurs at the institutional level. The key performance indicators listed previously as well as other relevant quantitative and qualitative information are employed in this process. The goals of institutional level assessment are to (1) analyze outcomes to determine if progress on institutional strategic goals is satisfactory and (2) formulate and implement policy when the analysis reveals a substantive lack of progress in meeting institutional strategic goals. The mechanisms employed in this process and closing of the loop include:

- Dissemination of analyses and opportunity for feedback
- Discussions at meetings of President's Council and Round Table
- Annual Implementation Meetings (AIM) in which each vice president presents a data-driven analysis to the Committee on Institutional Research and Planning and senior management team that addresses progress on the strategic plan in the vice president's area of responsibility. These reports are published on the College's website ([http://www.sunyopt.edu/offices/institutional\\_research/annual\\_implementation\\_meetings](http://www.sunyopt.edu/offices/institutional_research/annual_implementation_meetings))
- Annual presidential evaluations of progress in each vice president's area of responsibility
- Establishment by the president and each unit vice-president of annual goals for the unit that are derivative of institutional strategic goals. These annual institutional goals
  - reorient each unit with the College's strategic goals
  - provide an opportunity to utilize assessment results and analyses to develop and implement policies to ensure that strategic goals are met
  - are published on the College's website ([http://www.sunyopt.edu/offices/institutional\\_research/annual\\_institutional\\_goals](http://www.sunyopt.edu/offices/institutional_research/annual_institutional_goals))
- Linkage to Resource Allocation
  - Resource allocation is driven by the College's mission, goals and objectives. When submitting annual budget requests, vice-presidents are required to justify each request by linking it to a specific component of the strategic plan.

### **Assessment of Student Learning (MSCHE Standard 14)**

#### **Doctor of Optometry (OD) Program**

##### **Curricular Learning Objectives**

Curricular learning objectives for the OD program are aligned with College's mission and relevant institutional goals and objectives. They are defined and published in *Competencies and Attributes for Optometrists Graduating from SUNY College of Optometry*. This document

- states entry level competencies and attributes
- is published on the College's website
- is periodically reviewed by Clinical Education Council and Dean's Council
- serves as the basis for course learning objectives

- serves as basis for clinical learning objectives that are developed by Clinical Education Council and published in the *Table of Intern Clinical Competencies*

#### Student Learning at the Course and Clinic Level

Student learning with respect to course and clinic learning objectives is assessed with multiple mechanisms, including

- Course level
  - written examinations
  - pre-clinical practical examinations
  - papers, oral presentations and class participation
  - student course surveys
- Clinical patient care level
  - evaluations by clinical instructors who supervise the student
  - evaluation by 3<sup>rd</sup> year Clinical Instructor of Record
  - evaluation by 4<sup>th</sup> year Clinical Instructor of Record
  - evaluation by Clinical Education Council

#### Student Learning at the Program Level

Assessment of student learning at the program level occurs through multiple mechanisms including

- key performance Indicators
  - performance on national licensing examination (NBEO)\*
    - Part 1: Applied Basic Science
    - Part 2: Patient Assessment and Management
    - Part 3: Clinical Skills
  - percentage of graduates who intend to enter a residency program\*
  - percentage of graduates who enter graduate training (other than a residency)
  - number of students who complete alternative OD educational tracts, including accelerated programs\*
  - number of students who complete graduate certificate program in optometry business management or MBA program\*
  - number of international programs/courses, including 4<sup>th</sup> year rotations and the number of participants in these\*
  - number of patients seen by each student for whom interdisciplinary team-based care was provided
  - number of OD students and residents participating in funded clinical research projects
  - number of publications by OD students and residents in peer-reviewed journals
  - number of presentations by OD students and residents at AAO and ARVO meetings\*
- other sources of information
  - quantity and quality of each student's patient-care experiences for each educational assignment
  - case-based, third-year integration examination to assess student integration of didactic curriculum learning objectives with case-based scenarios
  - annual exit surveys
  - annual alumni surveys
  - Curriculum Committee assessments
  - regular Curriculum Track Discussion Meetings led by the vice president for academic affairs and open to all faculty members

- unit data (see Appendix A)

#### Closing the Loop

Data collected for the OD program are analyzed to determine if students are meeting the program's educational learning objectives. When data suggest substantive shortcomings, potential solutions are formulated and implemented. While the analysis and formulation of potential solutions may be initiated at various administrative levels related to the OD program, the forums/offices best suited for analysis, planning and implementation are:

- Curriculum Track meetings
- Curriculum Committee
- Dean's Council
- Clinical Education Council
- Department Chairs

#### External Review

The OD program undergoes external evaluation by the Accreditation Council on Optometric Education (ACOE), which is recognized by both the US Department of Education and Council on Higher Education Accreditation, on an approximately 8-year cycle. The eight accreditation standards evaluated by the ACOE are

- Mission, Goals and Objectives
- Curriculum
- Research and Scholarly Activity
- Governance, Regional Accreditation, Administration and Finance
- Faculty
- Students
- Facilities, Equipment and Resources
- Clinic Management and Patient Care Policies

A complete list of the ACOE accreditation standards and sub-standards may be found in the *Accreditation Manual: Professional Optometric Degree Programs* at [http://www.aoa.org/documents/OD\\_Manual\\_01\\_2011.pdf](http://www.aoa.org/documents/OD_Manual_01_2011.pdf).

#### ***Combined OD-MS Program (Vision Science)***

##### Curricular Learning Objectives

Curricular learning objectives for the combined OD-MS program are

- aligned with College mission and relevant strategic plan goals/objectives
- published on the College's website
- reviewed regularly by Dean's Council, the associate dean for graduate studies and research and the graduate faculty Committee on Graduate Programs, Policy, Admissions and Standing
- the basis for learning objectives that are established for each course

##### Student Learning at the Course Level

Student learning at the course level is assessed through multiple mechanisms, including

- written examinations
- assigned papers
- oral presentations at seminar courses
- class participation in seminar courses

- graduate advisor's assessment of student progress
- thesis committee's review of required research paper

#### Student Learning at the Program Level

Assessment of student learning at the program level occurs through multiple mechanisms, including

- key performance indicators
  - current positions held by graduates\*
  - place of employment of graduates\*
  - work effort of graduates\*
- Other sources of information
  - review of MS thesis papers by thesis examination committee
  - annual compilation and review of published papers and abstracts by the associate dean for graduate studies and research and graduate faculty
  - assessments by Committee on Graduate Program, Policy, Admissions, and Standing
  - exit and alumni surveys

#### Closing the Loop

Data collected for the combined OD-MS program are analyzed to determine if students are meeting its educational learning objectives. When data suggest substantive shortcomings, potential solutions are formulated and implemented. While the analysis and formulation of potential solutions may be initiated at various administrative levels related to the combined OD-MS program, the forums/offices best suited for analysis, planning and implementation are:

- Committee on Graduate Program, Policy, Admissions, and Standing
- Dean's Council
- Associate Dean for Graduate Studies and Research

#### External Review

External reviews are performed as needed and in accordance with SUNY policy

#### ***PhD Program (Vision Science)***

##### Curricular Learning Objectives

Curricular learning objectives for the PhD program are

- aligned with College mission and relevant strategic plan goals/objectives
- published on the College's website
- reviewed regularly
- the basis for the learning objectives that are established for each course

#### Student Learning at the Course Level

Student learning at the course level is assessed through multiple mechanisms, including

- written course examinations
- assigned papers
- oral presentations at seminar courses
- class participation in seminar courses
- faculty review of performance in research laboratories
- annual oral research presentations to faculty
- graduate advisors' assessments of student progress
- specialty examinations

- dissertation committees' reviews of research proposals
- public PhD defenses
- dissertation committees' reviews of required research paper

#### Student Learning at the Program Level

Assessment of student learning at the program level occurs through multiple mechanisms and data sources, including

- key performance indicators
  - current positions held by graduates\*
  - place of employment of graduates\*
  - work effort of graduates\*
  - number of external students who enroll in SUNY Optometry graduate courses
  - external support for graduate and post-graduate research training programs, including ODs enrolled in PhD program
  - average time to completion for ODs and others enrolled in PhD program\*
- other sources of information
  - review of PhD thesis and papers by the thesis examination committee with oversight by the graduate faculty Committee on Graduate Program, Policy, Admissions and Standing
  - annual compilation and review of published papers and abstracts by the associate dean for graduate studies and research
  - assessments by Committee on Graduate Program, Policy, Admissions, and Standing
  - exit and alumni surveys

#### Closing the Loop

Data collected for the PhD program are analyzed to determine if students are meeting its educational leaning objectives. When data suggest substantive shortcomings, potential solutions are formulated and implemented. While the analysis and formulation of potential solutions may be initiated at various administrative levels related to the PhD program, the forums/offices best suited for analysis, planning and implementation are:

- Committee on Graduate Program, Policy, Admissions, and Standing
- Dean's Council
- Office of the Associate Dean for Graduate Studies and Research

#### External Review

External reviews are performed as needed and in accordance with SUNY policy

#### ***Residency Programs (Post-Doctoral Clinical Education)***

##### Curricular Learning Objectives

Curricular learning objectives for each residency program are

- aligned with College mission and relevant strategic plan goals/objectives
- published on the College's website
- reviewed regularly

#### Student Learning at the Program Level

Assessment of student learning at the program level occurs through multiple mechanisms and data sources, including

- key performance indicators
  - number of applicants for each residency program\*

- qualifications and diversity of entering residents\*
- other sources of information
  - evaluations by clinic supervisors
  - quantity and quality of each resident’s patient-care experiences
  - program evaluations completed by residents
  - review of oral presentations
  - review of research papers
  - annual exit survey
  - alumni surveys
- unit data (see Appendix A)

Closing the Loop

Data collected for each residency program are analyzed to determine if residents are meeting its educational learning objectives. When data suggest substantive shortcomings, potential solutions are formulated and implemented. While the analysis and formulation of potential solutions may be initiated at various administrative levels related to the residency program, the offices best suited for analysis, planning and implementation are the:

- Individual Residency Supervisors
- Director of Residency programs

External Review

Each residency program undergoes external evaluation by the Accreditation Council on Optometric Education (ACOE), which is recognized by both the US Department of Education and Council on Higher Education Accreditation, on an approximately 8-year cycle. The 6 standards evaluated by the ACOE are

- Mission, Goals, Objectives, Outcomes, and Program Improvement
- Curriculum
- Administration
- Faculty
- Residents
- Resources and Facilities

A complete list of the ACOE residency program accreditation standards and sub-standards may be found in the *Accreditation Manual: Optometric Residency Programs* at [http://www.aoa.org/documents/Residency\\_Manual\\_04\\_2012.pdf](http://www.aoa.org/documents/Residency_Manual_04_2012.pdf)

The following table lists the College’s residency programs and the month and year of the most recent ACOE accreditation visit:

<b>Residency Program</b>	<b>Most Recent ACOE Accreditation Visit</b>
West Point	May, 2007
Hudson Valley Veterans Administration	June, 2007
East New York Diagnostic and Treatment Center	May, 2008
Ocular Disease	May, 2008
Primary Care	April, 2009
Vision Therapy & Rehabilitation	March, 2010
Low Vision	November, 2010

Harbor Health Veterans Administration	January, 2011
New Jersey Veterans Administration	May, 2011
Pediatric Optometry	April, 2012
Vision Rehabilitation/ABI	April, 2012
Northport Veterans Administration	October, 2012
Cornea/Contact Lens	June, 2006
Bronx-Lebanon	May, 2012
Fromers Eye Centers	pending

### ***Continuing Professional Education for Practicing Optometrists***

#### Program Goals

The program goals for the continuing professional education program are

- aligned with College mission and relevant strategic plan goals/objectives
- published on the College's website
- reviewed regularly
- the basis for the learning objectives that are established for each continuing education course

#### Student Learning

Assessment of student learning occurs through multiple mechanisms and data sources, including

- key performance indicator published on College's website
  - Envision attendance\*
  - total number of CME units delivered (program hours multiplied by number of attendees)\*
  - number of continuing professional education webinars\*
- other sources of information
  - completion of written examinations (certain courses)
  - surveys completed by course attendees
  - observation of courses by the director of continuing professional education
- unit data (see Appendix A)

#### Closing the Loop

Data collected for each continuing education course are analyzed to determine if it is meeting its educational learning objectives. When data suggest substantive shortcomings, potential solutions are formulated and implemented through the Office of Continuing Professional Education.

#### External Review

All continuing professional education courses are submitted for approval to the Council on Optometric Practitioner Education (COPE), a national clearing house for optometric continuing education.

### **Assessment of the College's Assessment Process**

The College's assessment program is effective to the extent that the following three conditions are met:

- outcomes data are identified, routinely collected and made available to appropriate individuals and governing councils
- data are analyzed with respect to College's strategic plan
- when data suggest substantive shortcomings
  - potential solutions are formulated and effective corrective actions are implemented and/or
  - strategic priorities are reassessed

The Committee on Institutional Research and Planning and President's Council monitor the effectiveness of the College's assessment process. As part of the College's strategic planning process, extant outcome measures are reviewed with the goal of ensuring that relevant and actionable data are employed to assess the new strategic plan. Outcome measures for the new strategic plan are developed during the strategic planning process taking into account the effectiveness of extant measures in leading to programmatic improvement.

## **Appendix A**

### **Unit Data**

Unit data are collected on an annual basis and made available to the IRPC and President's Council as needed. These data, along with key performance indicators and other outcome measures, are employed at both the unit and institutional level to assess progress relative to the strategic plan.

#### ***Institutional Assessment (MSCHE Standard 7)***

##### **Academic Affairs**

- Faculty
  - profile of newly hired faculty members to include
    - academic degrees
    - academic institution from which terminal degree was earned
    - peer-reviewed publications and abstracts
    - continuing education courses given
    - clinical and/or research experience
    - funding for research
- Research
  - income from individual grants
  - number of unfunded and funded inter-institutional collaborative projects
  - analysis of publications by impact factor
  - number of speaking invitations received by faculty, post-docs and graduate students
  - extent of faculty service on federal grant study sections, foundation scientific advisory councils and journal editorial boards

##### **Institutional Advancement**

- funds raised to support research efforts

##### **Student Affairs**

- Admissions and Enrollment
  - leadership potential/skills of incoming class members
  - open house attendance and satisfaction of visiting students
- Graduate Admissions and Enrollment
  - number of ODs who apply for, enter and graduate from the PhD program
- Student Services
  - quality of activities organized by Student Affairs, clubs and organizations
  - student satisfaction with ease of obtaining and maintaining satisfactory housing
  - number of activities and events that attract industry support, including support of CDC
  - collaborative initiatives with NYSOA
  - number of programs executed for minority groups including racially/ethnically underrepresented, international, first-generation college, LGBT and male students
  - satisfaction of minority students
  - number, quality, and impact of activities implemented by Student Affairs departments, clubs, and organizations, as measured by student outcomes rubrics, student satisfaction surveys, and structured focus groups

- educational impact upon attendees of the annual career symposium, as measured by student outcomes rubrics, student satisfaction surveys, and structured focus groups

#### **University Eye Center**

- total, new and established patient encounters by month
- revenues generated by advanced technologies
- number of calls coming through Call Center's ACD system
- number of patients for whom emails are on file
- number of faculty members who have completed an annual review
- number of positions filled internally and through national searches
- financial analysis of residency programs
- number of referrals between services

#### ***Assessment of Student Learning (MSCHE Standard 14)***

##### **OD Program**

- number of affiliated facilities offering interdisciplinary team-based care and number of students rotating through these facilities
- number of college colloquia that feature examples of evidence-based practice

##### **Residency Program**

- number of graduate degree-residency programs made available and enrollment in these programs

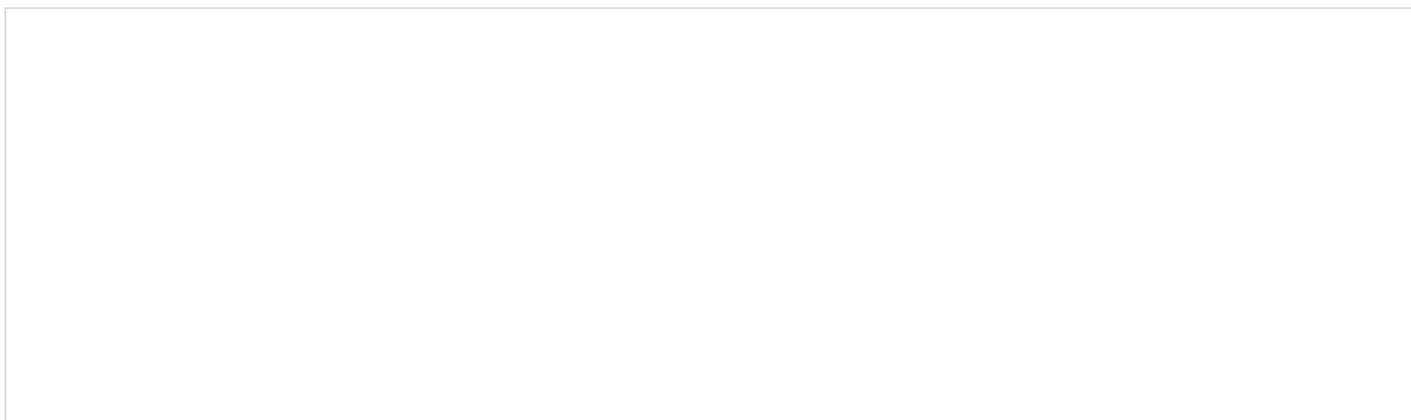
##### **Continuing Professional Education for Practicing Optometrists**

- number of participants in webinars

07/09/13

## Appendix 5.7

## Institutional Research and Planning Homepage



<a href="#">Advisory Committee</a>
<a href="#">Factbook</a>
<a href="#">Assessment Plan</a>
<a href="#">IPEDS Reports</a>
<a href="#">Annual Institutional Goals</a>
<a href="#">Annual Implementation Meetings (AIMs) Reports</a>
<a href="#">Surveys</a>
<a href="#">Accreditation</a>
<a href="#">State of the College Addresses</a>

# INSTITUTIONAL RESEARCH

[Home](#) / [Offices](#) / [Institutional Research](#)

The Office of Institutional Research and Planning supports institutional decision-making and planning through the collection and analysis of data.

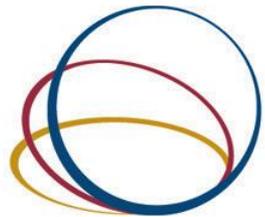
## Specific Activities

- Produces [Factbook](#), a compendium of College key indicators
- Oversees the reporting of data to external agencies
- Serves as the College liaison to regional and professional accrediting bodies
- Oversees institutional accreditation processes
- Facilitates the strategic planning process
- Monitors the implementation of the College's strategic plan
- Facilitates the administration of alumni, faculty and student surveys
- Conducts and oversees ad hoc studies that use data to inform issues of institutional importance

# Academic Affairs

## Strategic Plan Considerations

December 8, 2015



STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY

# 1. Deliver a customizable professional degree program that ensures active integrated learning while preparing students for problem-oriented patient care:

- Provide opportunities for incoming students to place out of certain basic science courses and participate in alternative educational tracks, including independent study and research.
- Develop accelerated- or advanced standing OD programs for scientists and internationally trained physicians and optometrists.
- Implement the advanced graduate certificate program in optometry business management leading to an MBA program.
- Align pre-clinical and clinical training with current and future trends in optometric practice.
- Ensure the curriculum effectively integrates basic and clinical sciences and teaches critical thinking and the principles of evidence-based practice.
- Explore and implement technologies that support and enhance the effectiveness and efficiency of the delivery of course materials.
- Develop the library's electronic resources and make them readily accessible to students, clinicians, scientists and alumni.

## 2. Deliver competency-based clinical training that is founded upon evidence-based practice and anticipates future practice trends:

- Redefine core clinical competencies and expected clinical experiences and use these to develop clinical schedules and individualized student portfolios that will allow every student to achieve each of the competencies while offering opportunities for developing special interests.
- Increase the emphasis on evidence based medicine, particularly in Integrative Seminar.
- Highlight research colloquia for students and faculty that feature both internal and external speakers with emphasis on translational and clinical topics relating to evidence-based practice.
- Place greater emphasis on inter-professionalism, providing additional opportunities for faculty, students and residents to improve skills in providing interdisciplinary, team based patient care and use of auxiliary personnel.
- Increase opportunities for fourth-year rotations, including more upstate and international rotations.
- Increase the ability of students to assess and use new technologies.
- Provide innovative and cost-effective residency programs, including combined graduate degree/residency programs and opportunities for involvement with clinical research.
- Expand and diversify Continuing Professional Education programs, including synchronous and asynchronous online webinars.
- Provide Continuing Professional Education programs in countries other than the United States.

### 3. Enhance the College's intellectual impact by developing new areas of research that are synergistic with the College's existing research and clinical strengths and provide opportunities for collaborations and translational projects:

- Recruit new research faculty members whose interests are synergistic with the College's existing research and clinical strengths<sup>1</sup>.
- Establish new research collaborations specifically through the SUNY Eye Institute and the New York City vision science community that lead to additional funded research and opportunities to attract and cross train high-quality graduate students.
- Offer credit-bearing graduate courses in vision science that attract students who are studying eye/vision-related issues in other disciplines at SUNY and/or New York City institutions.
- Explore and develop alternative funding strategies to expand research programs, including fundraising, foundations and industry grants.
- Obtain extramural (e.g., T32) funding to support doctoral students and post-doctoral fellows.
- Create a regular internal review and evaluation process for intramural awards that fund pilot projects to develop funding opportunities for collaborative translational research or research training.
- Increase faculty interactions and collegiality through implementation of faculty SIGs.

<sup>1</sup>Areas of identified need in research (basic science, clinical or translational) include optics, epidemiology/statistics, computer assisted visual aids, ocular physiology/pharmacology (including molecular biology and genetics) and extrastriate cortex.

## 4. Strengthen and expand programs that train clinician scientists:

- Heighten optometry students' awareness of
  - Career opportunities in research;
  - The importance of research for the profession and the value that the College places on research; and
  - Funding mechanisms that are available to support research training.
- Review all graduate programs using experienced external advisors and develop and implement recommendations for improvements.
- Redesign the OD-MS program to provide the necessary training, skills and career development support to increase the number of graduates obtaining research positions in academia or industry or continuing on to a PhD program.
- Establish combined graduate degree/Residency programs.
- Develop a track that allows OD-MS students and qualified optometrists to receive a PhD in as little as three years.
- Obtain an institutional "K" award to support optometrists who enroll in the PhD program.

# Goals and Priorities for 2015-16

- College Wide
  - ***MSCHE Periodic Review Report***
  - SUNY Performance enhancement grants
  - Library modifications and planning

# Goals and Priorities for 2015-16

- Faculty
  - New Faculty orientation and mentorship program
  - Faculty Retreat
  - Faculty recruitment, retention, development
    - Clinical faculty
    - Ocular physiology
    - Clinical scientists

# Goals and Priorities for 2015-16

- Professional Degree Program
  - Clinical Education
    - Finalize Core Competencies statement
    - New clinical technologies
    - EBP software
    - Simulator labs
  - Expand IPE and IPP
  - Advanced standing/Accelerated programs
    - Assess Wenzhou program
  - Externship reviews
  - Student Advisor Program
  - Teaching lab relocation planning

# Goals and Priorities for 2015-16

- Graduate Programs
  - Review and assess graduate program changes
- Research
  - Expand clinical research capacity
  - Human subject research accreditation
  - Recruit faculty in ocular physiology
    - Cell and molecular biology

# The University Eye Center Strategic Plan Assessment

Liduvina Martinez-Gonzalez, M.S.

Vice President of Clinical Administration  
Executive Director of the UEC

Michael J. McGovern, O.D.

Chief Medical Officer

April 12, 2016



SUNY COLLEGE OF OPTOMETRY  
UNIVERSITY EYE CENTER

# Our Mission....

- Improving patients' lives by providing exceptional general and specialized optometric care
- Developing outstanding optometrists and vision scientists
- Enhancing public health through education and service to a broad range of communities

# Our Goals....

- Deliver competency-based clinical training that is founded upon evidence-based practice and anticipated future practice trends
- Make the University Eye Center (UEC) more accessible to the public

# Our Goals...

- Increase UEC patient visits and develop new revenue streams while providing the highest quality patient care
- Strengthen workforce engagement

# The University Eye Center

- Patient care
- Education
- Research
  - Where are we now?
  - Where are we going?
  - Where do we need to go?

# Got Change?

**ICD 10**

**DSRIP**  
Delivery System Redesign  
Incentive Program

**Interprofessional**  
education and care

**Health Information**

Patient Portals

CCD

HIE

**Accountable  
Care Act**

**Patient Experience**

**Consumerism**

**PPS**

Performing  
Provider System

**Social Media**

Facebook

Yelp

Twitter

**Infrastructure**

Capital

Technology

**New  
Reimbursement  
Models**

**Compliance**  
Privacy  
Business Integrity  
Information  
Security

**HQM**

Meaningful Use

PQRS

**Volume to Value**

**Population Health**

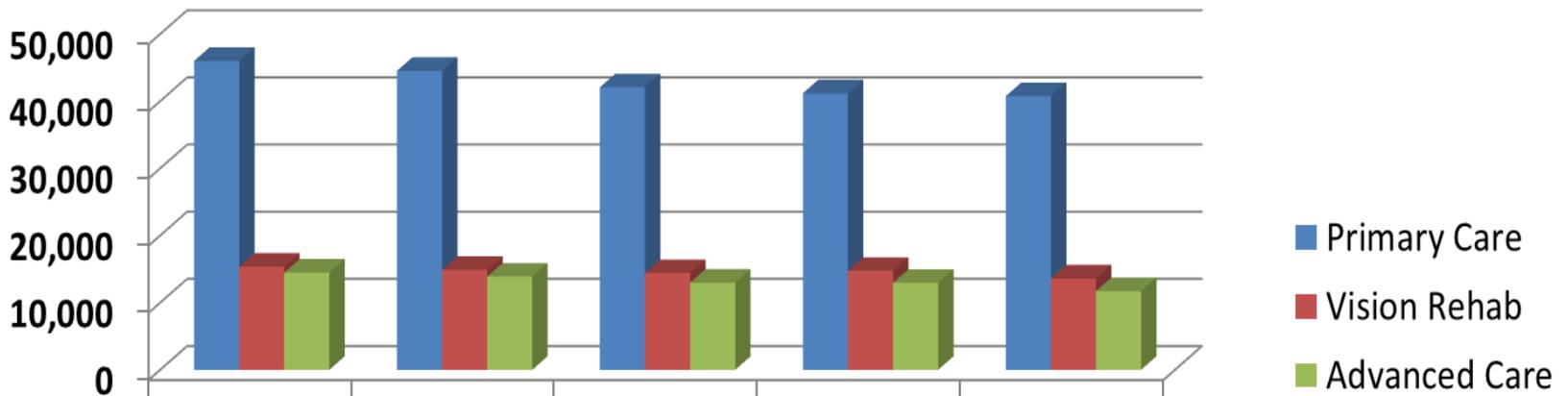
# The UEC...

## New Administration



# The UEC...

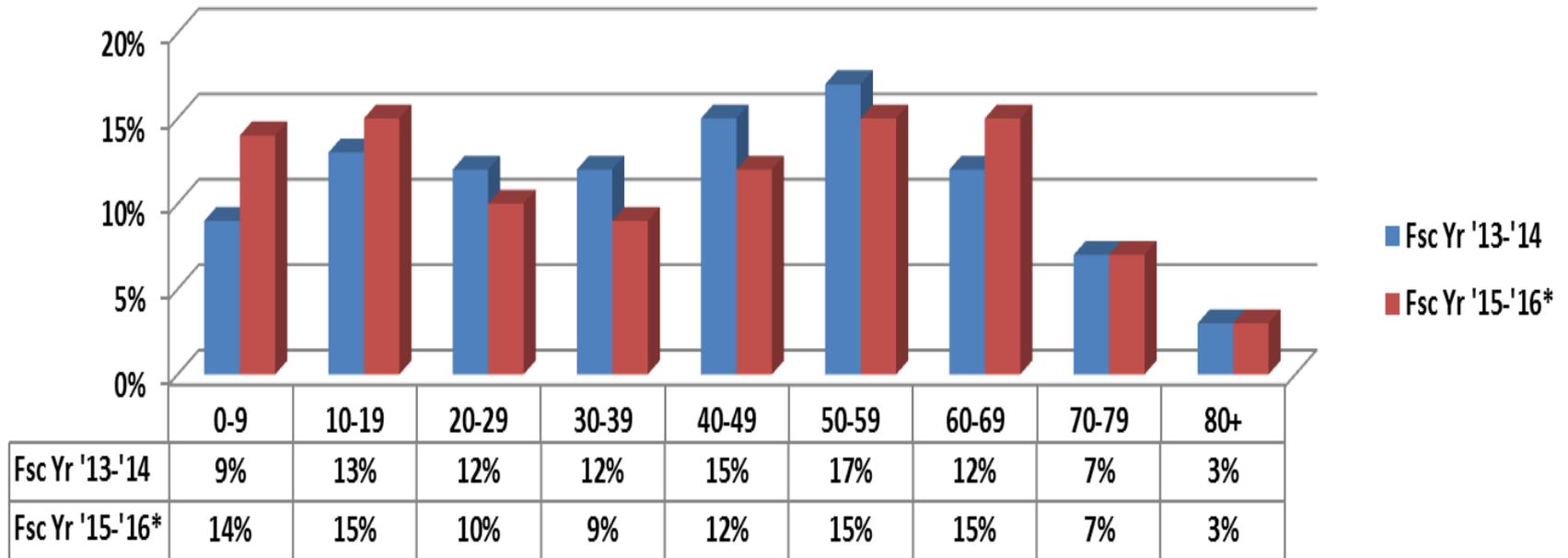
## Encounters by Service



	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16*
Primary Care	45,982	44,505	42,070	41,171	40,744
Vision Rehab	15,338	14,856	14,413	14,744	13,592
Advanced Care	14,475	13,864	12,975	12,947	11,712

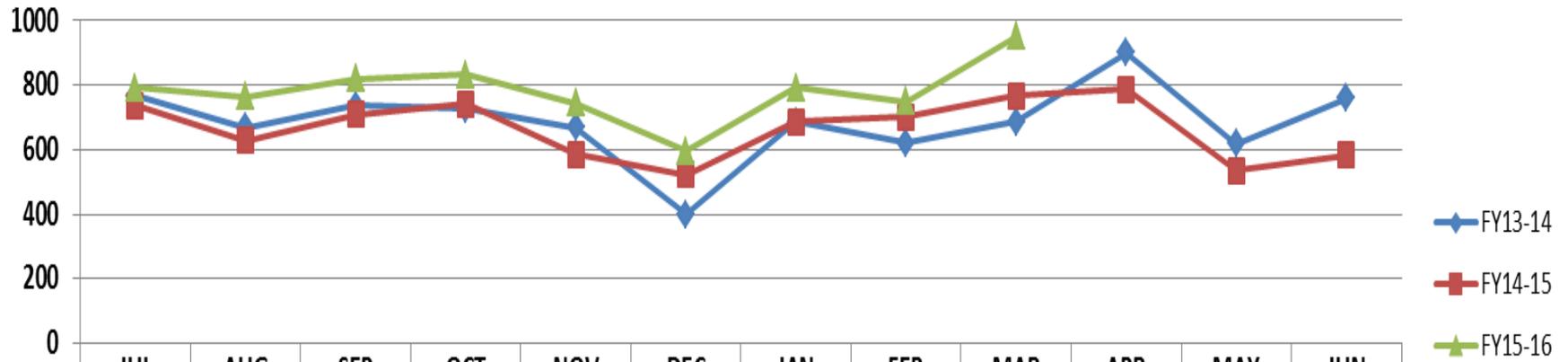
# The UEC...

## Age Distribution of Patients



# The UEC...

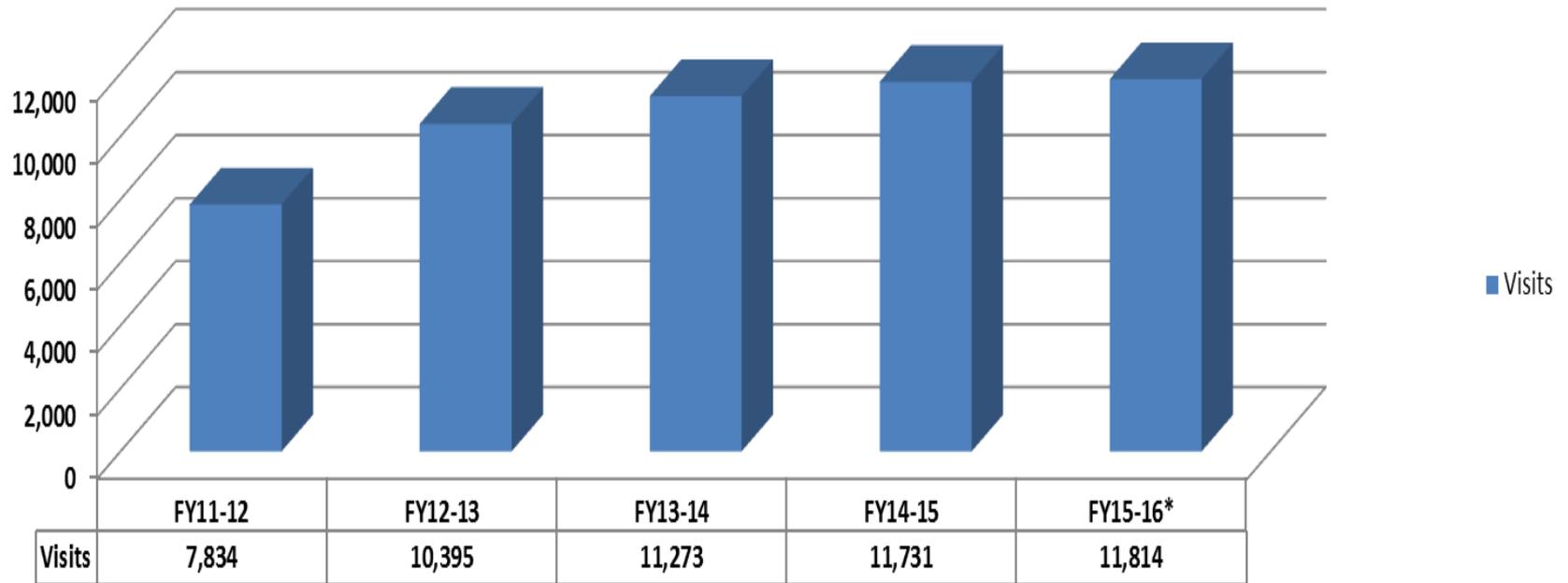
## New Patients



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY13-14	766	669	737	726	668	398	687	621	686	900	617	758
FY14-15	736	627	709	741	585	523	685	700	767	786	536	584
FY15-16	792	764	820	832	745	596	792	748	950			

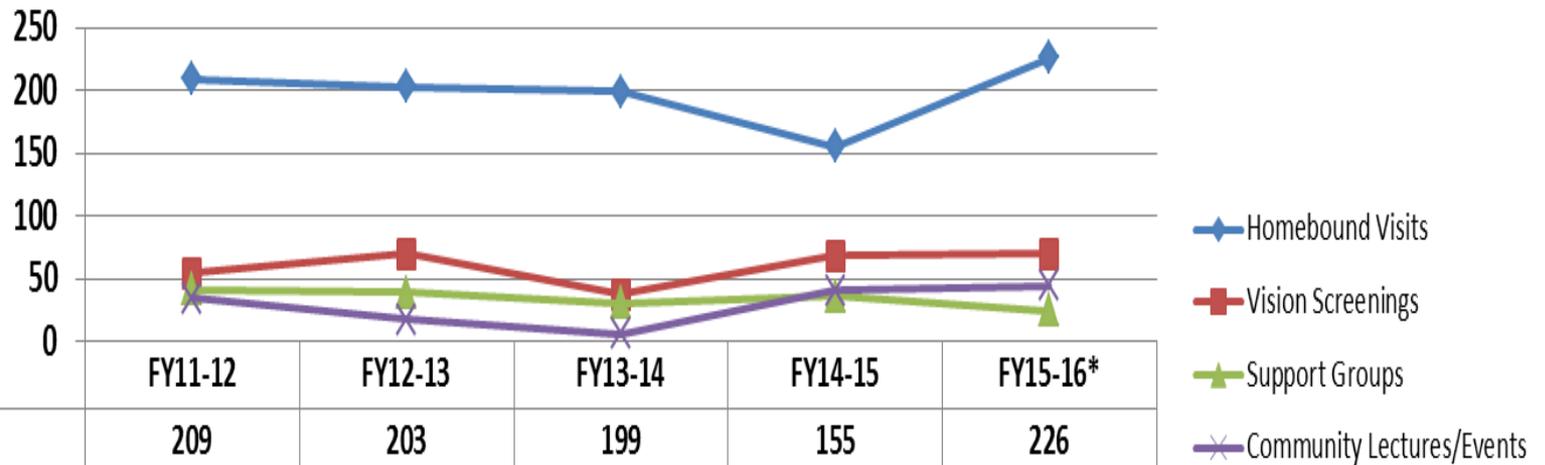
# The UEC...

## Referral Visits



# The UEC...

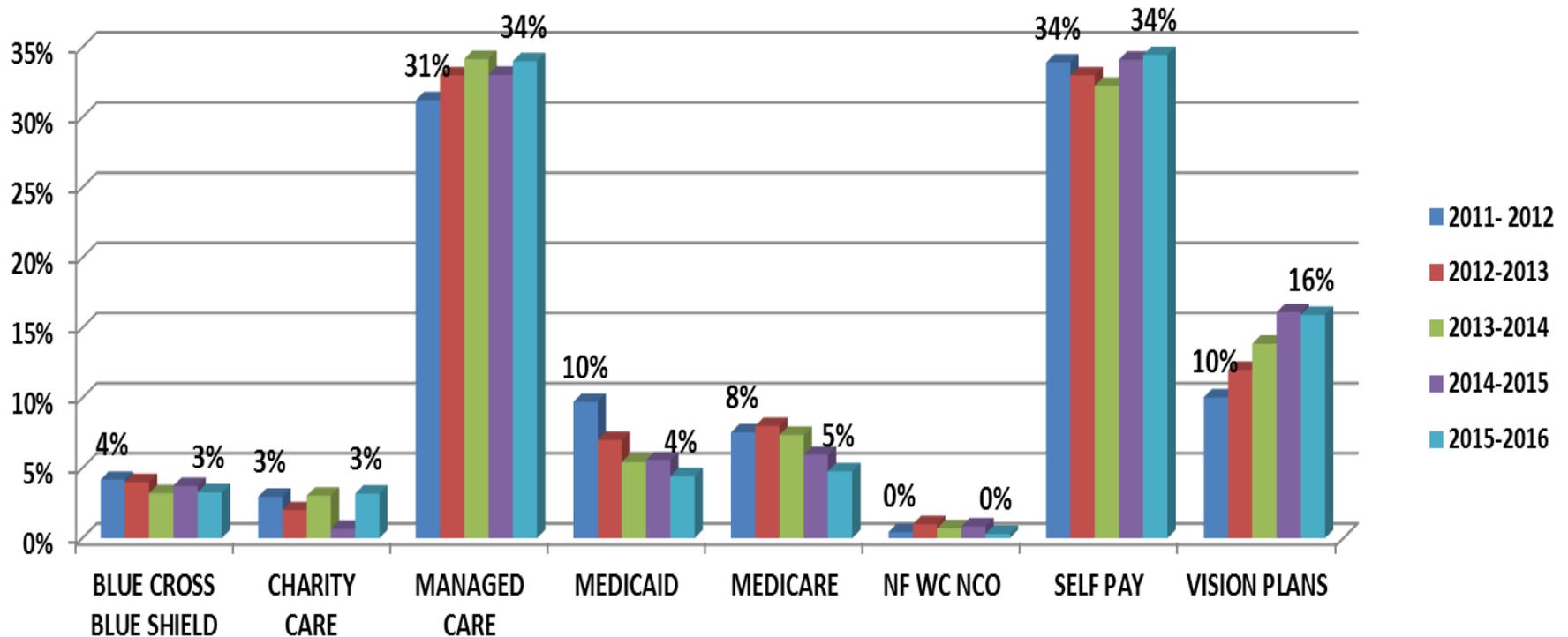
## Public Service Events



	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16*
Homebound Visits	209	203	199	155	226
Vision Screenings	54	70	37	68	70
Support Groups	41	39	30	36	24
Community Lectures/Events	34	17	6	40	44

# The UEC...

## Payor Mix



# The UEC... a candid assessment

- A steady decline in patient numbers in all three services over the last four years
- A demographic shift away from 20-60 year olds with an an increase in patients at each end of the spectrum
- A healthy increase in new patients and referrals

# The UEC... a candid assessment

- Revenue
  - Decrease in traditional medicare / medicaid
  - Increased in managed medicare / medicaid
  - Increase in vision plans
  - Self-pay consistent at 34%
- Increase in homebound visits, vision screenings and outreach

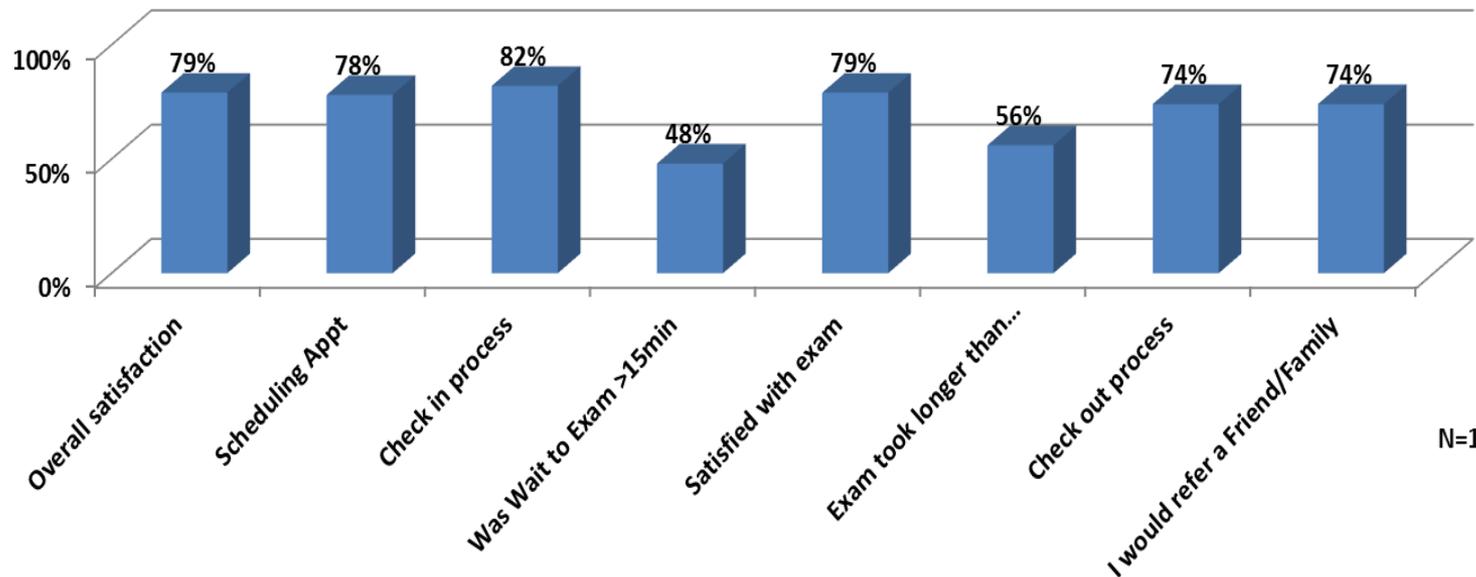
# The UEC... a candid assessment

- Possible reason for these trends
  - Patient satisfaction
    - Why are new visits/referrals on upward trend but overall visits in decline?
    - Why are patients not returning?
  - Aging infrastructure
  - Changes in healthcare / insurance plans
  - Changes in our clinic schedules / size of UEC staff
  - Changing administration

# The UEC...

## Satisfaction Rate 2015-2016

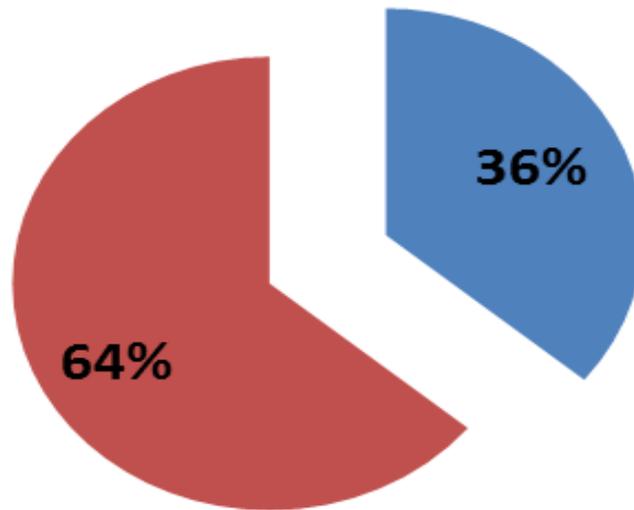
(Strongly agreed/Agreed)



N=150

# The UEC...

## Calls to over 2yrs not seen



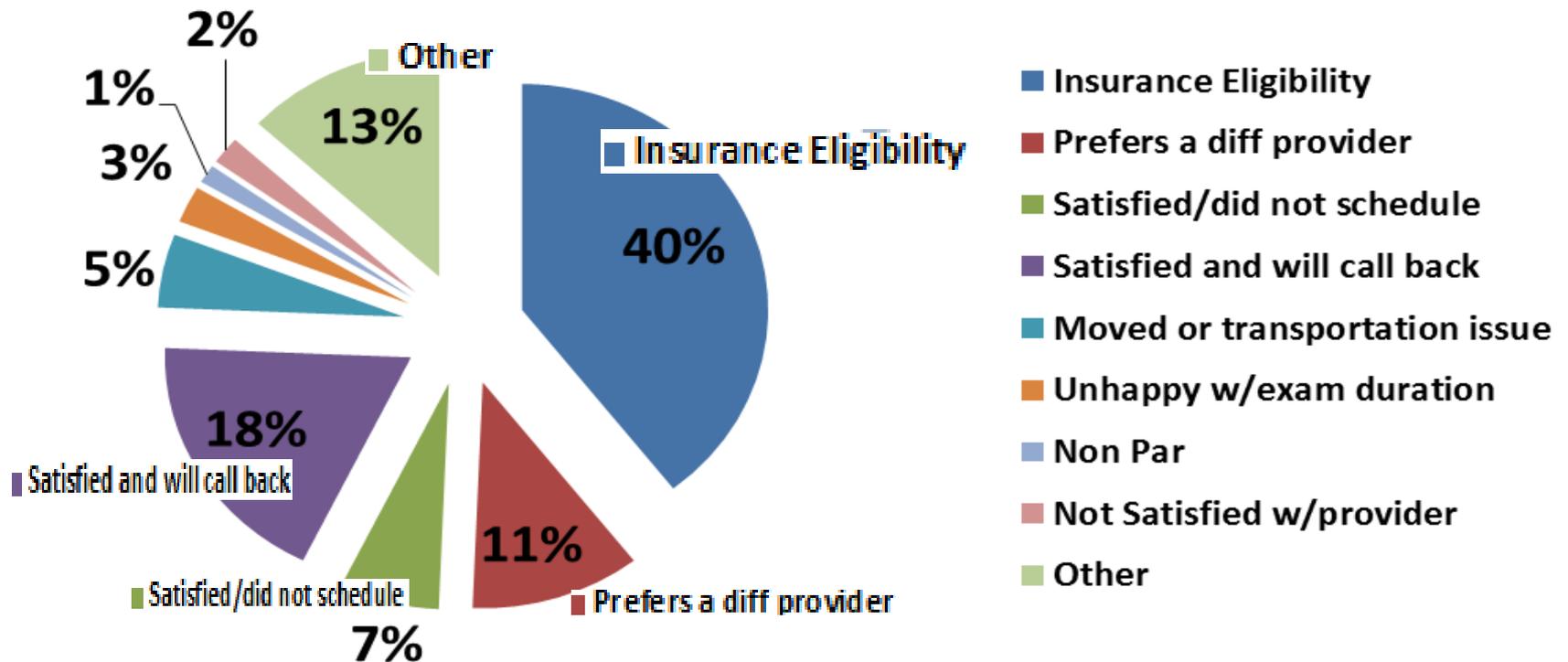
33% of those reached  
scheduled an  
appointment to return

■ Reached  
■ Not Reached

N=625

# The UEC...

## Reasons Given by Patients



# The UEC...

- Clinical information systems
  - ✓ EHR, PM, Optical
  - ✓ E-prescribe
  - ✓ PACS
- Communication with patients
  - ✓ Patient Portal
  - ✓ West (Televox)
- Marketing campaigns
- DSRIP



# The UEC...

- UEC policies that comply with healthcare reform
  - HIPAA
  - Meaningful Use
  - PQRS
  - Compliance officers
    - Business Integrity / HIPAA and privacy / Information Security

# The UEC...

- Revenue streams
- Increased referrals
- Primary Care Advisory Board
- Social Work

# Our Students and Residents...

- Earlier entry into UEC / patient care
- Quality education in a cost-effective manner
- Exposure to new technologies
- Evidence-based practice
- Interprofessional education
- Research and subject recruitment



# Our Faculty...

- Recruit faculty who enhance the college's ethnic, cultural and experiential diversity
- Performance reviews
- Encourage scholarly pursuits
- Growth opportunities for future leaders
- Succession planning

# Our Support Staff...

- Values centered on the patient experience, satisfaction and loyalty
- AIDET training (April 2016)
  - Acknowledge, Introduce, Duration, Explain, and Thank
- Performance expectations
- Culture of community spirit
- Staff – faculty interaction

# Our Patients...

- Increasing accessibility
  - Patient portal (Fall 2016)
  - Provide onsite 24/7 care for emergencies
  - Limited English Language – verbal and written



Community outreach, screenings and educational seminars

- CBO' s
- Lunch & Learns and Live Streams



# Our Patients...

- Website redesign
- Social media/digital content
- Health promotion/wellness
- Point of service interfaces
  - ECHO
  - Phreesia
- Express pick up



# Where we need to be...

## Our future reality

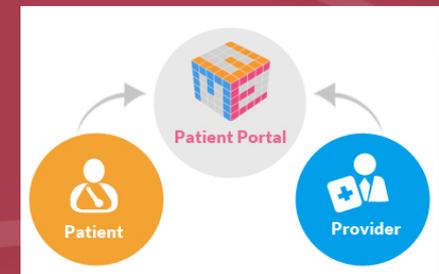
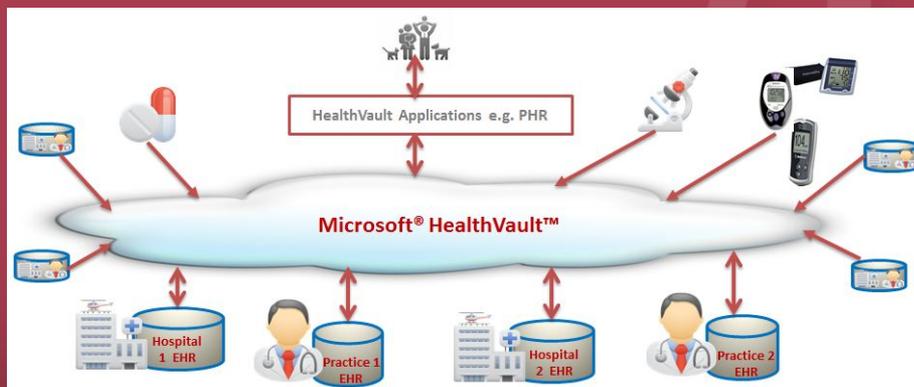
- Ancillary staff
  - OD's with more support staff involved in patient care
  - More medical emphasis as a primary eye care provider
    - Blood pressure
    - BMI
    - Smoking cessation



# Where we need to be...

## Our future reality

- Interprofessional practice
  - OD's truly working collaboratively with other disciplines
  - Health Information Exchanges



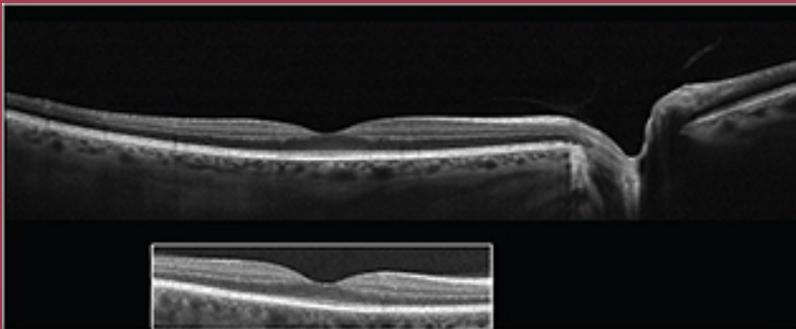
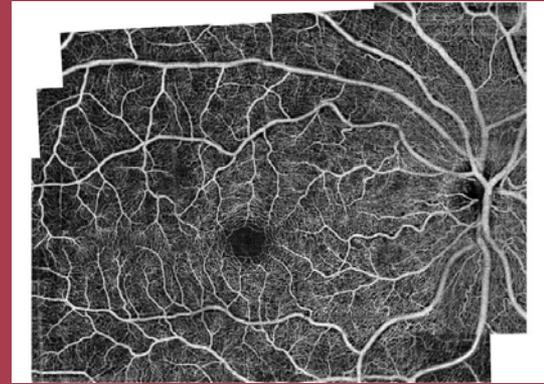
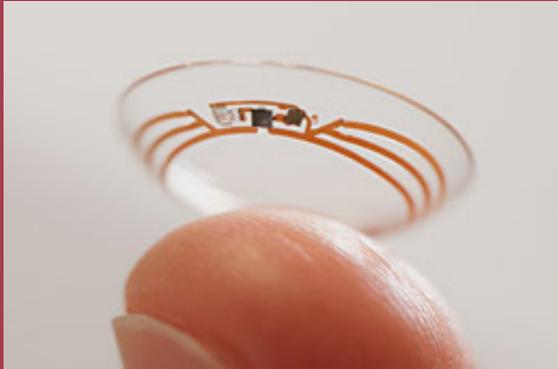
# Where we need to be...

## Our future reality

- New technology
  - Diagnostic equipment
  - Disruptive technologies
  - Telehealth



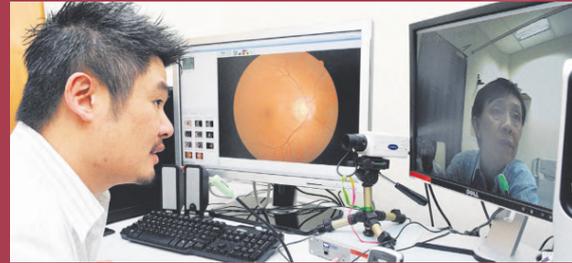
# Technology ... the good stuff



# Technology... the stuff we consider “disruptive” but can’t ignore



# Technology... telehealth



# Where we need to be...

## Our future reality

- Reimbursement:
  - current model is not sustainable
  - quantity vs. quality of service
  - from “fee-for-service” to “fee-for-value”

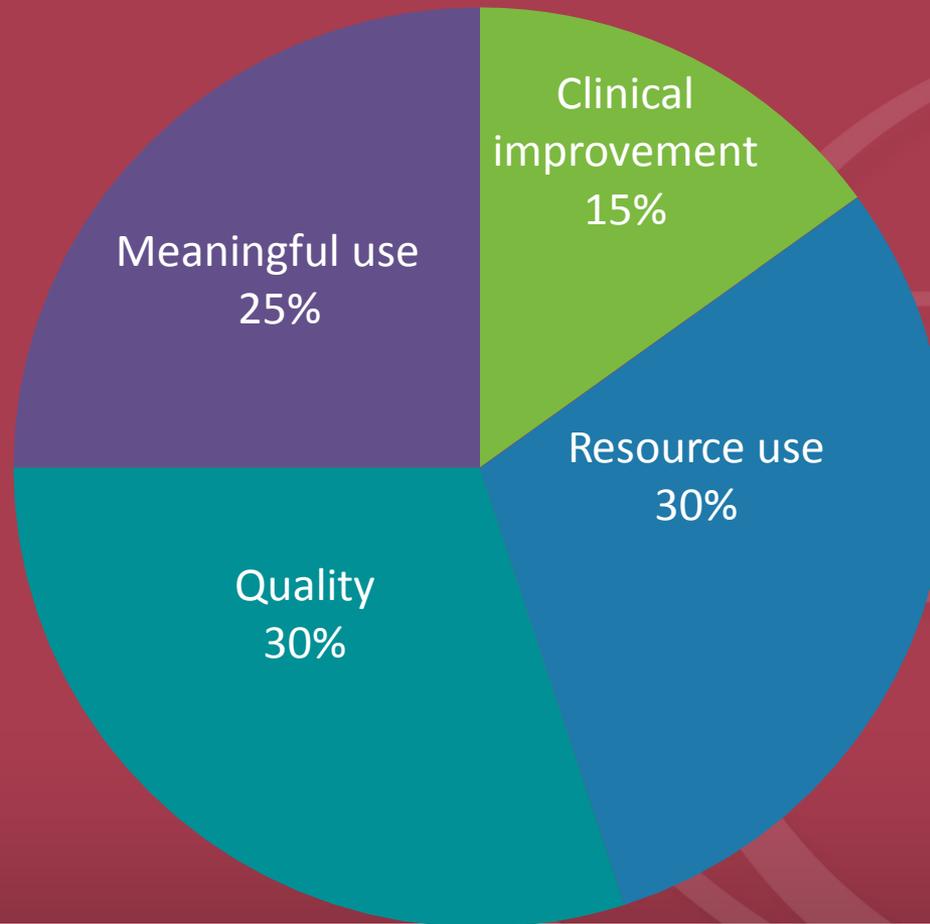
# Our Future...

## New Reimbursement Models

- Medicare FFS is changing in two ways:
  - a) From now to the end of 2018 = PQRS + VBM (Value Based Modifier)
  - b) From 2019 forward = “MIPS” Merit-Based Incentive Program (Medicare Improvements for Patients and Providers Act of 2008)
    - a) ODs could earn significant bonuses, based upon a 100 point scale that reflects performance on quality, resource use, clinical practice improvement activities and meaningful use of certified health technology

**By 2019, 85 - 90% of payments will be linked to quality outcome based care**

# Merit Based Incentive Payment System (MIPS) Scoring



# Our Future...

## New Reimbursement Models

### Upcoming Medicare Penalties

Program	2015	2016	2017	2018	2019	2020
Physician Quality Reporting System (PQRS)	-1.5%	-2%	-2%	-2%	TBD	TBD
Value Based Modifier Program (VM)	-1%	-2%**	-2% or -4%***	TBD	TBD	TBD
Meaningful Use/EHR Incentive Program	-1% or -2%*	-2%	-3%	-4%	TBD	TBD
Penalty	-3.5% or -4.5%	-6%	-7% or -9%	TBD	TBD	TBD

# Dealing with constantly changing laws and regulations...

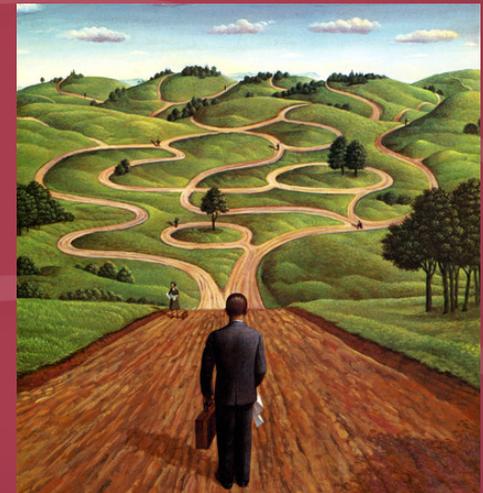
MIPS

*The Medicare Access and  
CHIP Reauthorization Act of  
2015*

Meaningful Use

## Who you going to call?

PQRS



PPACA: Patient Protection and Affordable  
Care Act 2010

Physician Value-Based Payment Modifier

# The UEC...

- Big picture: We are really good at what we do with regard to patient care and clinical education
- Most concerning current challenge: We are faced with declining patient numbers and an aging infrastructure
- We are in the midst of a rapidly changing healthcare system – coding, EHR-related technology, models of delivery, paradigm change in payment structure
- New UEC leadership – with a realistic perspective on where we are, performing due diligence by assessing current deficits/challenges and formulating a strategic plan to get us to where we need to be

# And so it goes....

- Thank you
- Questions?



# *Progress Report: Student Affairs and International Programs*

Presented by:

*Gui Albieri & Vito Cavallaro*



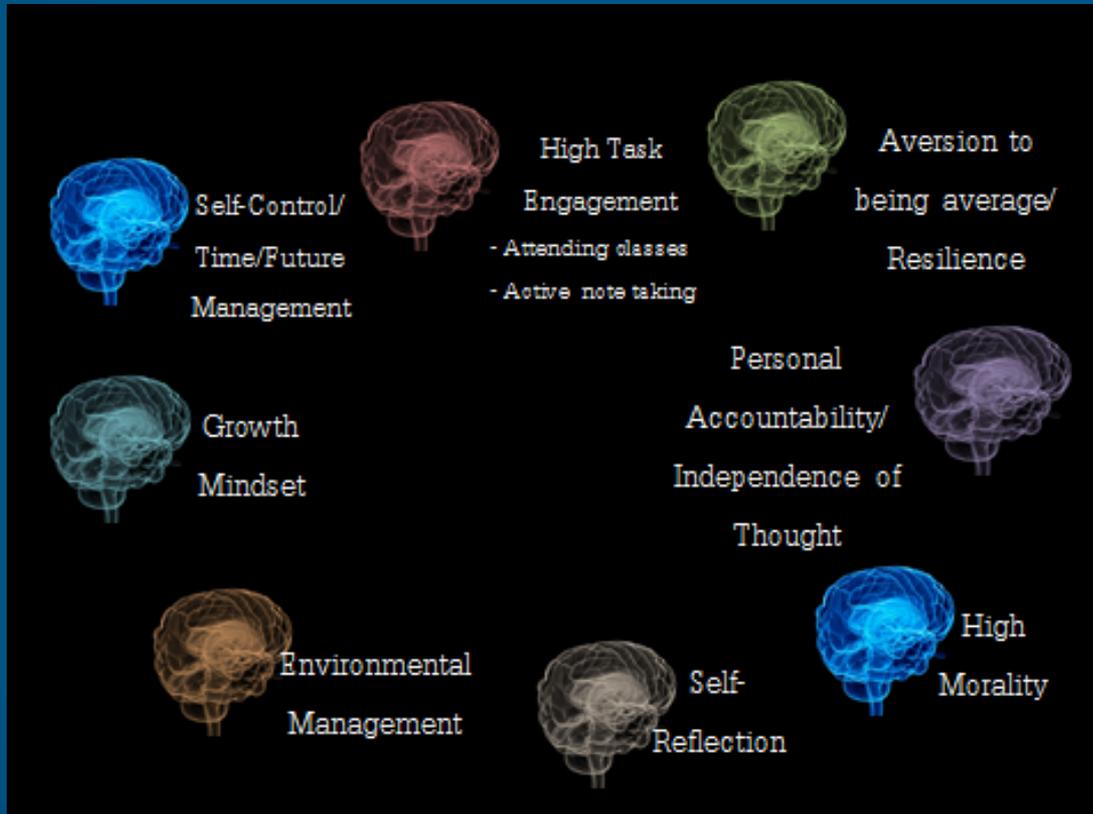
*A year of transitions...*

***Goal VIII. Create a vibrant sense of community that promotes student and alumni engagement, academic success and the development of personal and professional competencies***



# Goal VIII. Create a vibrant sense of community

Identify factors that influence academic and clinical success and implement programs to address these



Orientation  
CDC sponsored workshops  
Early Intervention/Counseling





***Goal VIII. Create a vibrant sense of community  
Continue to encourage and support student involvement in  
organized optometry***

**RECRUITMENT > ORIENTATION > CLUBS & ORGS. > LEADERSHIP RETREAT >  
CDC ADVISORY BOARD**

**Creation of umbrella organization to coordinate organized optometry related activities**

# SUNY Optometry Event Calendar

Today ◀ ▶ April 2016 ▼

Print Week Month Agenda ▼

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	Apr 1	2
3	4	5	6	7	8	9
Student Council - Spirit Week?						
Career Symposium		Talent Show? 12pm FCO - Crepe S	AOSA Quiz Bowl?	Third Year Auction	SVOSH HH?	
10	11	12	13	14	15	16
Student Council - Softball game		COVD Meeting			Vision Expo East	
						9am VisionWalk - Ce
17	18	19	20	21	22	23
Vision Expo East		12pm FCO - Meeting				
AOA-PAC Conference						
24	25	26	27	28	29	30

Events shown in time zone: Eastern Time

Google Calendar

# The Moral Discourse

## Ways to Avoid Being a Nag

Don't blame.

Don't demean.

Don't attack.

Don't criticize.

Don't manipulate.

Avoid making your spouse feel stupid.

Elizabeth Bernstein: "The first step in curbing the nagging cycle, experts say, **is to admit that you are stuck in a bad pattern.** You are fighting about fighting. You need to work to **understand what makes the other person tick.** Rather than lazy and unloving, is your husband overworked and tired? Is your wife really suggesting she doesn't trust you? Or is she just trying to keep track of too many chores?"

Source: Elizabeth Bernstein. "Meet the Marriage Killer." WSJ.com.  
1/25/2012.

# My Mission is

To expand the ability for optometrists to be able to practice with medical doctors  
(owning a practice or having a vested interest in an organization).

I achieve my mission through organized optometry!

Join Michael and hundreds  
of other doctors and students  
who are making  
a difference in your  
profession

Michael Wallerich ('17)  
is on a mission

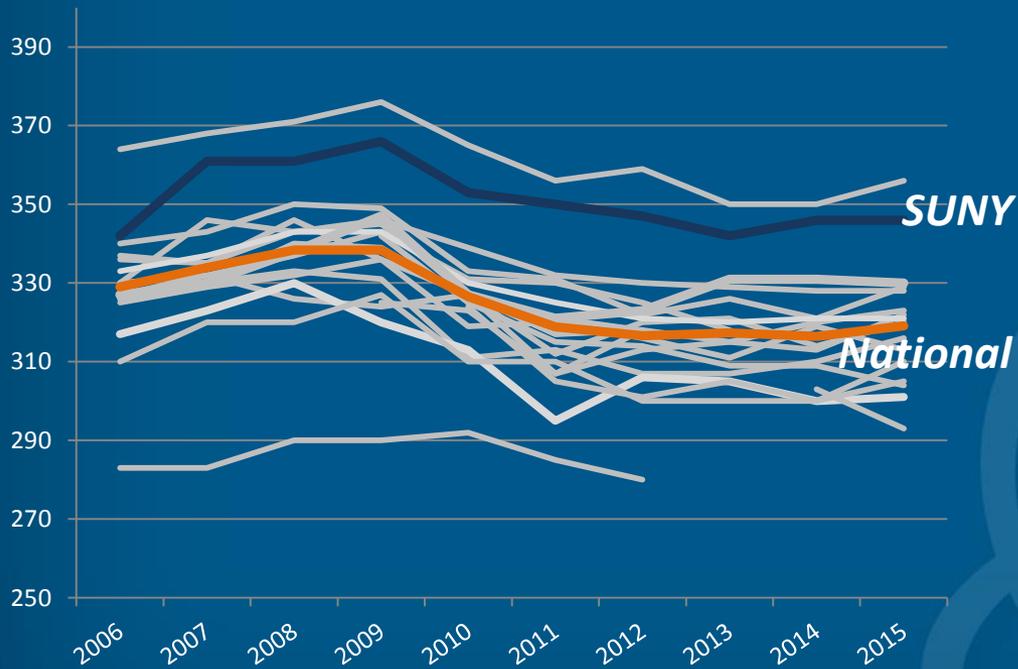


***IX. Enroll a highly qualified  
and diverse student body***



# Admission: Professional OD Program

*SUNY T. Science OAT*



*SUNY Admissions GPA*



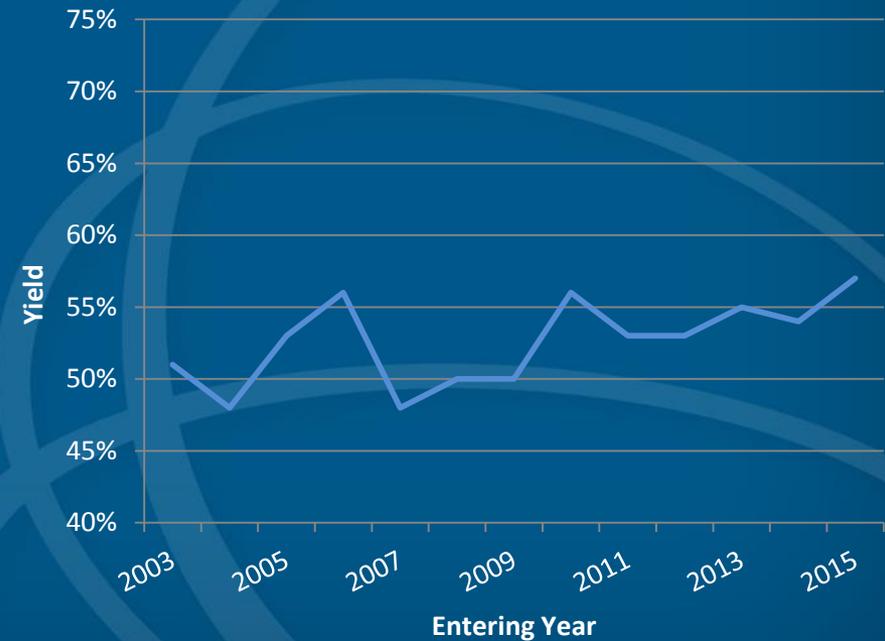
# Admission: Professional OD Program

## SUNY Admissions

Applications, Acceptances and Enrollment by Year



## SUNY Yield (Enrolled/Accepted)



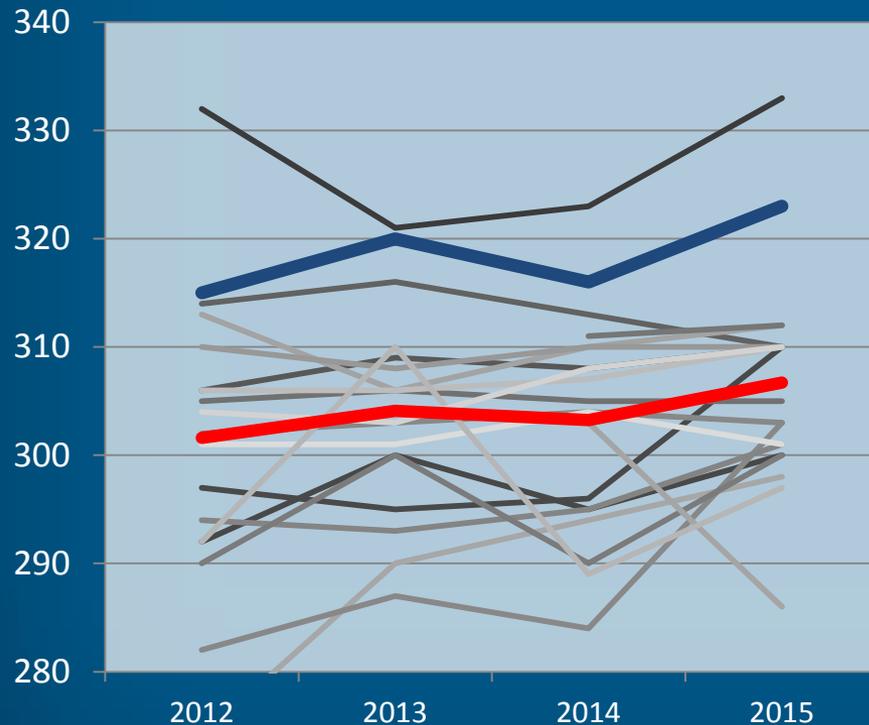
# Concern:

- Drop in applications from California (30+)
  - Recruitment effort was the same as previous years
  - Possible reasons:
    - Increased competition from local Colleges
    - Cost of living in NYC
    - Students are self-selecting

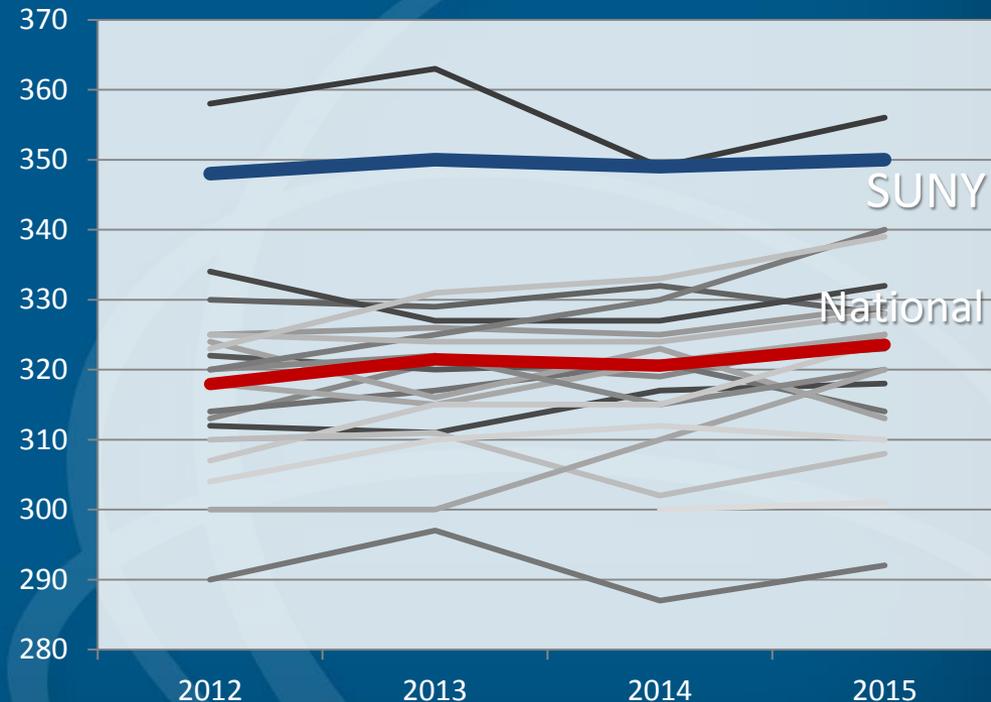
# Admission: Professional OD Program

## Self-Selection Theory

### OAT T. Science - All Applicants

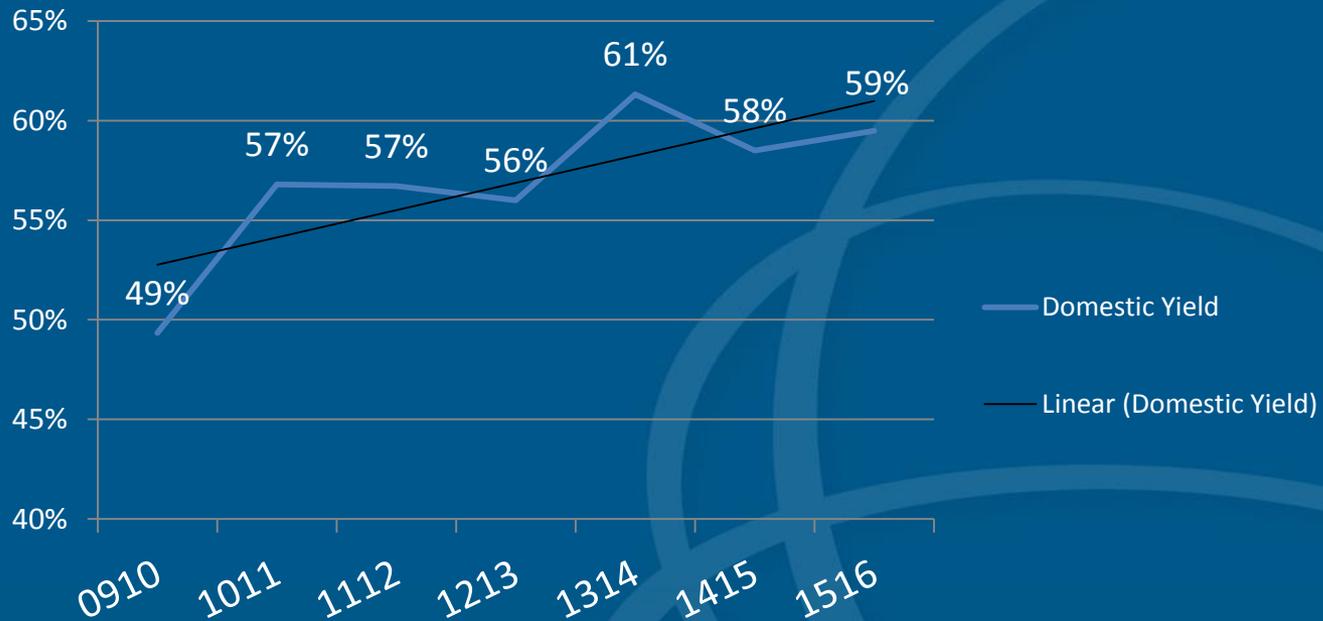


### OAT T. Science - All Admitted



# Admission: Professional OD Program

## Domestic Yield





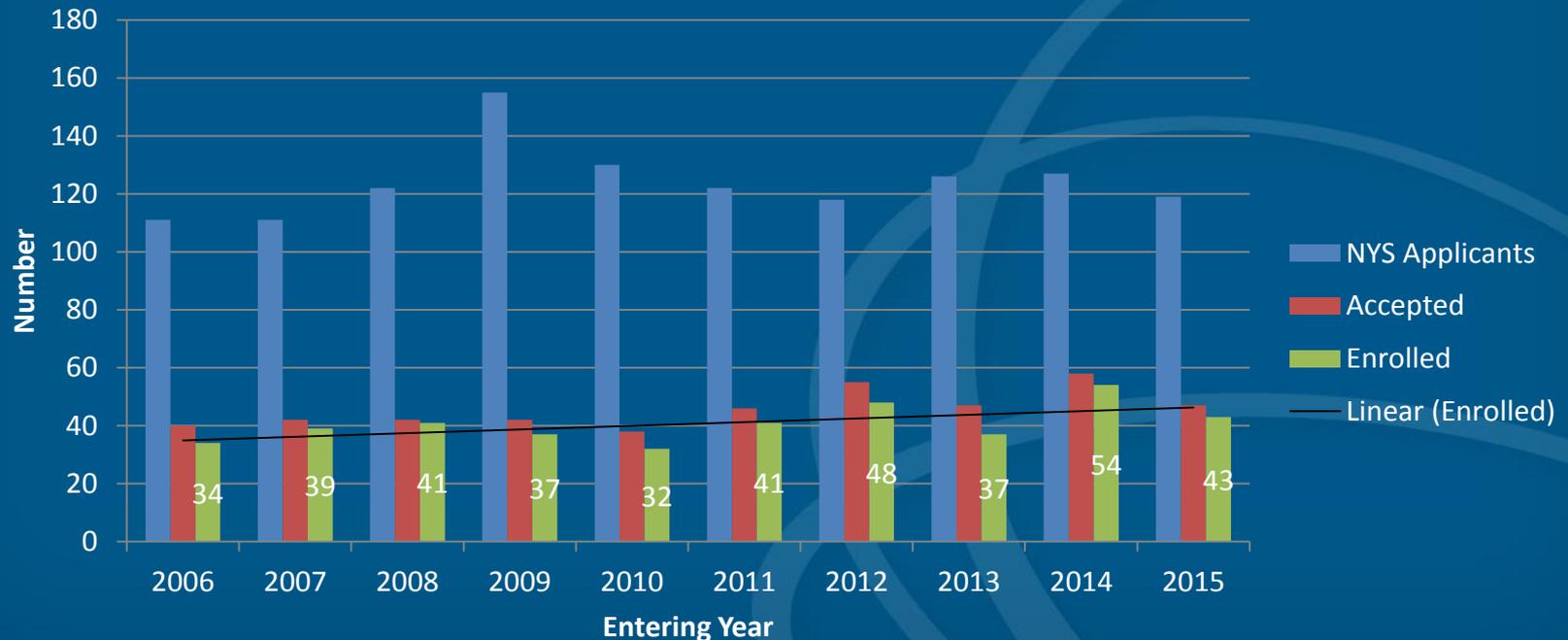
# ***IX. Enroll a highly qualified and diverse student body***

***Increase the number of inquiries and applicants from  
residents of New York, particularly Upstate New York***

*Increase the number of inquiries and applicants from residents of New York, particularly Upstate New York*

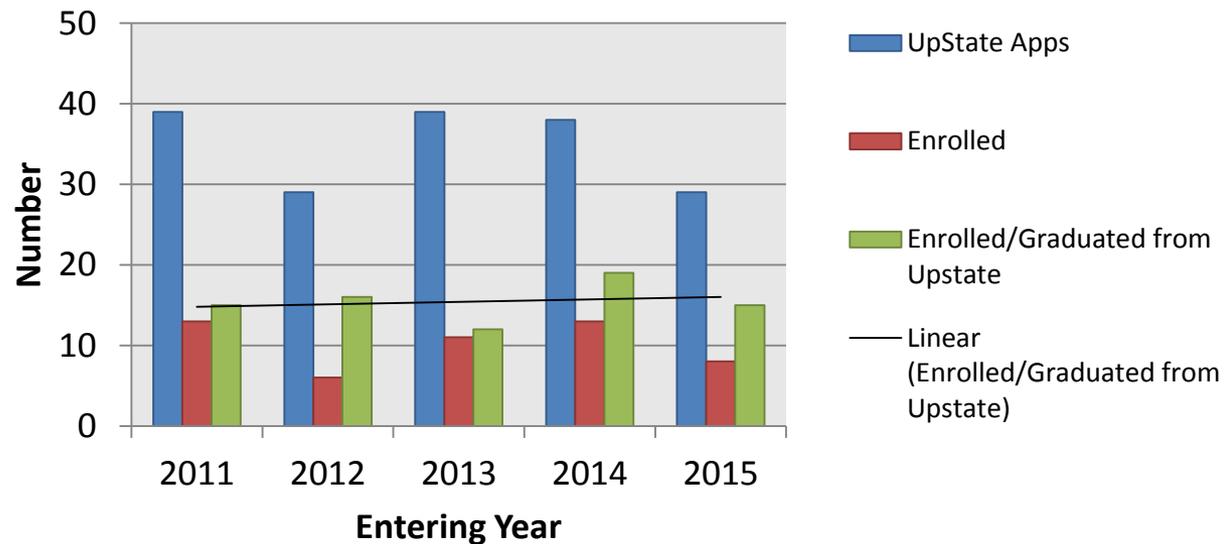
## *SUNY NYS Admissions*

Applications, Acceptances and Enrollment by Year  
New York State Residents

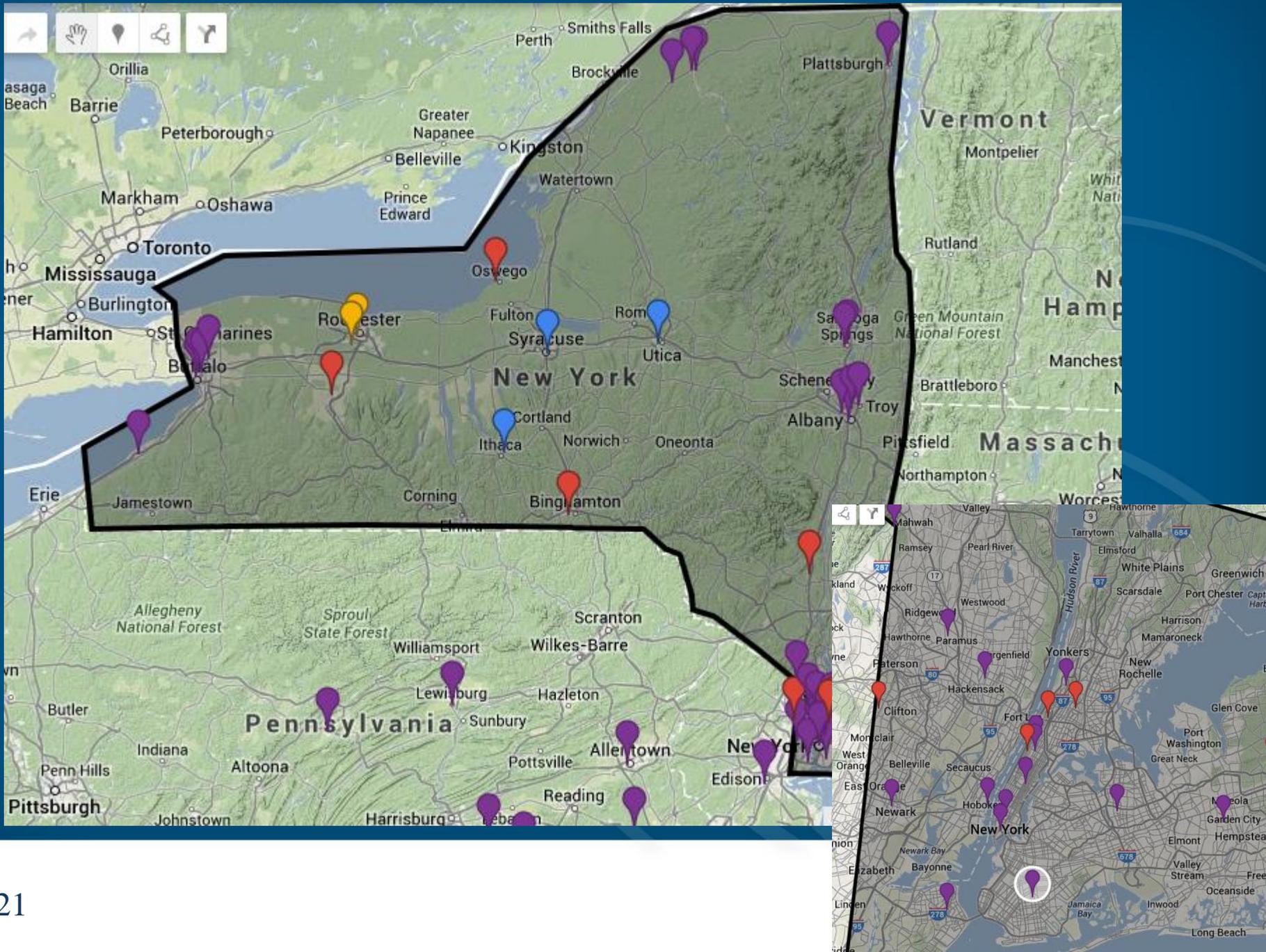


*Increase the number of inquiries and applicants from residents of New York, particularly Upstate New York*

## Upstate NY Applications, Enrollment by Year



Entering Year	Up State Apps	Enrolled	Enrolled/Graduated from Upstate
2011	39	13	15
2012	29	6	16
2013	39	11	12
2014	38	13	19
2015	29	8	15

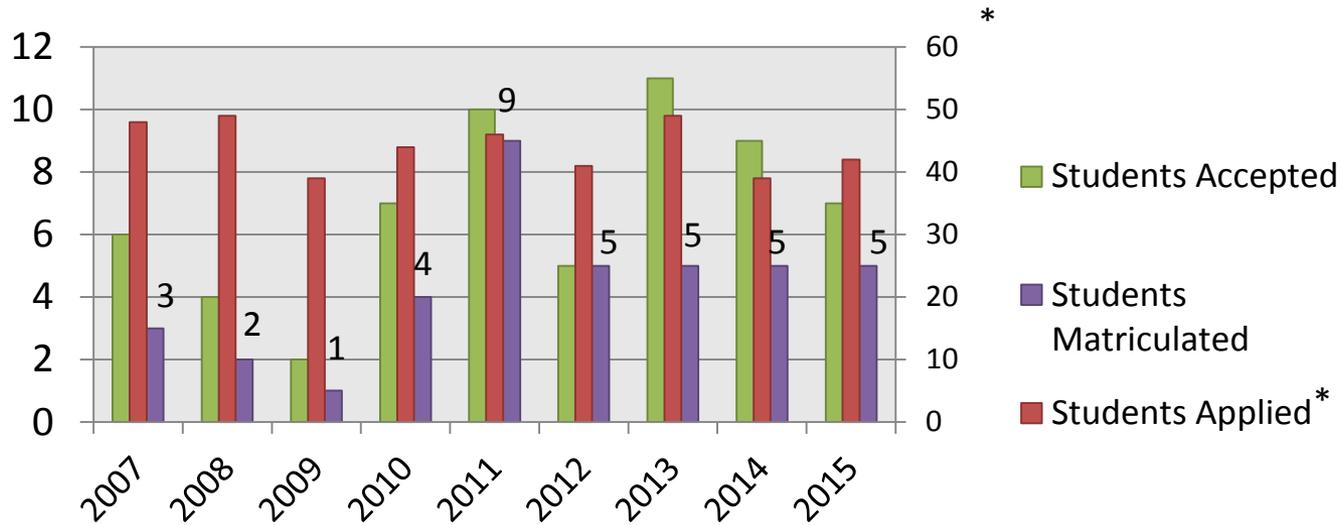


# Action

- **Launch Digital Marketing campaign**
- **Continue to buy names (GRE, SAT, OAT)**
- **Revisit 5 yr. marketing plan**
- **Webinars**
- **Establish a communications coordinator position**

# Diversity of student body

## Under-Represented Minority Students: Applied, Accepted and Matriculated



	Students Applied	Students Accepted	Students Matriculated
2005			3
2006			3
2007	48	6	3
2008	49	4	2
2009	39	2	1
2010	44	7	4
2011	46	10	9
2012	41	5	5
2013	49	10	5
2014	39	9	5
2015	42	7	5

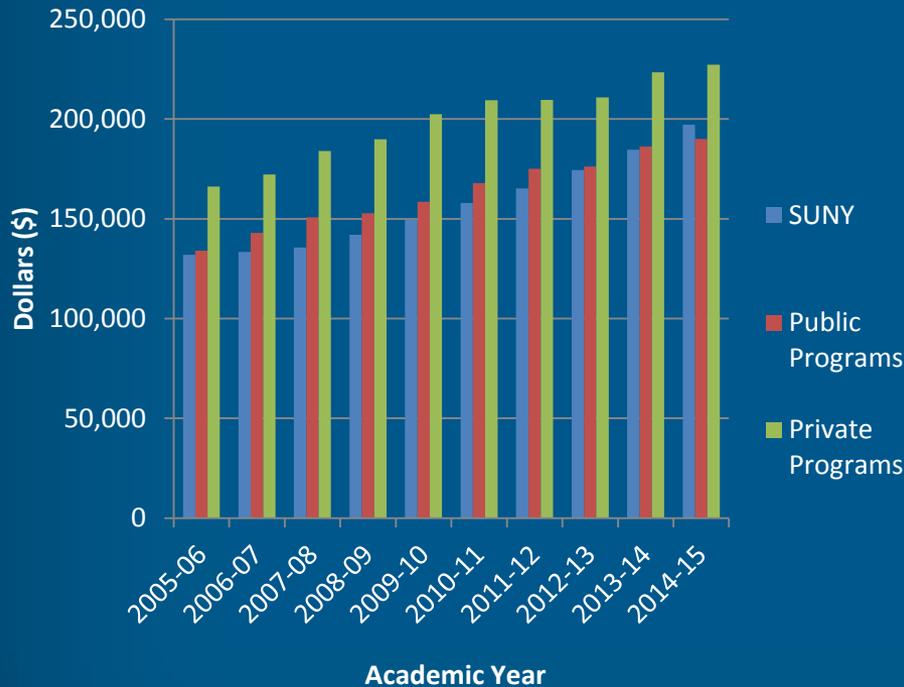
# ***IX. Enroll a highly qualified and diverse student body***

Maintain tuition and fees competitive with other schools and colleges of optometry

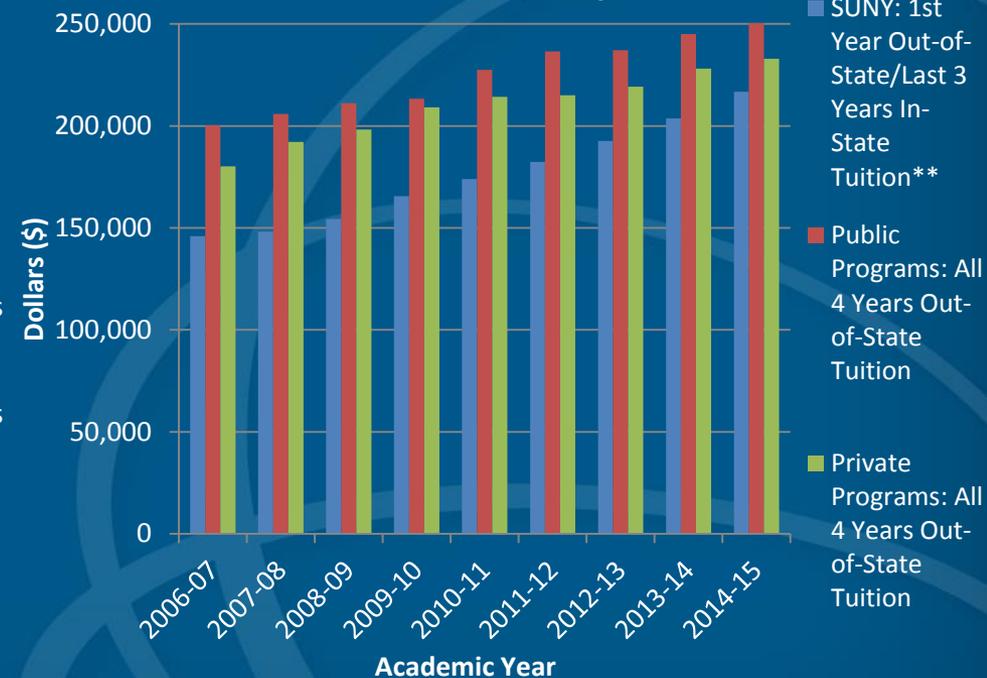
# Financial Aid

## *Colleges of Optometry Tuition and Fees*

**Total Costs\* for In-State Students (All Four Years)**



**Total Costs\* for Out-of-State Students (All Four Years; USA Citizens)**

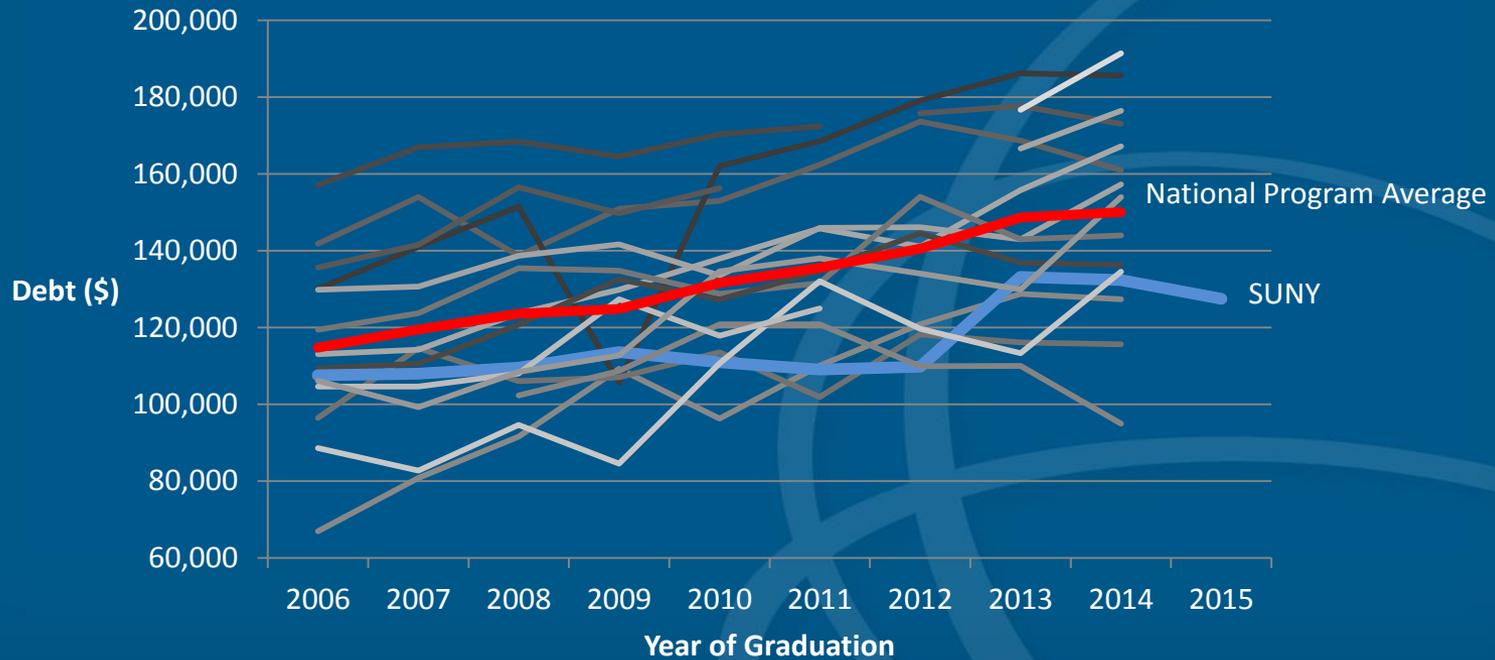


***Expenses include: Tuition, Fees, Books, and Instruments***

# Financial Aid

## *Indebtedness by School per Year*

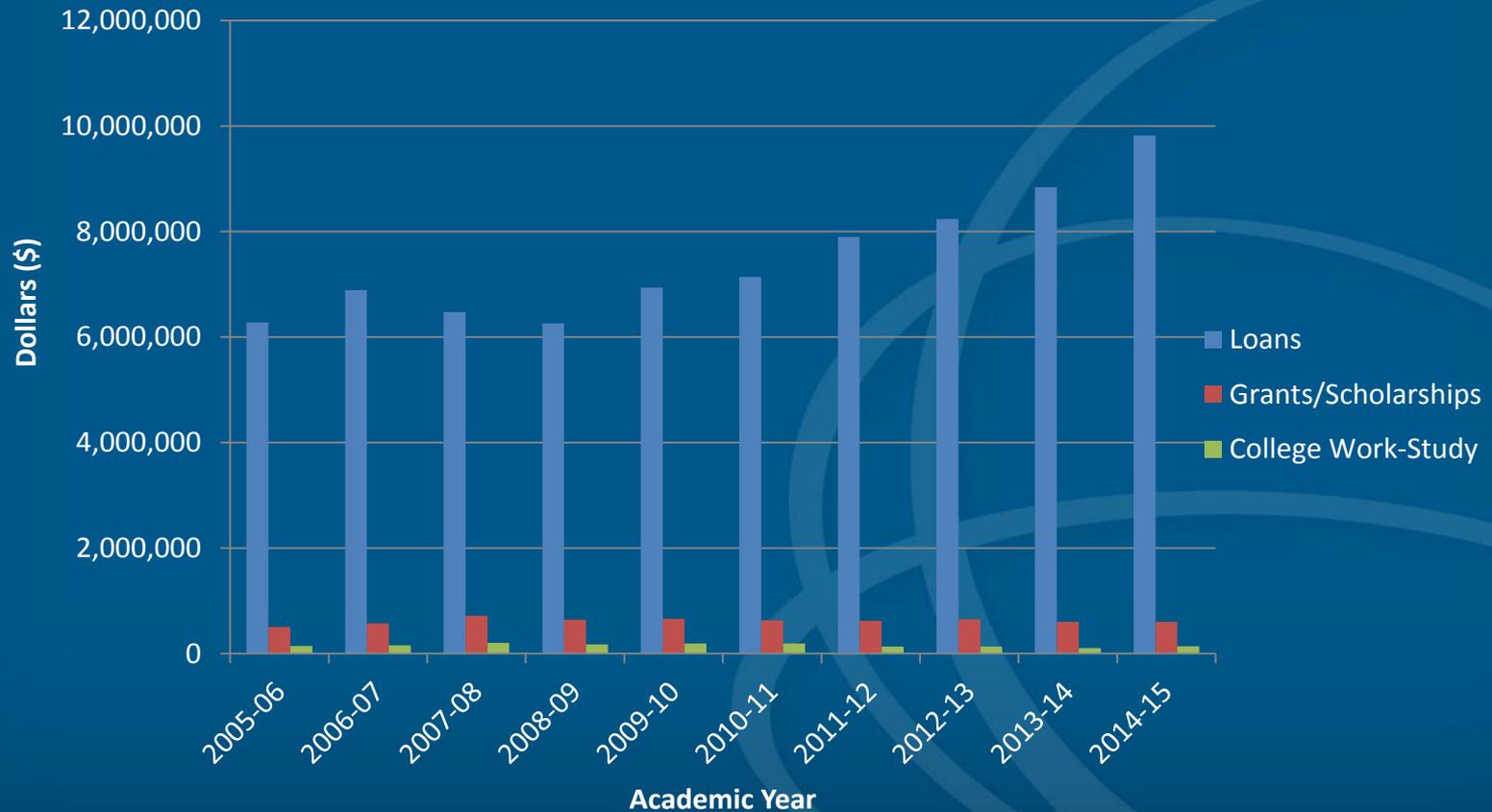
Optometry School Indebtedness of Students who Took out Loans by School  
(USA Citizens)\*



**Default Rate: 0%**

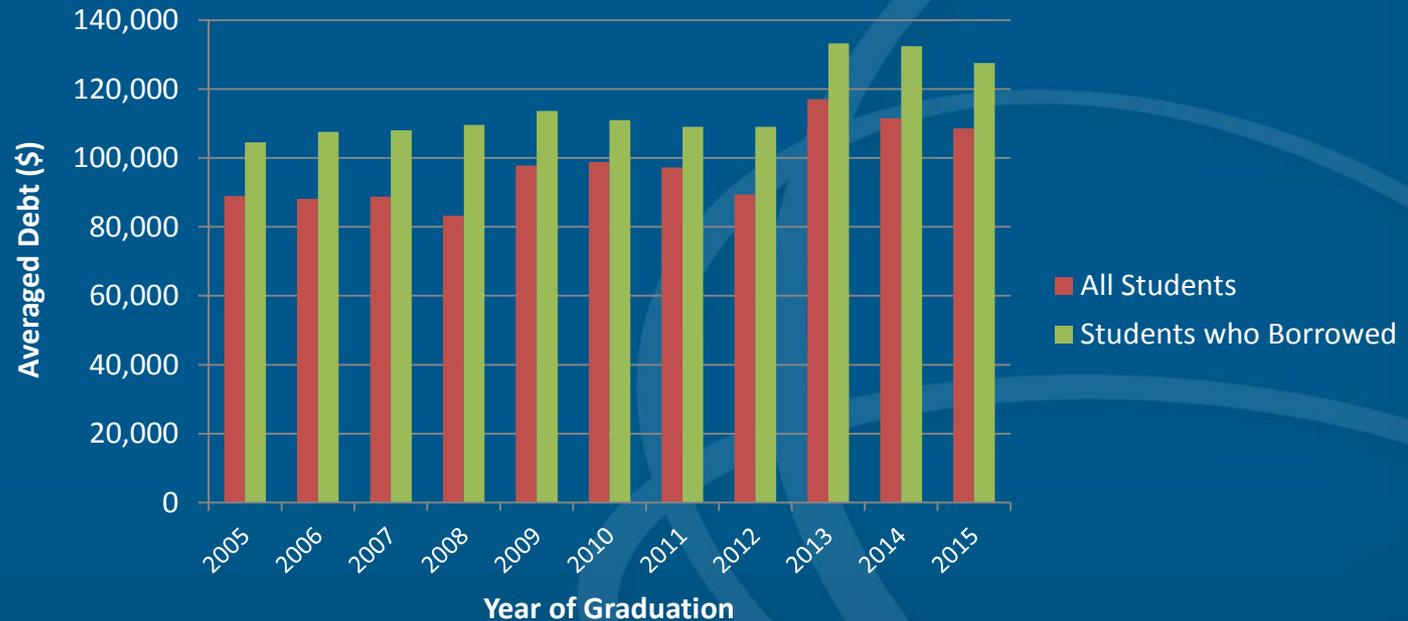
# Financial Aid

*Graph 3: Student Aid By Source (OD Students)*



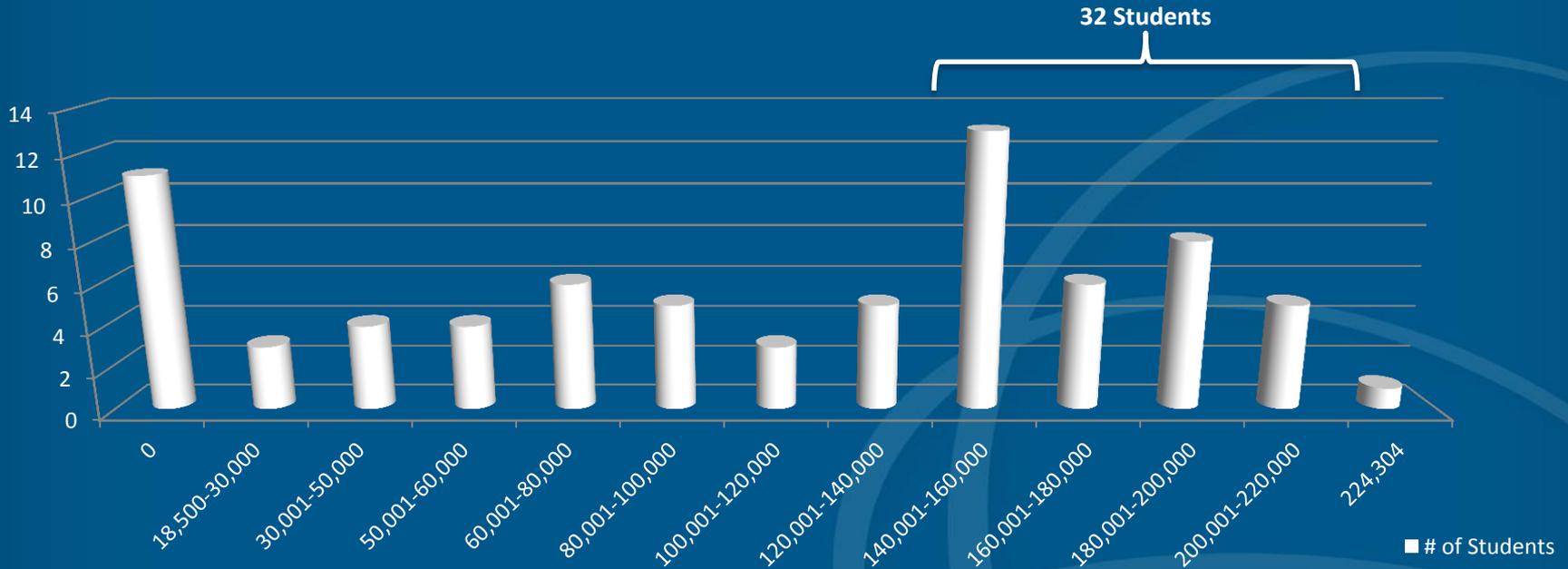
# Financial Aid

*Graph 2: Average Indebtedness of Graduating SUNY OD Students  
(USA Citizens)*



# Debt Profile of Class of 2015

## Class of 2015 - Distribution of Amount Borrowed



**Borrowed Amount: \$8,033, 696**

**Average Debt All Students: \$108,567**

**Average Debt All Students w/ Debt: \$127,524**

# Types of Loans Available to Students and Related Fees

<u>Loan</u>	<u>Figures</u>
<b>Direct Unsubsidized Stafford Loan:</b>	\$40,500 per year.
Interest rate:	6.21% capped at 8.5%
Origination Fee :	1.068%
<b>Direct Graduate Plus Loan:</b>	\$20,000 per year
Interest rate:	6.84% capped at 9.5%
Origination Fee:	4.272%

# Case 1:

## Total Loan Balance: \$127,524

	<u>Student 1 (10 Years)</u>	<u>Student 2 (25 Years)</u>
Loan Balance:	\$127,524	\$127,524
Loan Interest Rate:	6.80%	6.80%
Loan Term:	10 Years	25 Years
<b>Monthly Loan Payment:</b>	<b>\$1,468</b>	<b>885.11</b>
Number of Payments:	120	300
Cumulative Payments:	\$176,106	\$265,532
<b>Total Interest Paid:</b>	<b>\$48,582 (38% of Balance)</b>	<b>\$138,008 (108% of balance)</b>

## Case 2:

**Total Loan Balance: \$224,304**

	<u>Student 3 (10 Years)</u>	<u>Student 4 (25 Years)</u>
Loan Balance:	\$224,304	\$224,304
Loan Interest Rate:	6.80%	6.80%
Loan Term:	10 Years	25 Years
<b>Monthly Loan Payment:</b>	<b>\$2,581</b>	<b>\$1,557</b>
Number of Payments:	120	301
Cumulative Payments:	\$309,756	\$467,050
<b>Total Interest Paid:</b>	<b>\$85,452</b>	<b>\$242,746</b>

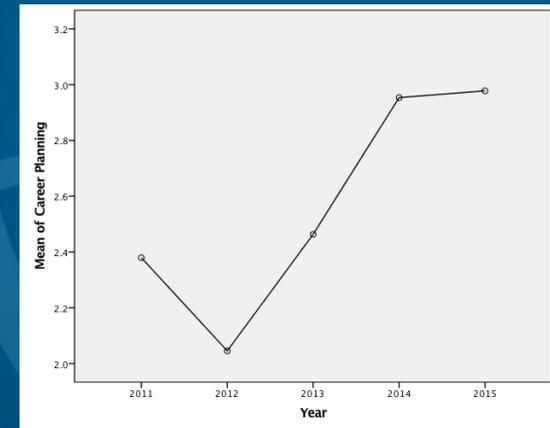
# Disposable Income: The Case of Two Graduates

Salary	\$110,000	\$95,000
Taxes/Payroll Deductions (32%)	\$35,200	\$30,400
<b>Net Salary</b>	<b>\$74,800</b>	\$64,600
Health Insurance	\$4,800	\$4,800
Rent (\$1,800/month)	\$ 21,600	\$21,600
Groceries/	\$ 8,400	\$8,400
Entertainment	\$7,200	\$7,200
Transportation	\$ 3,000	\$3,000
Personal Expenses	\$4,104	\$ 4,104
<b>Other Costs</b>	<b>\$49,104</b>	\$49,104
<b>Salary Balance</b>	<b>\$25,696</b>	\$15,496
<b>Loan (\$1,468*12)</b>	<b>\$17,616</b>	\$17,616
Disposable Income	\$8,080	\$ (2,120)
<b>Monthly Disposable Inc.</b>	<b>\$673.33</b>	<b>\$ (176.67)</b>

# Action

- Personalized counseling
- Workshops on debt management (CDC)
- Pursue additional scholarship funding

*Goal X: Provide students residents and alumni with the services to succeed in their careers*



# *Family of Mentors Program*

*Survey of mentors and mentees*

*Changes will be made to FMP according to survey results*



***Board meeting:***

***What is the role of the board?***

***What is the goal of the CDC?***





## What Students Should Know and What Students Should Be Able To Do

### Personal Development

- Exploration one's values;
- Optometric Practice in a Changing Healthcare Environment (OPCHE) Course



### Self-Marketing Skills

- |   |  |
|---|--|
| • Building an effective resume;                           | • Resume workshop, Resume Anatomy model, OPCHE Course      |
| • maximizing time spent with mentors;                     | • <i>FMP</i>   |
| • writing strong cover letters for varied audiences;      | • Personalized career counseling, OPCHE Course             |
| • developing strong presentation and interviewing skills; | • Personalized career counseling, OPCHE Course (partially) |
| • designing a portfolio of one's accomplishments;         | • Personalized career counseling, OPCHE Course             |
| • using resources effectively;                            | • Personalized career counseling                           |
| • practicing professional etiquette;                      | •  |
| • networking with others;                                 | • NWWDS, OPCHE Course                                      |
| • counseling patients                                     | •  |

- |  |   |
|--|---|
| • experimenting with one's own creativity  | •   |
| • exploring the benefits of experiential learning (trying out the various modes and scopes of optometric practice) | • Summer Shadowing?, Networking with Doctors Social, OPCHE Course (partially) |

# *International Programs*

France (ISO): Summer Program

China: Advanced Standing + Global Health Leadership Program + Rising Stars

Australia (U. Of Melbourne): Summer program

South Africa: Therapeutics

Confucius Institute for Healthcare

**Q&A**

***Thank you!***





OFFICE OF THE PRESIDENT

## MEMORANDUM

### Institutional Goals

#### -2015/2016-

As a part of our annual planning process, I have once again asked each member of the President's Council to develop a set of goals and objectives for the 2015 – 2016 Academic Year. I would like to share with the community key goals that have been developed, so there may be a broader awareness of the issues being addressed by the senior administration. Those goals listed under Section 1.0 represent the broader institutional priorities for the year, (some of these may appear in the individual management sections as well).

The driving force for institutional planning is the 2013 – 2018 Strategic Plan: *A Legacy of Leadership*. The goals shared here are supplemental to that plan and represent specific tactical priorities that are established for the year.

It is also important to note, that for the coming year there is the goal of developing a College Performance Plan (in collaboration with System Administration) which aligns our strategic plan's priorities with the system-wide goals of SUNY Excels. The College Performance Plan is under development and is due at the end of September.

I will be holding a community-wide meeting in September at which time I will discuss key items in more detail.

#### Key Reference Documents:

*SUNY College of Optometry –5-Year Strategic Plan 2013 – 2018*

*SUNY College of Optometry – Institutional Assessment Plan*

*Key Metrics* - [http://www.sunyopt.edu/offices/institutional\\_research/factbook](http://www.sunyopt.edu/offices/institutional_research/factbook)

### 1.0 Goals with College-wide Impact:

- **Strategic Planning:** The SUNY College of Optometry will continue implementation of the 5-Year Strategic Plan 2013 – 2018, using the College's Assessment Plan to monitor progress.
- **Strategic Planning:** The SUNY College of Optometry will develop its Campus Performance Plan in collaboration with the SUNY Administration, supporting and aligning the Campus's strategic priorities with those of the SUNY Excels program.
- **Strategic Planning:** The SUNY College of Optometry will submit and strive to secure funding from the SUNY Enhanced Investment and Performance Fund in support of its priorities.
- **Institutional Research:** The College will successfully complete and submit its Middle States Commission on Higher Education (MSCHE) Periodic Review Report (PRR) prior to June 1, 2016.
- **Enrollment Management:** The College will continue to make educational and clinical program adjustments as the enrollment management plan is phased in.
- **Resource Development:** A five-year, post-campaign, strategic plan for Institutional Advancement will be developed and implementation begun.
- **Academic Affairs:** Complete professional and graduate program reviews, finalizing all documentation for inclusion in the MSCHE Periodic Review Report (PRR).

- **Academic Affairs:** Work with Clinical Administration, faculty supervisors and the Faculty Development Committee, to implement and further develop the “New Faculty” orientation and mentorship program.
- **Academic Affairs & Clinical Administration:** Work collaboratively to continue to develop expanded inter-professional education and patient care strategies for the benefit of our students and our patients.
- **University Eye Center:** The Vice-President of Clinical Administration will work with the UEC and College Community to successfully complete a search for the position of Chief Medical Officer.
- **University Eye Center:** Will complete the implementation of the new NextGen EHR including the transition to ICD\_10 and implementation of E-prescribing and the patient portal.
- **University Eye Center:** The Clinic Council will work with the UEC Community to establish dashboards of key performance indicators including an increased focus on enhancing patient experience.
- **Health Care Development:** Continue to expand relationships with key health care organizations in the New York metropolitan area in anticipation of health care reform and provide increased inter-professional clinical care opportunities for our students.
- **Student Affairs & International Programs:** Recruit a well-qualified, entering class of 100 for the fall 2016 entering class, expanding applications by 5% and obtaining a yield of 60%.
- **Student Affairs & International Programs:** Continue to develop CDC programming, with an emphasis on programs and activities that explore timely themes in optometry and healthcare.
- **Student Affairs & International Programs:** Will refine outcome measure for student engagement and diversity in a manner that aligns the assessment of the college’s strategic plan with the metrics of SUNY Excels.
- **Administration and Finance:** Continue efforts to meet system goals for MWBE utilization, Service Disabled Veterans Business Program and Energy Conservation.
- **Information Technology:** Research, evaluate and implement new campus-wide electronic email, calendaring and scheduling system. (Replace FirstClass.)
- **Facilities Improvements:** The College will continue to move forward restoring areas of the college campus:
  - Complete the ground floor project by the end of the fiscal year.
  - Conduct a design study for the lower lobby level.
  - Complete a program analysis of 7<sup>th</sup> floor dispensary area.
  - Complete A/V upgrades to Folsom Hall (206).
  - Continue electrical and mechanical systems upgrade project (SUCF 41060).

## 2.0 Academic Affairs (*Dr. Troilo*)

### Education

- The VPAA , working with the Chair of Clinical Education, the faculty and the appropriate administrative units, will:
  - Finalize the College’s curriculum goal statement and the statement of Core Competencies for the Doctor of Optometry Program for inclusion in the MSCHE Periodic Review Report.
- Continue the expansion of the Graduate Certificate in Optometric Management Program/MBA offered in collaboration with SUNY Empire State College with a goal of raising enrollment to 10 new matriculates per year.
- Implement a Student Advisor Program for students having academic difficulty.
- Develop a plan for IPE and IPP with the optometry didactic and clinical education programs.
- Implement a system for the periodic site visits and reviews of externship sites.

- Assess the effectiveness of the Advanced-Standing Program being piloted with students from Wenzhou and determine the future viability of expansion.

#### Faculty

- The VPAA working with Clinical Administration, faculty supervisors and the Faculty Development Committee, will continue the implementation of the “New Faculty” orientation and mentorship program and the provision of faculty development program to the broader faculty community.
- To conduct a search for a tenure-track faculty position in cell and molecular ocular physiology. Emphasis on funded research program with strong translational and clinical collaboration.
- The VPAA will work collaboratively with the VPCA to recruit faculty for anticipated upcoming full-time clinical faculty vacancies.
- Increase opportunities for research in the area of ocular physiology – basic, clinical and translational.

#### Scholarship and Research/Sponsored Activity

- The Associate Dean for Graduate Studies will continue to work with the Research Council and faculty to implement the research elements of the strategic plan, including:
  - Continued development of the College’s clinical research capacity, and
  - The formal certification of our human subject policies and procedures (IRB).
  - Develop an expanded application for Empire Innovation Fund support should the initial “White Paper” to the SUNY Enhanced Investment and Performance Fund be accepted.

### **3.0 Health Care Development (Dr. Soden)**

- To further develop relationship within health care on the State and local levels to position the College for anticipated changes associated with the affordable care act.
- Investigate and establish expanded relationships with key health care organizations in the New York metropolitan area and in anticipation of providing increased inter-professional team-based clinical care opportunities for our students. (1 hospital, 1 Community Health Center)
- To further develop our role within the Medicaid Redesign (DRSIP) landscape to position ourselves as a key value added to the Performing Provider System (PPS).
- Provide support to the UEC by working with providers and insurance plans to maximize access to the UEC for patient populations throughout the NY metropolitan area.

### **4.0 University Eye Center (Ms. Liduvina Martinez-Gonzalez)**

#### General:

- Pilot urgent care clinic for the care for the patient who presents with an “emergency” during normal UEC operating hours.
- Improve workforce engagement and faculty/staff development including leadership training opportunities for the Chiefs of Services and Clinic Managers and expand training opportunities for staff. Implement focused training for staff re: patient centered care and the patient experience.
- Promote public health topics and increase community outreach to address major public health issues. Involve nursing and social work in the development and implementation of programming to benefit patients and the College Community.
- Promote and operationalize the patient centered experience. Develop and implement *Experience More Teams* (EMTs) to review and enhance the patient experience and facilitate the care process
- Working through the Director of Communications, redesign the UEC website to focus on the patient inter-face and accommodate the NextGen patient portal.

- Create dashboards of key performance indicators and promote strategic management focusing on Access, Quality of Care, Efficiency, Volume and Revenue Cycle.
- Continue to work with the V.P. for Academic Affairs, the Associate Dean for Research, the Director of the CVRC and the Chiefs of Service to improve patient recruitment for clinical trials.
- Conduct a comprehensive review of Social Work and implement changes as needed to improve inter-professional patient care and education, while using the NextGen EHR to monitor activity levels and outcomes.
- Conduct faculty searches in anticipation of anticipated full-time faculty vacancies, working in cooperation with the VPAA. Searches will be national in scope.

Advanced Care:

- Select, acquire and implement new picture archive and communications system (PACS).
- Re-examine and develop business strategy to improve and expand patient care, education and research in the area of dry eye.
- Review and enhance the quality and effectiveness of ophthalmology services and its educational effectiveness, including pre- and post-operative care and the completion of the RFP process for the re-establishment of refractive surgery center activity.

Vision Rehabilitation:

- Development of a communication and marketing campaign.
- Assessment and Improvement of access to care and referral processes.
- Improvement to 3<sup>rd</sup> and 4<sup>th</sup> year student clinical experience - Develop an educational guide to ensure active and integrated learning during vision therapy observation. Implement grand rounds for 4<sup>th</sup> years around vision therapy. Increase participation and collaboration in research and lifelong learning.

Primary Care:

- Assessment and improvement of care delivery process. Add pre-testing to visits and implement efficient problem oriented examinations to decrease chair time for visits and improve efficiency. Implement customer service initiatives to improve the patient experience. Review coordination of effort and activities between front desk, patient accounts and providers.
- Develop alternative strategies for integrating the use of ancillary personnel into the educational and patient care process. Provide learning experiences to integrate pre-testing data collection and improve critical thinking skills.
- Review and assess impact of the PCDC and Pediatric Review reports on patient care, education and research. Develop and implement a plan of action to assess impact of changes already in place and additional changes required to maximize quality, efficiency and productivity.
- Conduct design study to relocate the Eyewear Center to the Records Room and redesign the space left on the 7<sup>th</sup> floor to incorporate pre-testing areas and decompress the Service.

## **5.0 Student Affairs & International Programs (Dr. Philpott)**

Student Life

- Continue to assess and enhance the quality of community life for all college constituents and establishing a more vibrant community. Efforts will include the use focus groups to assess student perceptions of our campus climate and create programs that foster faculty-student interactions.
- Re-evaluate and re-structure responsibilities (given the vacancy of CDC Director position) to advance the Career Develop Center's ability to positively impact students financial literacy, career

development skills, and build within them a sense of professional obligation and career satisfaction as alumni.

- Review and refine outcome measures for student engagement to assure alignment with the SUNY Excels program.

#### Admissions

- Recruit a well-qualified, entering class of 100 Doctor of Optometry program students for the fall, 2016.
- Enhance recruitment efforts by:
  - Launching a digital marketing campaign (in collaboration with the Director of Communications) targeting prospective students from upstate, NY and CT.
  - Expanding efforts with high yield campuses with an emphasis on upstate New York as highlighted in the College's Enrollment Management Plan.
  - Continue emphasizing the importance of "leadership" qualities in the interview process.
- Increase yield in the professional degree program (accepted to matriculate) from 57% to 60%.

#### International Programs:

- Establish (with community involvement) a Mission Statement, Goals, Objectives and Outcomes measures to provide direction and determine success for the future.
- Work with Academic Affairs to evaluate the pilot advanced standing program with the Wenzhou Medical College for two students enrolled in the WMU MD program and make recommendations for further development.
- Evaluate and modify as needed the 4 - week Global Health and Leadership Development Program for WMU students in the summer of 2016.
- Conduct the 2<sup>nd</sup> Career Development Workshop for WMU students in December 2015.
- Follow-up as appropriate on the advisement of Arab American University and define future steps taking into consideration geopolitical complexities.
- Continue to refine the programming of the Confucius Institute to assure alignment with the Center's mission and goals.

#### Financial Aid

- Continue efforts to maintain tuition and fees that are competitive with other schools and colleges of optometry.
- Develop and implement expanded financial aid counseling programs to help students limit their indebtedness levels and assures their financial literacy at the time of graduation.

#### Diversity

- With the change in the leadership of the program, work to assure a smooth transition and that the program remains effective in achieving its goals.
- The Office of Minority Enrichment will work with the Office of Admissions to develop diversity goals embedded in the College's strategic plan and in alignment with the SUNY Excels Program.

### **6.0 Administration and Finance (Mr. Bowers)**

#### Business Affairs

- Continue the development of strategic finance data and projection models to improve management's ability to make data-driven decisions to prudently develop, allocate and manage the college resources in support of our strategic priorities.

- Work with budget heads to increase the use of the Business Intelligence program and simplify budgetary and procurement processes where possible.
- Work with the UEC to ensure efficiencies in the EMR and coordination with the College's financials.

#### Human Resources

- Assure the effective implementation of and compliance with recent changes in federal, state & system policy, including: 1) Employment of Veterans and Disabled Veterans, 2) the Violence Against Woman Act, 3) Cleary Act, 4) Title IX, 5) the Child Protection Policy and 6) Health Insurance Dependent Eligibility Verification Project.
- Continue to assure that the College is in compliance with appropriate federal and state policies and procedures.

#### Information Technology & Media Services

- Continue to manage existing IT resources to meet the ongoing and expanding needs of the College community.
- Continue to help the community assess, research and implement new technologies to enhance teaching and learning.
- Provide input and collaborate with SUNY System Administration and its information technology strategic initiatives.
- Implement Scantron Class Climate, ParScore, ParTest and ParTest Online systems.
- Upgrade computer equipment in the library, (one computer lab and Mac Equipment).
- Continue to upgrade and maintain information security in compliance with state/federal/SUNY rules and regulations.
- Work with the UEC, assuring appropriate staffing and support for full implementation of the NextGen system.
- Assist the UEC to assess, research and implement UEC picture archive and communication system (PACS).
- Work with the Director of Communications to maintain and upgrade College and UEC Websites.
- Assist UEC Admin in meeting "meaningful use" objectives.
- Continue to expand use of Mediasite Lecture Capture and webcasting solution with the implementation of an online cataloging system.
- Assist IT and Academic Affairs with the establishment of the 14<sup>th</sup> Floor simulation laboratory.
- Research alternative elevator signage technology.

#### Management Services:

- *Engineering* – Continue the implementation of action steps in response to Executive Order 88 to reduce the average EUI across SUNY System by 20% by 2020.
- *Environmental Health & Safety* – Ensure the College remains in compliance with all state and federal regulations.
- *Environmental Health & Safety* – Periodically update website to include all current policies and develop a new Sustainability and Energy Conservation page in support of EO88.
- *University Police* – Focus on enhancing professionalism and the development of a service-oriented philosophy at security checkpoints.
- *University Police* – Maintain security standards throughout the renovation of the lobby renovation project.
- *Housekeeping* – Develop new strategy for achieve a higher standard of cleanliness for the entire building.

### **7.0 Institutional Development** *(Ms. Warwick)*

- Develop a staffing re-organization plan for the Office of Institutional Advancement that will support an expansion of annual giving and ultimately prepare the foundation for the College's 50<sup>th</sup> Anniversary Campaign in 2021.
- Working with legal counsel, develop and implement a plan which integrates the Alumni Association within the OCNYS foundation prior to July 1, 2016.
- Achieve an annual fundraising total of \$1.5M and increase percentage of participation by alumni to 9%.

### **8.0 Institutional Research and Planning** *(Dr. Schwartz)*

- The College will complete and submit its Middle States Commission on Higher Education (MSCHE) Periodic Review Report (PRR) prior to June 1, 2016.
- Working with the IRPC and VPs, continue to oversee the implementation of the 2013 – 2018 Strategic Plan and the College's Institutional Assessment Plan.
- Support the President in the preparation of the College's Campus Performance Plan for SUNY Administration and in aligning the current performance indicators with those identified in the new Performance Plan.
- Continue to advance transparency through the publication of Key Performance Indicators on the College Website's IRP page.

### **9.0 Communications** *(Mr. Houle)*

- Develop and execute a comprehensive, ongoing, digital media advertising strategy for the UEC that can be carefully tracked, monitored and adjusted as necessary.
- Fully implement the "Experience More" UEC PR campaign.
- Oversee the development of a new UEC website that specifically serves the needs of our patients and incorporates the NextGen Patient Portal.
- Continue to expand the social media profile of the UEC increasing visibility to all constituents, but in particular prospective patient populations.
- Working in collaboration with the Admissions department, develop updated web-based strategies to support the recruitment and enrollment of highly qualified students.
- Produce more "content" and expand the number of "earned" communications.
- Working with the President's Office to implement internal communication strategies that share news specifically related to the College's employees.

***Version: 09/08/15***

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STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY



## INSTITUTIONAL RESEARCH AND PLANNING COMMITTEE (IRPC)



### Purpose

The Institutional Research and Planning Committee will provide support and counsel to the President and the Director of Institutional Research and Planning on assessment design, implementation and analysis relative to the College's strategic priorities. The Committee will also assist in the development of institutional budgets and the allocation of resources in alignment with the College's Strategic Plan.

### Reporting Link

President

### Specific Responsibilities of the Committee:

- Assist in the design of an institutional assessment program linked to the College's Strategic Plan
- Review institutional outcomes data and advise the administration on action steps to achieve the College's strategic goals
- Recommend methods for communicating the results of institutional research and outcomes assessment to the broader

College community

- Actively consult with the College administration on budget preparation and the allocation of resources in support of the College's strategic priorities

## Membership

The Committee will be broadly representative, consisting of 8 members in addition to the director of institutional research and planning. All members should have an active interest in and dedication to the concept of institutional assessment and planning. All nominations are subject to review and appointment by the president, and all appointments are for 1-year terms (renewable). The Committee will be staffed and chaired by the director of institutional research and planning. It will be constituted of

- 5 faculty members
  - 1 nominated by each of the 3 academic departments: [Biological & Vision Sciences](#), [Clinical Education](#), and the [University Eye Center](#).
  - 1 nominated by Research Council
  - 1 UEC faculty member nominated by Clinic Council
- 1 student member nominated by Student Council (the student must be in good academic standing).
- 3 members of the college's staff as appointed by the president.

## Decision-Making

The Committee is advisory in nature and will make recommendations on a consensus basis.

## Committee Members 2015-2016

*Dr. Steven Schwartz* (Chair)

*Dr. Richard Soden* (Staff)

*Mr. Guilherme Albieri* (Staff)

*Dr. Mitchell Dul* (Staff)

*Dr. Ann Beaton* (Biological & Vision Sciences)

*Dr. Julie Appel* (Clinical Education)

*Dr. Joseph Stamm* (Clinic Council)

*Dr. Stewart Bloomfield* (Research Council)

*Dr. Harriette Canellos* (UEC)

**Highlights of OD Exit Survey**  
**Class of 2015**  
 Response rate = 59/74 = 79.7%

**General**

- 95% agree (72%) or strongly agree (22%) that “Overall, I am satisfied with the quality of the optometric education I received at SUNY”
- 86% agree (64%) or strongly agree (22%) that “If I had it to do over again, I’d attend SUNY Optometry”
- 67% have a long-term goal of entering a partnership or purchasing or opening a practice
- 47% have long-term plans to practice in New York state
- 36% plan to enter a residency program immediately upon graduation
- 29% will have a total (undergrad and grad) indebtedness of \$175,000 or higher
- 43% expect to earn \$100,000 or more in their first full year of practice following graduation

**Overall Preparedness**

- Students feel underprepared or somewhat underprepared to independently (>20%):
  - Prescribe/fit contact lenses for presbyopes (24%)
  - Determine when to refer lesions of the adnexa for biopsy (35% → 14%)<sup>1</sup>
  - Treat herpes corneal infection (23% → 13%)
  - Prescribe oral medications to treat eye disease (37%)
  - Manage post-surgical care in refractive surgery (41% → 17%)
  - Manage optic neuropathies (21%)
  - Manage strabismus (33%)
  - Provide primary care for infants/toddlers (2 or younger) (43%)
  - Prescribe near reading devices for low vision (50%)
  - Prescribe telescopic devices (74%)
  - Adjust the frame of a patient’s spectacles (21%) **NEW**
  - Advise a patient on various progressive lens options (33%)
  - Administer IV, IM or subconjunctival injections (> 70% each)
- Students feel underprepared or somewhat underprepared in (>20%):
  - Practice management (45%)
  - Coding and billing (57%)
  - Participation in quality assurance record reviews (36%)

**Lecture/lab**

- Students believe that not enough lecture/lab time was devoted to (>25%):
  - Systemic physiology (47%) **NEW**
  - Methods and procedures related to evaluation of health of ocular tissues (29% → 19%)
  - General medicine (60%)
  - Glaucoma 29% **NEW**
  - Anterior segment disease (29%) **NEW**
  - Posterior segment disease (31%)
  - Contact lenses (26%)

<sup>1</sup> Items highlighted in yellow exceeded the criterion for flagging in 2014, but not in 2015.

- Low Vision (67%)
- Pediatrics (35%) **NEW**
- Practice management (43%)
- Laser procedures of anterior segment (48%)
- Laser procedures of posterior segment (53%)
- Students believe that too much lecture/lab time was devoted to (>25%):
  - Cellular and molecular biology (39%)
  - Geometrical and visual optics (33 → 24%)
  - Binocular vision (47%)
  - Vision therapy (29%)
  - Public health (26%) **NEW**

### **Clinic**

#### **On-Campus Rotations (>30%)**

##### Primary Care rotation

- 67% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Primary Care rotation

##### On-campus Ocular Disease rotation

- 41% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Ocular Disease rotation

##### On-campus Vision Therapy rotation

- 43% strongly disagree or disagree with “I saw a diverse range of clinical conditions” when thinking of my on-campus Vision Therapy rotation
- 34% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my on-campus Vision Therapy rotation”

##### On-campus Pediatric Clinic rotation

- 68% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Pediatric Clinic rotation
- 37% strongly disagree or disagree with “I saw a diverse range of clinical conditions” when thinking of my on-campus Pediatric Clinic rotation
- 33% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my on-campus Pediatric Clinic rotation

##### On-campus Low Vision Clinic rotation

- 38% strongly disagree or disagree with “I knew what was expected of me” when thinking of my on-campus Low Vision Clinic rotation
- 72% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Low Vision Clinic rotation

- 36% strongly disagree or disagree with “I saw a diverse range of clinical conditions” when thinking of my on-campus Low Vision Clinic rotation
- 76% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my Low Vision Clinic rotation

#### UEC Eyewear Center

- 43% strongly disagree or disagree with “I knew what was expected of me” when thinking of my rotation through the UEC Eyewear Center
- 54% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my rotation through the UEC Eyewear Center
- 63% strongly disagree or disagree with “I saw a diverse range of clinical conditions” when thinking of my rotation through the UEC Eyewear Center
- 48% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my rotation through the UEC Eyewear Center

Students believe that that they spent too much time in the following rotations (>25%):

- UEC Vision therapy (43 → 25%)
- UEC Eyewear Center (60 → -54%)

Students believe that that they spent too little time in the following rotation (>25%):

- UEC Ocular Disease (33%)
- UEC Pediatrics (32%) **NEW**
- UEC Low Vision (39%)
- UEC Eyewear Center (54%) **NEW**

#### Student Life/Services

- Students were very dissatisfied or dissatisfied with (>30%):
  - On-campus study space (40%)

#### Participation in Optional Activities

- Greater than 10% of those who responded to this question (n = 52) were active participants in the following activities
  - Research project with a faculty member (25%)
  - Presentation of an abstract at a research meeting (15%)
  - Authorship (sole or joint) of a paper submitted for publication (12%)
  - MS thesis project (13%)
  - Providing health care services at a site other than the UEC that serves underserved populations (56%)
  - Learned another language to improve communications with patients (56%)
  - Mission trips (e.g., SVOSH, FCO) (33%)
  - Special Olympics (60%)
  - Diabetes awareness events (21%)
  - Student government (31%)

- Professional organizations (AOSA, NYSOA) (77%)

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**Highlights of OD Exit Survey**  
**Class of 2014**  
N = 54

**General**

- 91% agree or strongly agree that “Overall, I am satisfied with the quality of the optometric education I received at SUNY”
- 73% agree or strongly agree that “If I had it to do over again, I’d attend SUNY Optometry”
- 66% have a long-term goal of entering a partnership or purchasing or opening a practice
- 43% have long-term plans to practice in New York state
- 38% plan to enter a residency program immediately upon graduation
- 38% will have a total (undergrad and grad) indebtedness of \$175,000 or higher

**Overall Preparedness**

- Students feel underprepared or somewhat underprepared to independently (>20%):
  - Prescribe/fit contact lenses for presbyopes (35%)
  - Determine when to refer lesions of the adnexa for biopsy (35%)
  - Treat herpes corneal infection (23%)
  - Prescribe oral medications to treat eye disease (50%)
  - Manage post-surgical care in refractive surgery (41%)
  - Manage optic neuropathies (39%)
  - Treat strabismus (31%)
  - Provide primary care for infants/toddlers (2 or younger) (48%)
  - Prescribe near reading devices for low vision (54%)
  - Prescribe telescopic devices (70%)
  - Advise a patient on various progressive lens options (30%)
  - Administer IV, IM or subconjunctival injections (> 80% each)
- Students feel underprepared or somewhat underprepared in (>20%):
  - Practice management (62%)
  - Coding and billing (75%)
  - Participation in quality assurance record reviews (40%)

**Lecture/lab**

- Students believe that not enough lecture/lab time was devoted to (>25%):
  - Methods and procedures related to evaluation of health of ocular tissues (29%)
  - General medicine (52%)
  - Posterior segment disease (27%)
  - Contact lenses (37%)
  - Low Vision (62%)
  - Practice management (57%)
  - Laser procedures of anterior segment (65%)
  - Laser procedures of posterior segment (71%)
- Students believe that too much lecture/lab time was devoted to (>25%):
  - Cellular and molecular biology (55%)
  - Geometrical and visual optics (33%)

- Binocular vision (46%)
- Vision therapy (38%)

### **Clinic**

- 52.83% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Primary Care Rotation
- 29% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Ocular Disease rotation
- 31% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Pediatric Clinic rotation
- 67% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Low Vision Clinic rotation
- 86% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my Low Vision Clinic rotation
- Students believe that that they spent too much time in the following rotations (>25%):
  - UEC Vision therapy (43%)
  - UEC Eyewear Center (60%)
- Students believe that that they spent too little time in the following rotation (>25%):
  - UEC Ocular Disease (27%)
  - UEC Low Vision (25%)

### **Student Life/Services**

- Students were very dissatisfied or dissatisfied with (>30%):
  - On-campus study space (33%)

### **Participation in Optional Activities**

- Greater than 10% were active participants in the following activities
  - Research project with a faculty member (18%)
  - Presentation of an abstract at a research meeting (12%)
  - Providing health care services at a site other than the UEC that serves underserved populations (50%)
  - Learned another language to improve communications with patients (36%)
  - Mission trips (e.g., SVOSH, FCO) (28%)
  - Special Olympics (82%)
  - Diabetes awareness events (20%)
  - Student government (24%)
  - Professional organizations (AOSA, NYSOA) (70%)

**Highlights of OD Exit Survey**  
**Class of 2013**  
N = 57

**General**

- 95% agree or strongly agree that “Overall, I am satisfied with the quality of the optometric education I received at SUNY”
- 84% agree or strongly agree that “If I had it to do over again, I’d attend SUNY Optometry”
- 84% have a long-term goal of entering a partnership or purchasing or opening a practice
- 40% have long-term plans to practice in New York state
- 25% plan to enter a residency program immediately upon graduation

**Overall Preparedness**

- Students feel underprepared or somewhat underprepared to independently (>20%):
  - Prescribe/fit contact lenses for presbyopes (35%)
  - Determine when to refer lesions of the adnexa for biopsy (35.1%)
  - Treat herpes corneal infection (25%)
  - Prescribe oral medications to treat eye disease (56%)
  - Manage post-surgical care in refractive surgery (55%)
  - Manage optic neuropathies (37%)
  - Treat strabismus (39%)
  - Provide primary eye care for preschoolers (ages 3-5) (21.4%)
  - Provide primary care for infants/toddlers (2 or younger) (46%)
  - Prescribe near reading devices for low vision (60%)
  - Prescribe telescopic devices (79%)
  - Advise a patient on various progressive lens options (36%)
  - Administer IV, IM or subconjunctival injections (> 85% each)
- Students feel underprepared or somewhat underprepared in (>20%):
  - Practice management (71%)
  - Coding and billing (70%)
  - Participation in quality assurance record reviews (39%)
  - Interprofessional health care (21.4%)

**Lecture/lab**

- Students believe that not enough lecture/lab time was devoted to (>25%):
  - Methods and procedures related to evaluation of health of ocular tissues (30%)
  - General medicine (57%)
  - Anterior segment disease (46%)
  - Posterior segment disease (39%)
  - Contact lenses (54%)
  - Low Vision (73%)
  - Pediatrics (27%)
  - Practice management (61%)
  - Laser procedures of anterior segment (63%)
  - Laser procedures of posterior segment (54%)

- Students believe that too much lecture/lab time was devoted to (>25%):
  - Cellular and molecular biology (54%)
  - Geometrical and visual optics (45%)
  - Binocular vision (43%)
  - Vision therapy (43%)
- 34% strongly disagree or disagree that “Basic science courses had sufficient illustrations of clinical relevance”

### **Clinic**

- 47% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Ocular Disease rotation
- 60% strongly disagree or disagree with “I saw a sufficient number of patients” when thinking of my on-campus Low Vision Clinic rotation
- 85% strongly disagree or disagree with “I feel well prepared for practice in this area” when thinking of my Low Vision Clinic rotation
- Students believe that that they spent too much time in the following rotations (>25%):
  - UEC Primary Care (38%)
  - UEC Vision therapy (26%)
- Students believe that that they spent too little time in the following rotation (>25%):
  - UEC Low Vision (56%)

### **Student Life/Services**

- Students were very dissatisfied or dissatisfied with (>30%):
  - Career planning services (36%)
  - On-campus study space (50%)
  - On-campus relaxation space (45%)
  - Opportunity to participate in non-academic college related activities (30%)

### **Participation in Optional Activities**

- Greater than 10% were active participants in the following activities
  - Research project with a faculty member (25%)
  - Providing health care services at a site other than the UEC that serves underserved populations (48%)
  - Learned another language to improve communications with patients (35%)
  - Mission trips (e.g., SVOSH, FCO) (23%)
  - Special Olympics (71%)
  - Diabetes awareness events (23%)
  - Student government (27%)
  - Professional organizations (AOSA, NYSOA) (64%)

## Highlights of 2015 (Class of 2009) Alumni Survey

Response Rate = 38/73 = 52%

- 76% of respondents are female
- 37% of respondents completed a residency program
- 25% are employed by an MD or work as an independent contractor in a MD's office (primary practice setting)
- 18% are in solo private practice (11%) or have an equity interest in a group private practice (8%) (primary practice setting)
- 52% work in more than one practice setting
- 24% work more than 40 hours per week and 24% work 30 hours or less a week
- 50% report an income of at least \$100,000
- 74% frequently treat diseases of the anterior segment
- 49% never provide low vision services
- 59% never provide vision therapy services
- 42% felt that the OD program did not prepare them to provide low vision services
- 26% felt that the OD program did not prepare them to provide pre- and post-surgical care
- 82% and 100% agreed or strongly agreed that the on-campus and off-campus clinical experiences, respectively, provided a sound basis for practicing optometry
- 95% agreed or strongly agreed that the curriculum prepared them to keep up with changes in eye care and new technology
- 81% agreed or strongly agreed that their student loan payments are manageable
- 62% agreed or strongly agreed that student loan payments have influenced their career decisions
- 61% strongly disagreed or disagreed that the practice management education received in optometry school was appropriate
- 95% do not use the SUNY Optometry library as an information resource
- 50% are members of the AOA, 13% are fellows in the AAO and 21% are board certified
- 84% visit the SUNY Optometry website at least once a year, with 26% visiting at least bimonthly

- 89% agree or strongly agree that SUNY Optometry allowed them to attain their professional goals
- 82% agreed or strongly agreed that if they had it to do over, they would choose optometry
- 92% agreed or strongly agreed that if they had it to do over, they would choose SUNY Optometry for their optometric education

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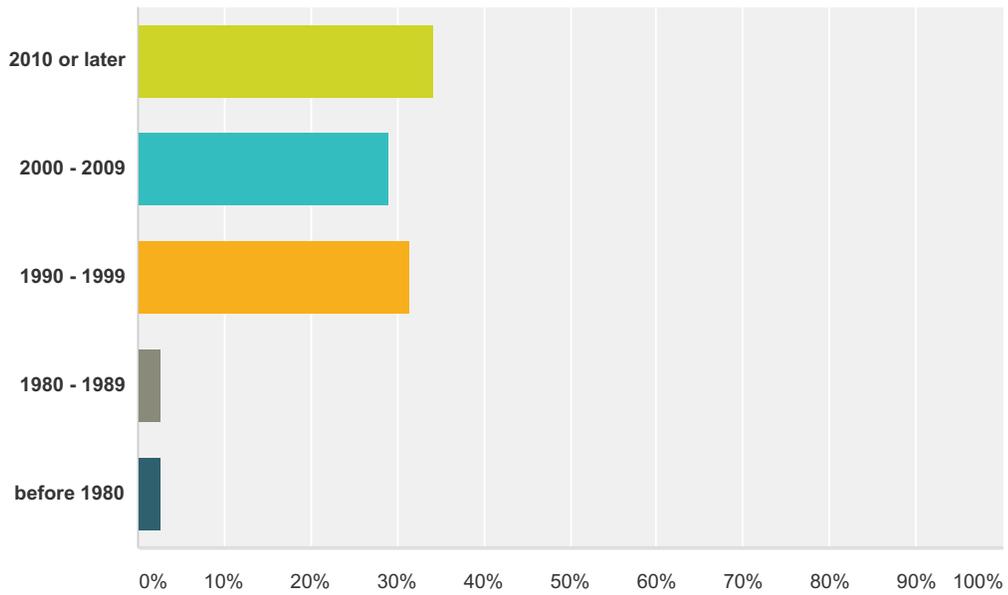
### Highlights of 2014 (Class of 2008) Alumni Survey

N = 22; Response Rate = 41% (27 responses out of 66 solicitations)

- 82% of respondents are female
- 37% of respondents completed a residency program
- 22% have an optical/corporate/retail *primary* practice setting and 11% have an optical/corporate/retail *secondary* practice setting
- 22% work more than 40 hours per week
- About 55% report an income of at least \$100,00
- 56% never provide low vision services
- 70% never provide vision therapy services
- 30% felt that the OD program did not prepare them to provide dispensing (eyewear) services
- 46% felt that the OD program did not prepare them to provide low vision services
- 85% and 92% agreed or strongly agreed that the on-campus and off-campus clinical experiences, respectively, provided a sound basis for practicing optometry
- 82% agreed or strongly agreed that their student loan payments are manageable
- 45% agreed or strongly agreed that student loan payments have influenced their career decisions
- 63% strongly disagreed or disagreed that the practice management education received in optometry school was appropriate
- 85% do not use the SUNY Optometry library as an information resource
- 33% are members of the AOA and 15% are fellows in the AAO
- 85% visit the SUNY Optometry website at least once a year, with 55% visiting at least bimonthly
- 100% agree or strongly agree that SUNY Optometry allowed them to attain their professional goals
- 74% agreed or strongly agreed that if they had it to do over, they would choose optometry
- 85% agreed or strongly agreed that if they had it to do over, they would choose SUNY Optometry

### Q1 When did you receive your MS?

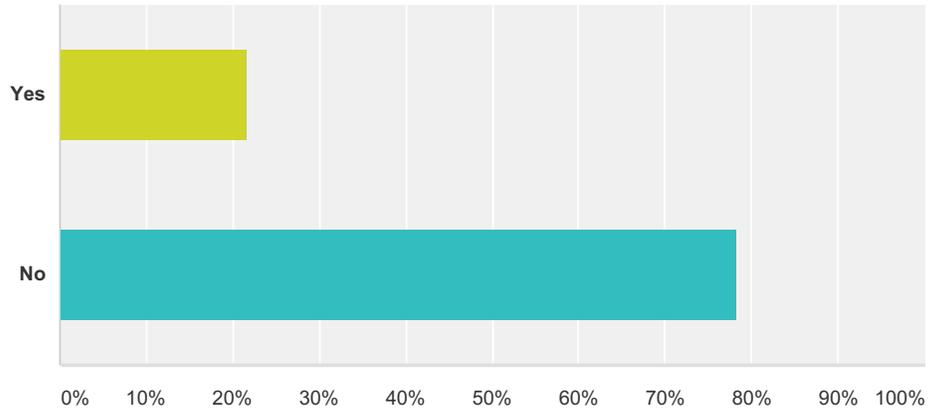
Answered: 38 Skipped: 0



Answer Choices	Responses
2010 or later	34.21% 13
2000 - 2009	28.95% 11
1990 - 1999	31.58% 12
1980 - 1989	2.63% 1
before 1980	2.63% 1
<b>Total</b>	<b>38</b>

**Q2 Did you participate in additional research training following the completion of your MS?**

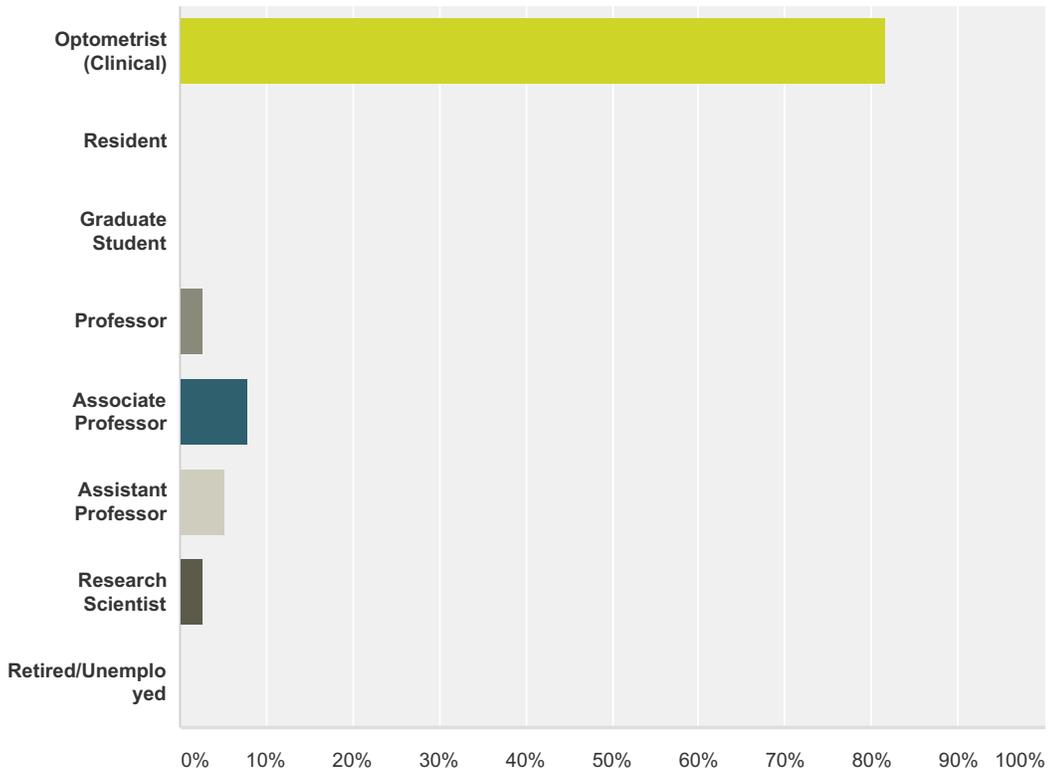
Answered: 37 Skipped: 1



Answer Choices	Responses	
Yes	21.62%	8
No	78.38%	29
<b>Total</b>		<b>37</b>

### Q3 What best describes your current PRIMARY professional position?

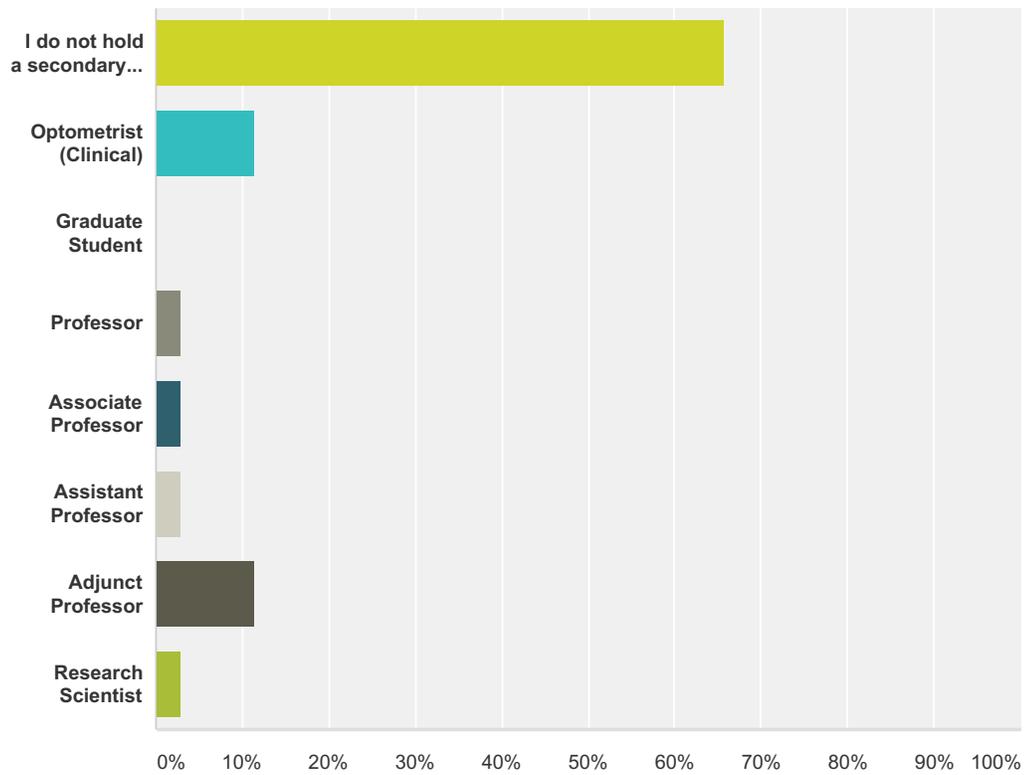
Answered: 38 Skipped: 0



Answer Choices	Responses	Count
Optometrist (Clinical)	81.58%	31
Resident	0.00%	0
Graduate Student	0.00%	0
Professor	2.63%	1
Associate Professor	7.89%	3
Assistant Professor	5.26%	2
Research Scientist	2.63%	1
Retired/Unemployed	0.00%	0
<b>Total</b>		<b>38</b>

### Q4 What best describes your current **SECONDARY** professional position?

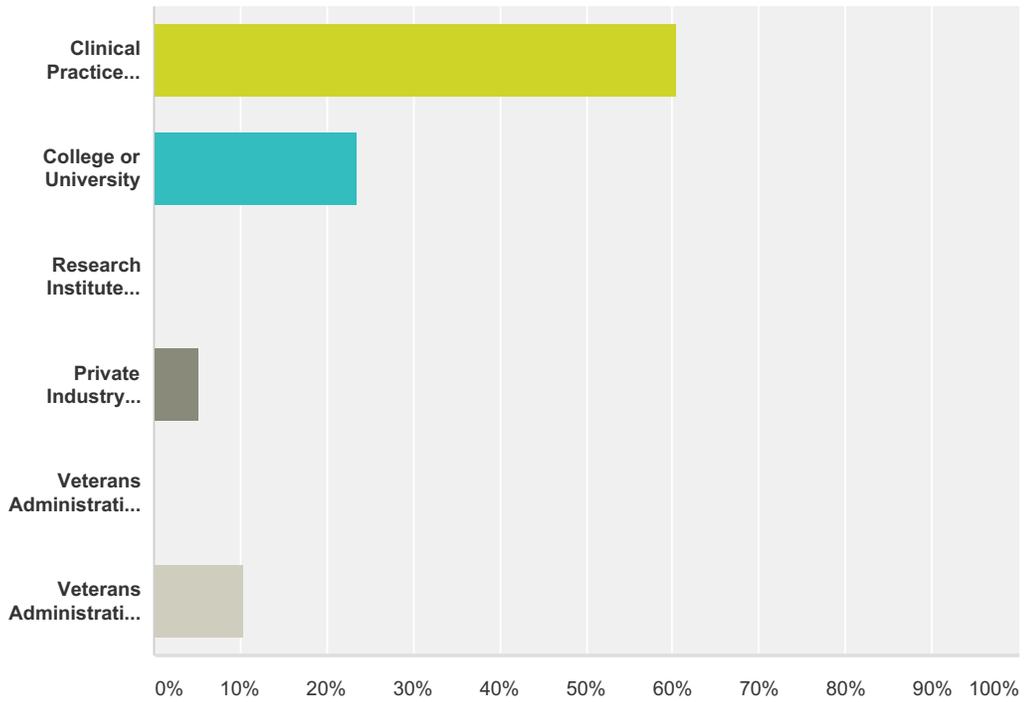
Answered: 35 Skipped: 3



Answer Choices	Responses	
I do not hold a secondary position.	65.71%	23
Optometrist (Clinical)	11.43%	4
Graduate Student	0.00%	0
Professor	2.86%	1
Associate Professor	2.86%	1
Assistant Professor	2.86%	1
Adjunct Professor	11.43%	4
Research Scientist	2.86%	1
<b>Total</b>		<b>35</b>

### Q5 What is your current primary place of employment?

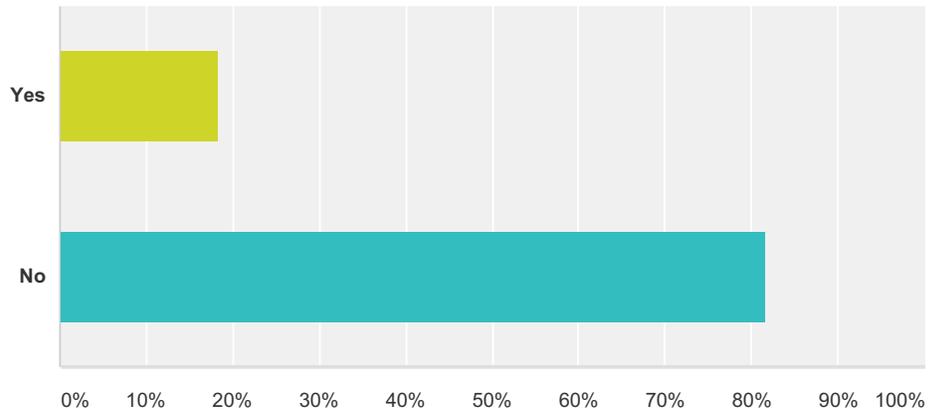
Answered: 38 Skipped: 0



Answer Choices	Responses
Clinical Practice (including self-employed)	60.53% 23
College or University	23.68% 9
Research Institute (not-for-profit)	0.00% 0
Private Industry (either employed or as a consultant)	5.26% 2
Veterans Administration Hospital as a Researcher	0.00% 0
Veterans Administration Hospital as a Clinician	10.53% 4
<b>Total</b>	<b>38</b>

### Q6 Have you served as a consultant for industry?

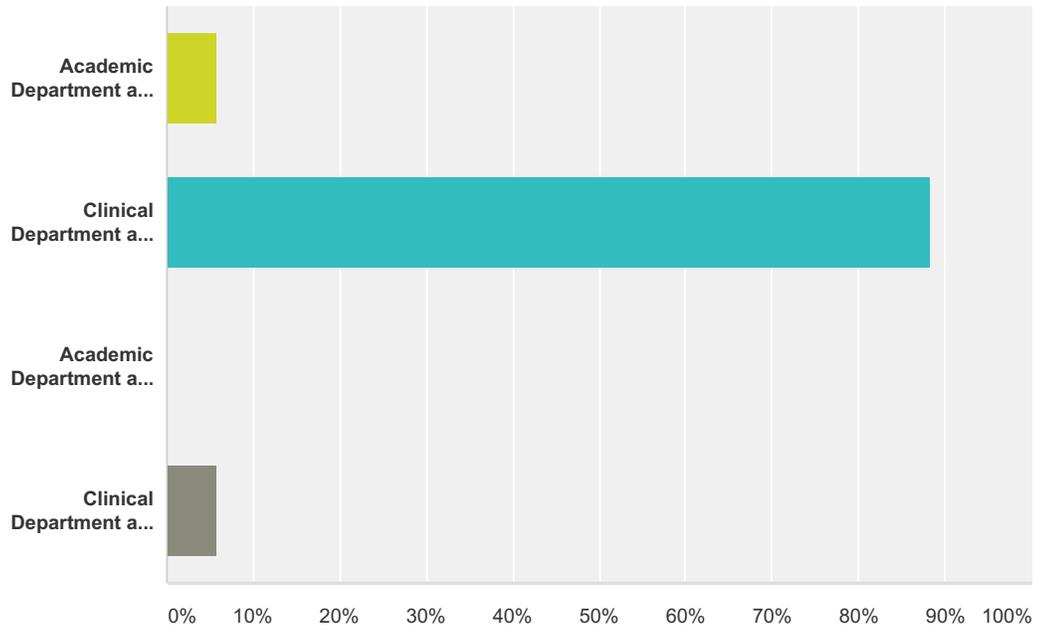
Answered: 38 Skipped: 0



Answer Choices	Responses
Yes	18.42% 7
No	81.58% 31
<b>Total</b>	<b>38</b>

### Q7 If you hold an faculty position, what best describes your department?

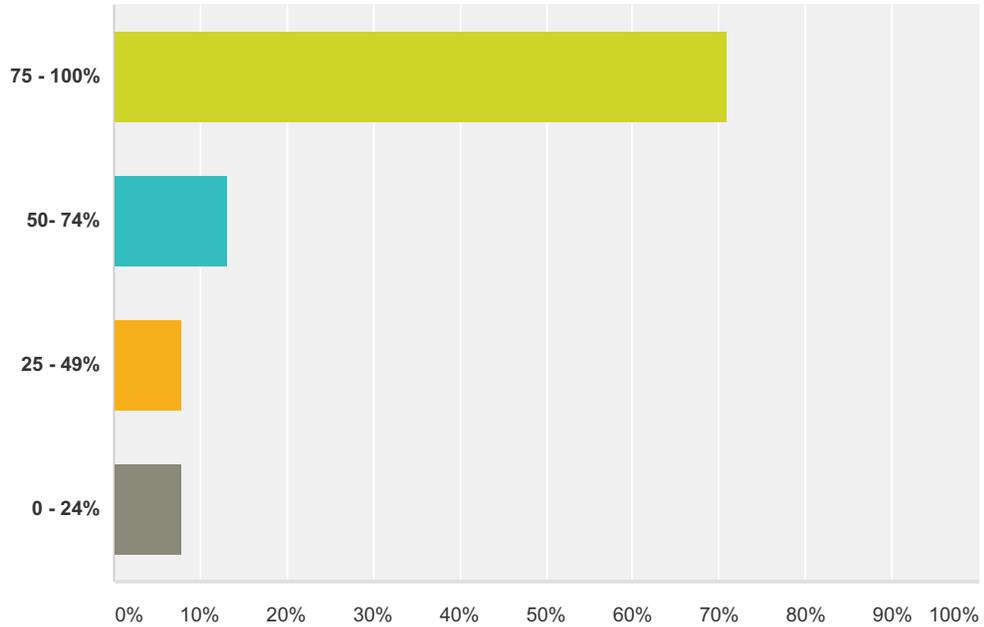
Answered: 17 Skipped: 21



Answer Choices	Responses	
Academic Department at a School/College of Optometry	5.88%	1
Clinical Department at a School/College of Optometry	88.24%	15
Academic Department at School/College of Medicine (e.g., physiology, pharmacology)	0.00%	0
Clinical Department at School/College of Medicine (e.g., ophthalmology)	5.88%	1
<b>Total</b>		<b>17</b>

### Q8 What percentage of your work time is devoted to patient care and related activities?

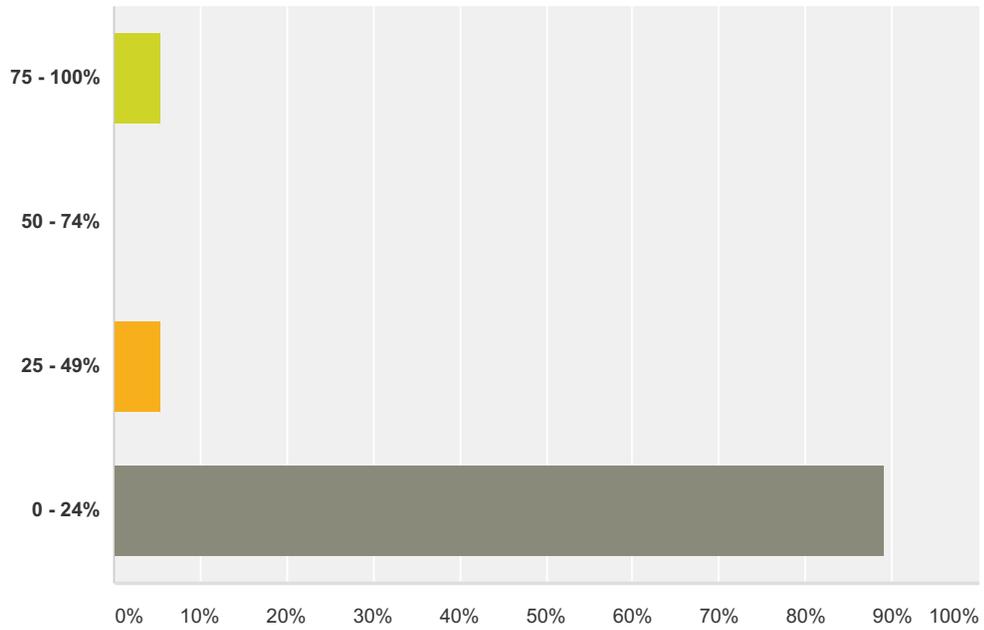
Answered: 38 Skipped: 0



Answer Choices	Responses
75 - 100%	71.05% 27
50 - 74%	13.16% 5
25 - 49%	7.89% 3
0 - 24%	7.89% 3
<b>Total</b>	<b>38</b>

### Q9 What percentage of you work time is devoted to research-related activities?

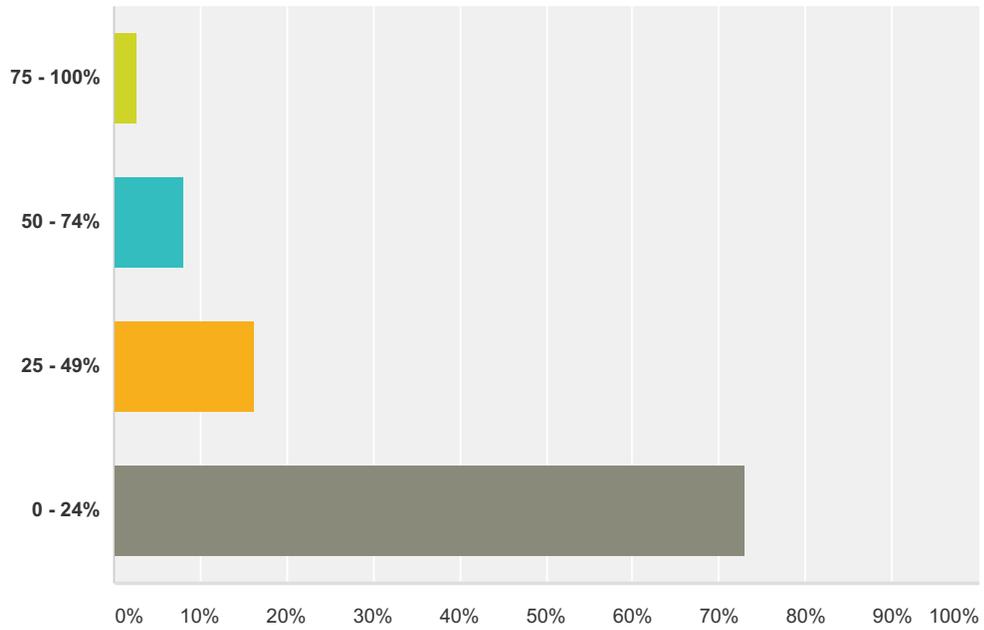
Answered: 37 Skipped: 1



Answer Choices	Responses	Count
75 - 100%	5.41%	2
50 - 74%	0.00%	0
25 - 49%	5.41%	2
0 - 24%	89.19%	33
<b>Total</b>		<b>37</b>

### Q10 What percentage of your work time is devoted to teaching?

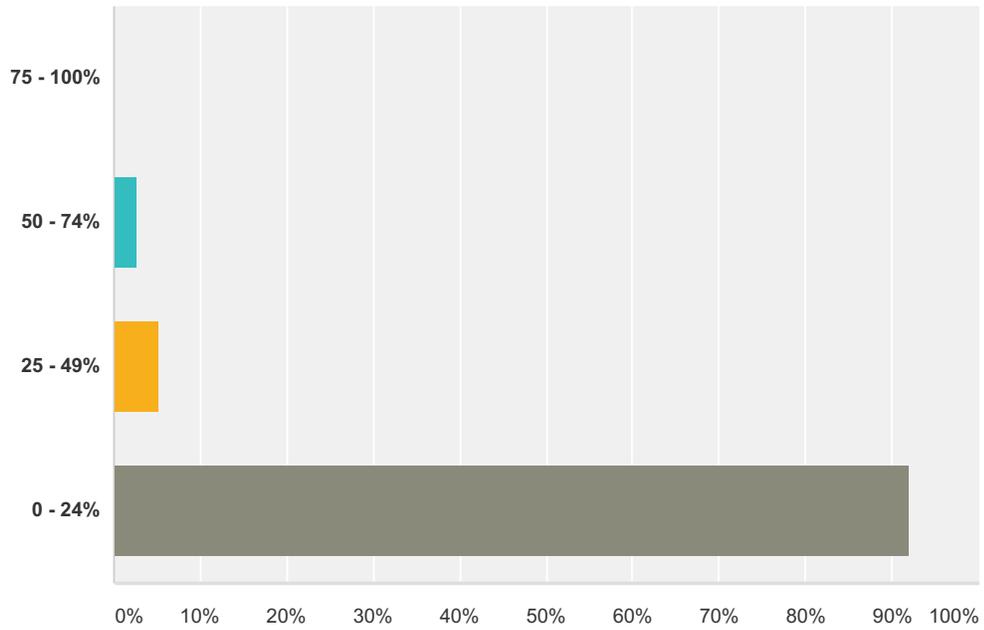
Answered: 37 Skipped: 1



Answer Choices	Responses	Count
75 - 100%	2.70%	1
50 - 74%	8.11%	3
25 - 49%	16.22%	6
0 - 24%	72.97%	27
<b>Total</b>		<b>37</b>

### Q11 What percentage of your work time is devoted to administration?

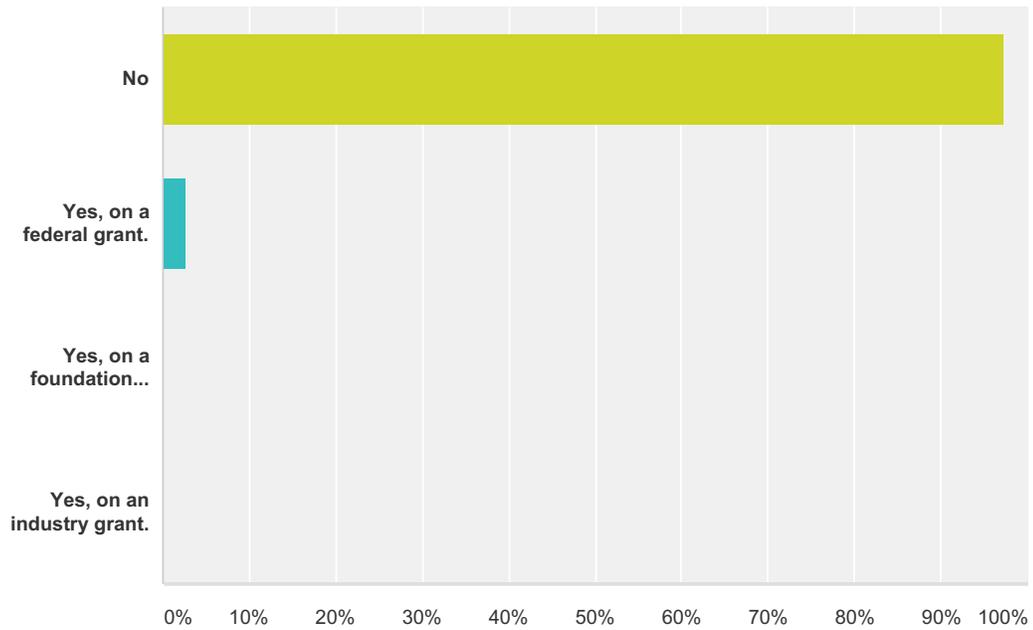
Answered: 38 Skipped: 0



Answer Choices	Responses	
75 - 100%	0.00%	0
50 - 74%	2.63%	1
25 - 49%	5.26%	2
0 - 24%	92.11%	35
<b>Total</b>		<b>38</b>

### Q12 Are you currently the PI on a grant?

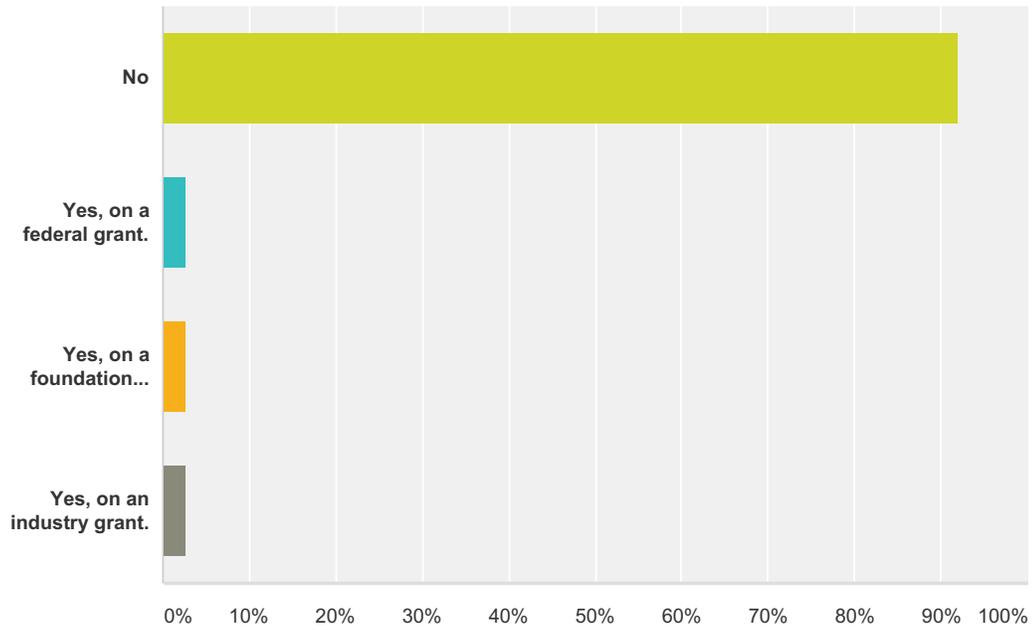
Answered: 38 Skipped: 0



Answer Choices	Responses
No	97.37% 37
Yes, on a federal grant.	2.63% 1
Yes, on a foundation grant.	0.00% 0
Yes, on an industry grant.	0.00% 0
<b>Total</b>	<b>38</b>

### Q13 Have you been a principal investigator on a grant within the past 10 years?

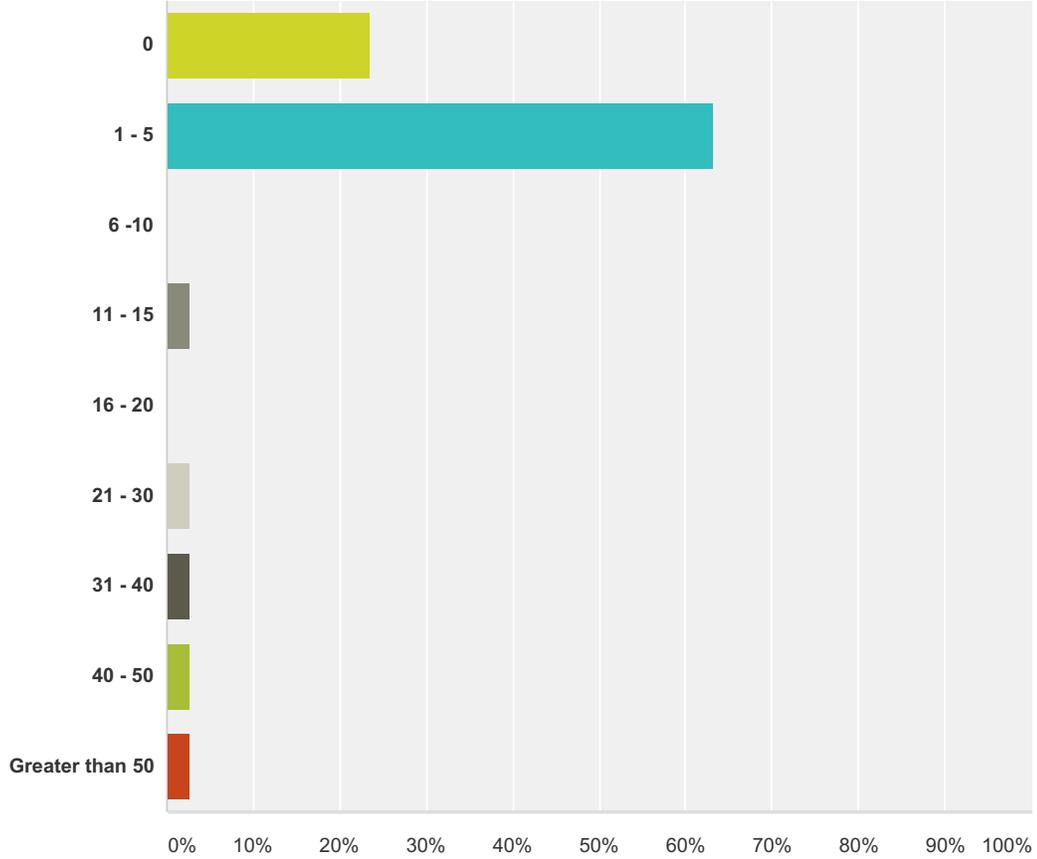
Answered: 38 Skipped: 0



Answer Choices	Responses
No	92.11% 35
Yes, on a federal grant.	2.63% 1
Yes, on a foundation grant.	2.63% 1
Yes, on an industry grant.	2.63% 1
<b>Total</b>	<b>38</b>

**Q14 On how many research papers have you been an author? Please do NOT include abstracts.**

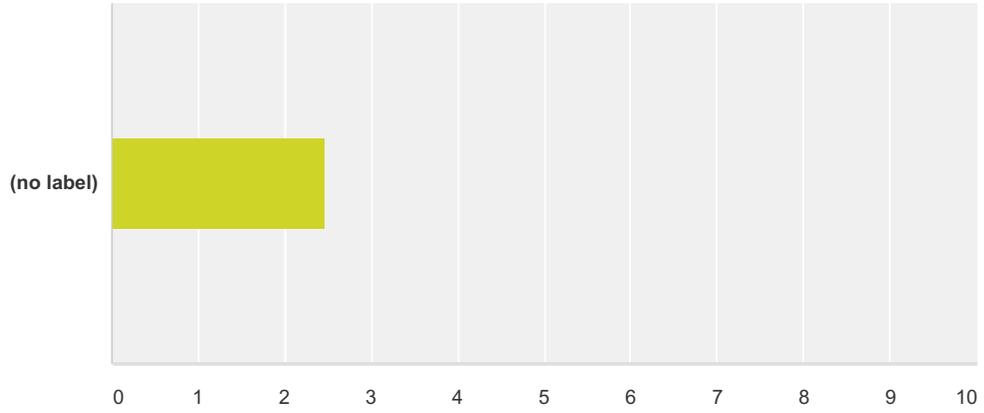
Answered: 38 Skipped: 0



Answer Choices	Responses	Count
0	23.68%	9
1 - 5	63.16%	24
6 - 10	0.00%	0
11 - 15	2.63%	1
16 - 20	0.00%	0
21 - 30	2.63%	1
31 - 40	2.63%	1
40 - 50	2.63%	1
Greater than 50	2.63%	1
<b>Total</b>		<b>38</b>

**Q15 Obtaining a MS degree helped me to obtain my current position.**

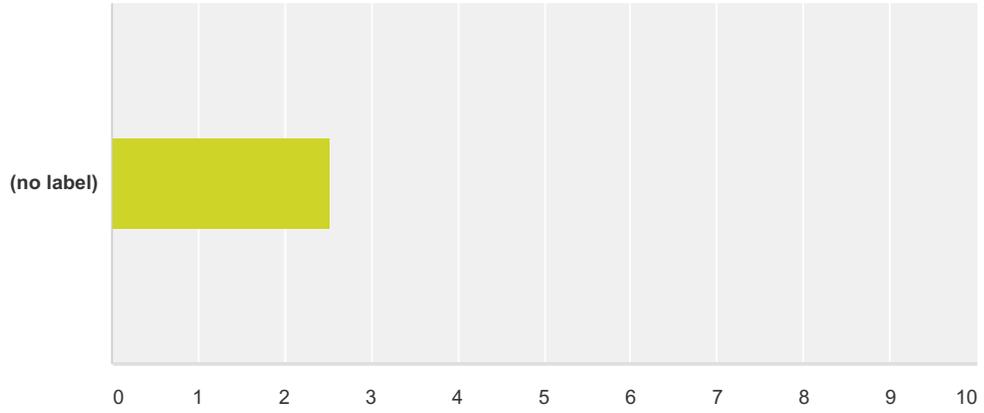
Answered: 38 Skipped: 0



	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	10.53% 4	44.74% 17	31.58% 12	13.16% 5	38	2.47

**Q16 Obtaining an MS degree made a difference in my career path.**

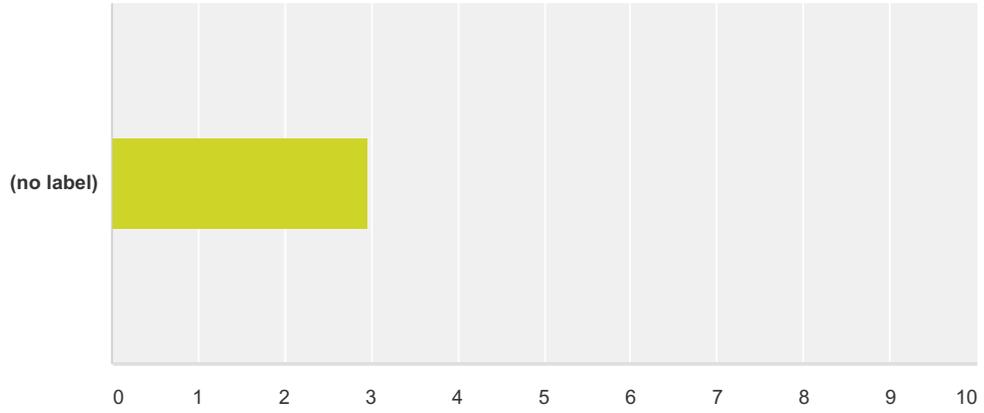
Answered: 38 Skipped: 0



	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	5.26% 2	42.11% 16	47.37% 18	5.26% 2	38	2.53

**Q17 The MS education I received at SUNY prepared me well for my career.**

Answered: 38 Skipped: 0

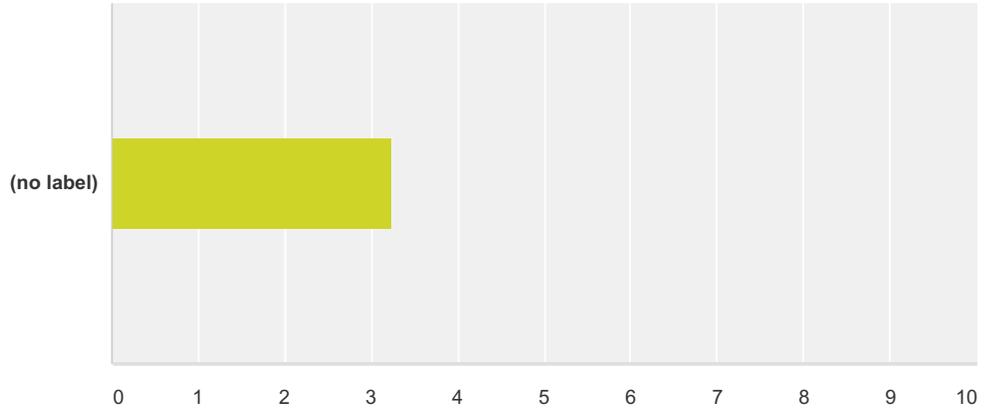


	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	7.89% 3	5.26% 2	68.42% 26	18.42% 7	38	2.97

OD-MS Alumni Survey

**Q18 If I could do it over it again, I would do the SUNY OD-MS program.**

Answered: 38 Skipped: 0



	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	5.26% 2	2.63% 1	55.26% 21	36.84% 14	38	3.24

**Q19 Please describe any challenges you may have encountered in pursuing both the OD and MS degrees simultaneously.**

Answered: 19 Skipped: 19

**Q20 What were the strengths of your OD-MS educational program?**

Answered: 21 Skipped: 17

**Q21 How could the SUNY OD-MS program  
be improved?**

Answered: 17 Skipped: 21

**Q22 Please feel free to provide us with any other comments regarding your SUNY OD-MS education?**

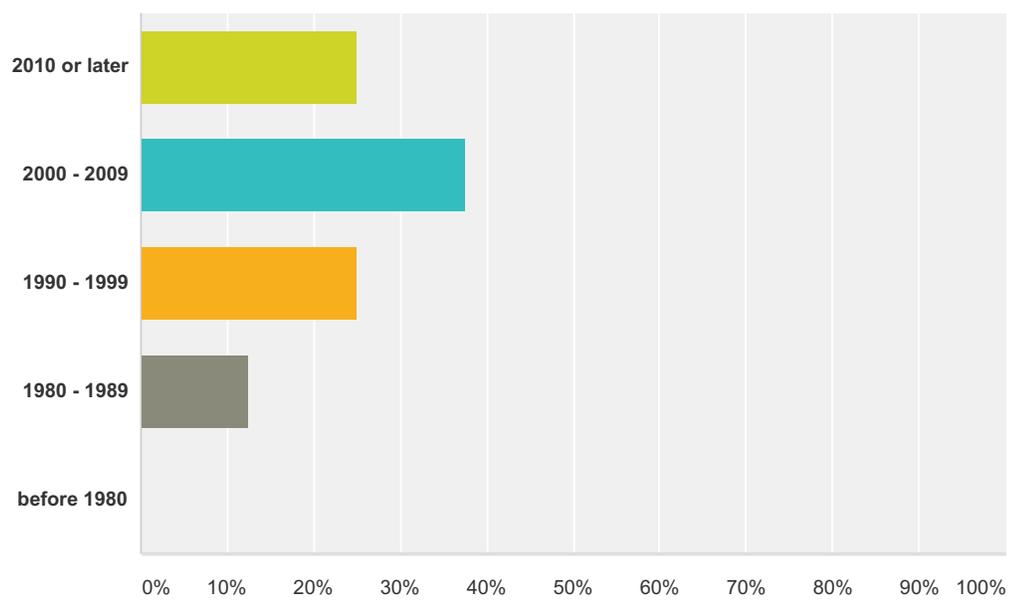
Answered: 12 Skipped: 26

RESPONSE RATE =

8/32 = 25.0%

### Q1 When did you receive your PhD?

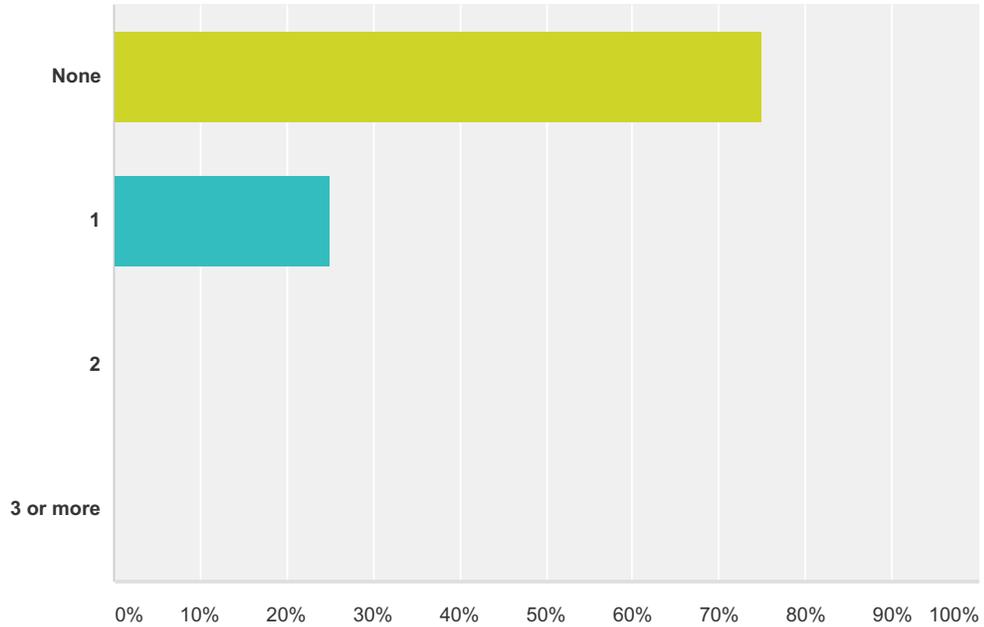
Answered: 8 Skipped: 0



Answer Choices	Responses
2010 or later	25.00% 2
2000 - 2009	37.50% 3
1990 - 1999	25.00% 2
1980 - 1989	12.50% 1
before 1980	0.00% 0
<b>Total</b>	<b>8</b>

### Q2 How many post-doctoral training programs did you do following the completion of your PhD?

Answered: 8 Skipped: 0



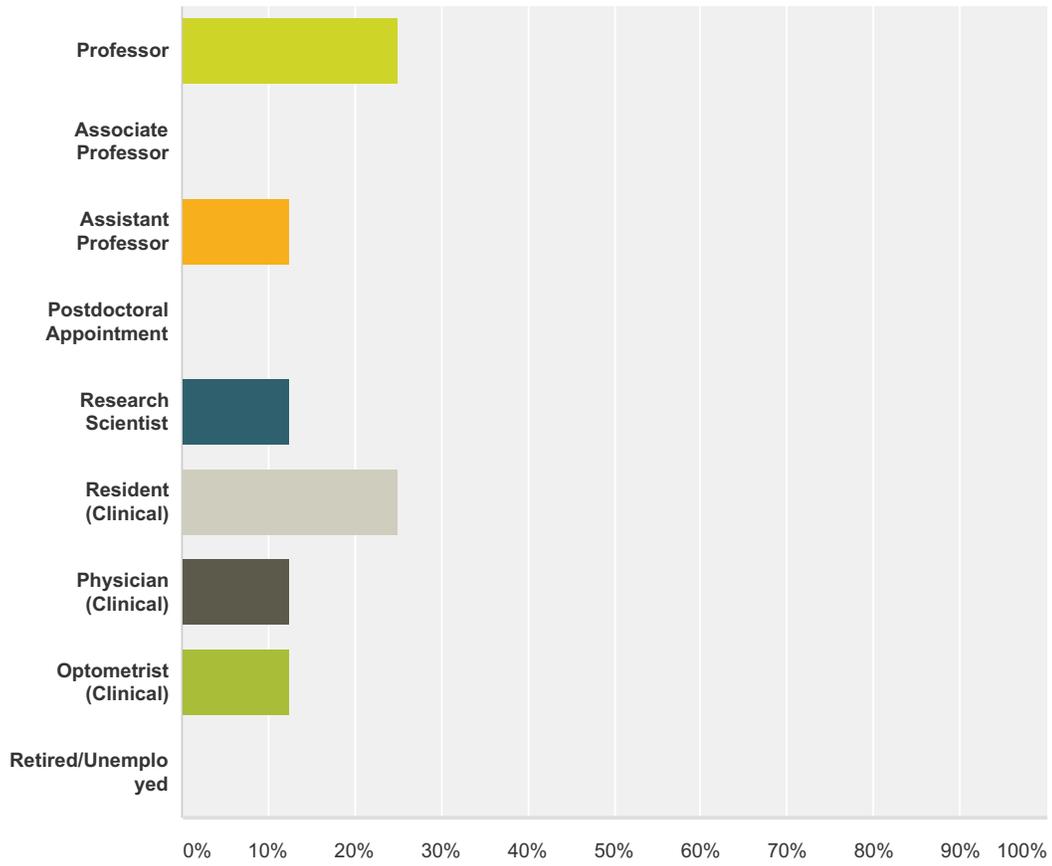
Answer Choices	Responses
None	75.00% 6
1	25.00% 2
2	0.00% 0
3 or more	0.00% 0
<b>Total</b>	<b>8</b>

**Q3 If you did post-doctoral training, please let us know where and with whom.**

Answered: 3 Skipped: 5

### Q4 What best describes your current PRIMARY professional position?

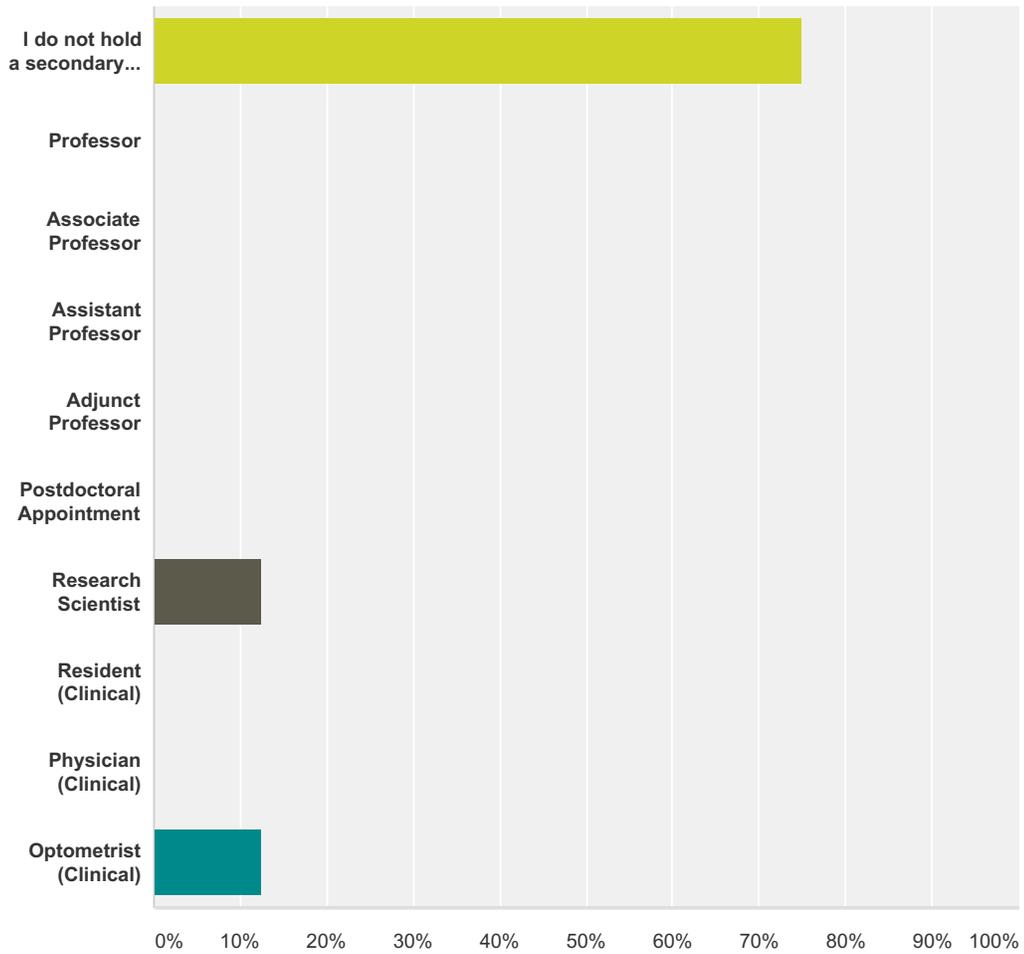
Answered: 8 Skipped: 0



Answer Choices	Responses
Professor	25.00% 2
Associate Professor	0.00% 0
Assistant Professor	12.50% 1
Postdoctoral Appointment	0.00% 0
Research Scientist	12.50% 1
Resident (Clinical)	25.00% 2
Physician (Clinical)	12.50% 1
Optometrist (Clinical)	12.50% 1
Retired/Unemployed	0.00% 0
<b>Total</b>	<b>8</b>

### Q5 What best describes your current **SECONDARY** professional position?

Answered: 8 Skipped: 0



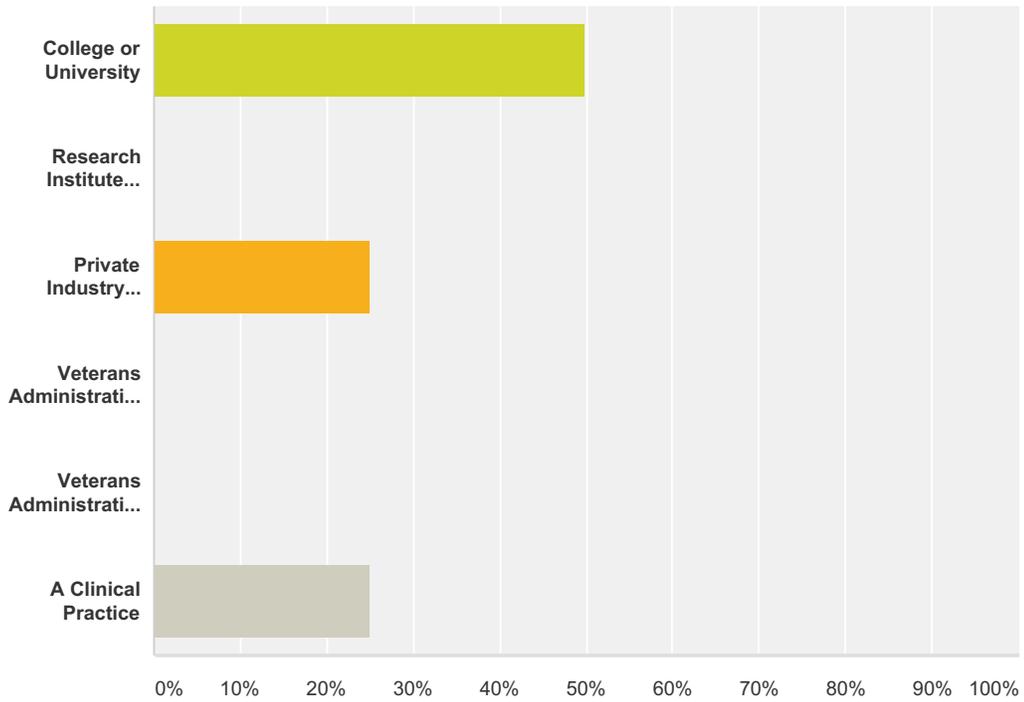
Answer Choices	Responses
I do not hold a secondary position.	75.00% 6
Professor	0.00% 0
Associate Professor	0.00% 0
Assistant Professor	0.00% 0
Adjunct Professor	0.00% 0
Postdoctoral Appointment	0.00% 0
Research Scientist	12.50% 1
Resident (Clinical)	0.00% 0
Physician (Clinical)	0.00% 0

## PhD Alumni Survey

Optometrist (Clinical)	12.50%	1
<b>Total</b>		<b>8</b>

### Q6 What is your current primary place of employment?

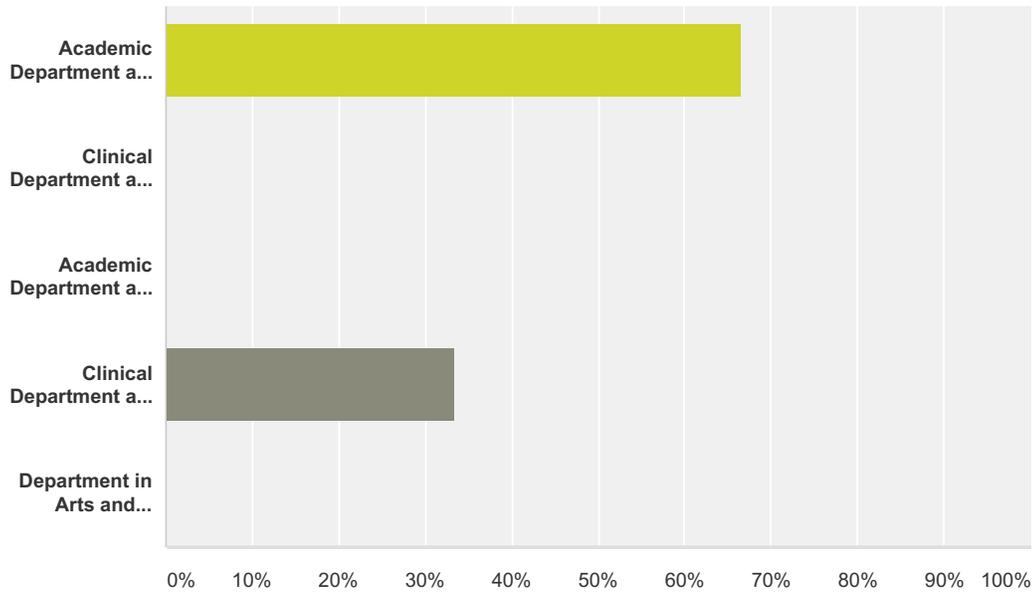
Answered: 8 Skipped: 0



Answer Choices	Responses
College or University	50.00% 4
Research Institute (not-for-profit)	0.00% 0
Private Industry (either employed or as a consultant)	25.00% 2
Veterans Administration Hospital as a Researcher	0.00% 0
Veterans Administration Hospital as a Clinician	0.00% 0
A Clinical Practice	25.00% 2
<b>Total</b>	<b>8</b>

### Q7 If you hold an faculty position, what best describes your department?

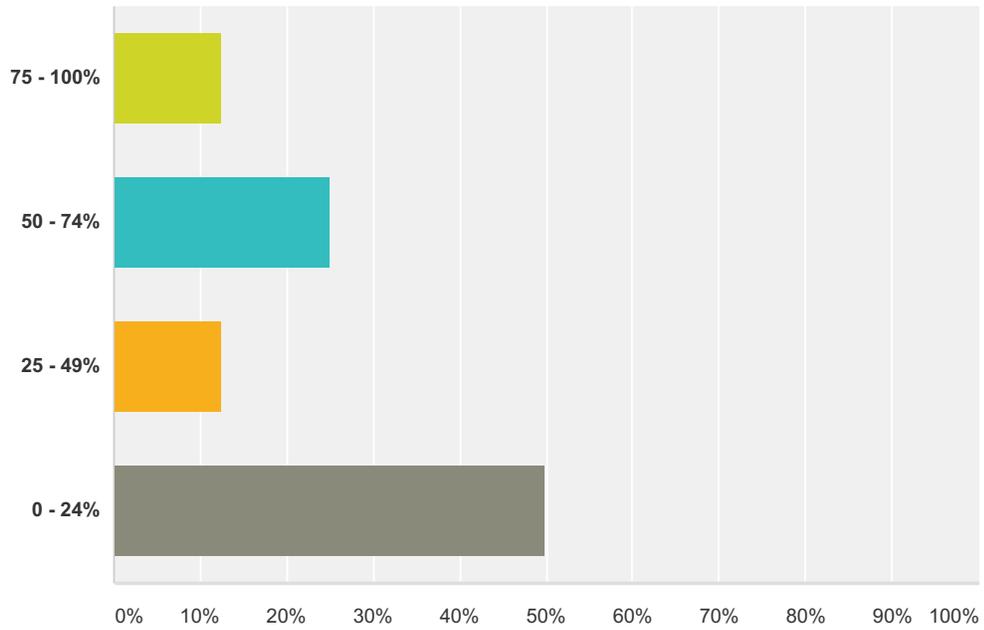
Answered: 3 Skipped: 5



Answer Choices	Responses
Academic Department at a School/College of Optometry	66.67% 2
Clinical Department at a School/College of Optometry	0.00% 0
Academic Department at School/College of Medicine (e.g., physiology, pharmacology)	0.00% 0
Clinical Department at School/College of Medicine (e.g., ophthalmology)	33.33% 1
Department in Arts and Sciences (e.g., psychology, biology)	0.00% 0
<b>Total</b>	<b>3</b>

### Q8 What percentage of you work time is devoted to research-related activities?

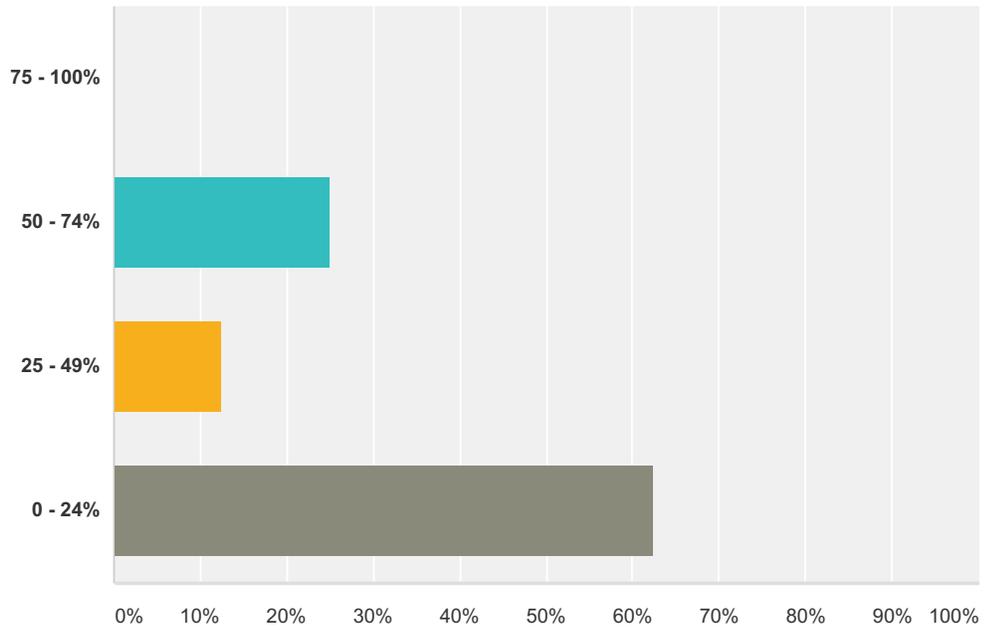
Answered: 8 Skipped: 0



Answer Choices	Responses	Count
75 - 100%	12.50%	1
50 - 74%	25.00%	2
25 - 49%	12.50%	1
0 - 24%	50.00%	4
<b>Total</b>		<b>8</b>

### Q9 What percentage of your work time is devoted to teaching?

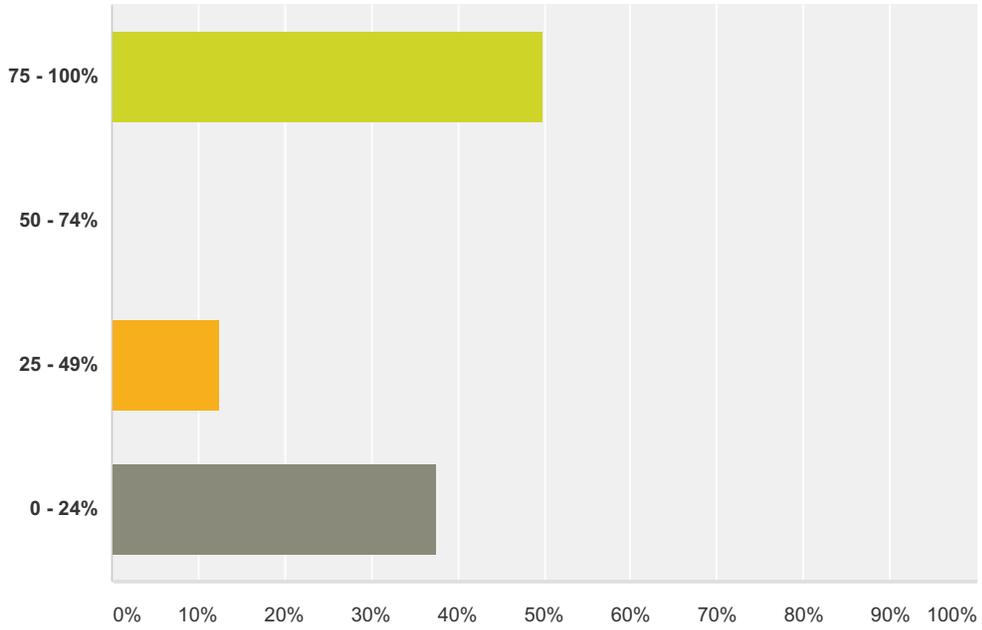
Answered: 8 Skipped: 0



Answer Choices	Responses
75 - 100%	0.00% 0
50 - 74%	25.00% 2
25 - 49%	12.50% 1
0 - 24%	62.50% 5
<b>Total</b>	<b>8</b>

**Q10 What percentage of your work time is devoted to patient care and related activities?**

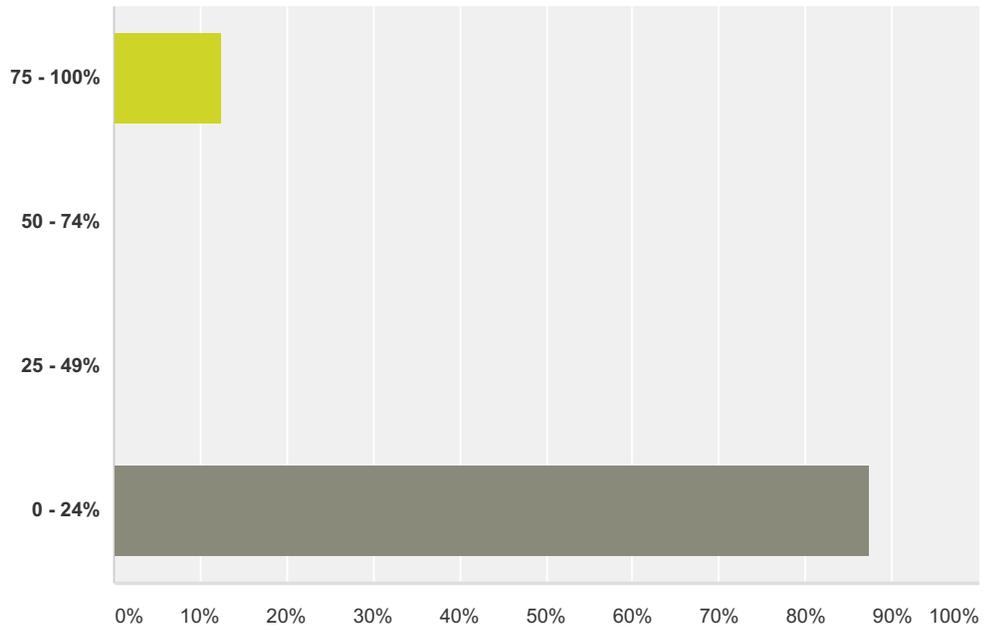
Answered: 8 Skipped: 0



Answer Choices	Responses
75 - 100%	50.00% 4
50 - 74%	0.00% 0
25 - 49%	12.50% 1
0 - 24%	37.50% 3
<b>Total</b>	<b>8</b>

### Q11 What percentage of your work time is devoted to administration?

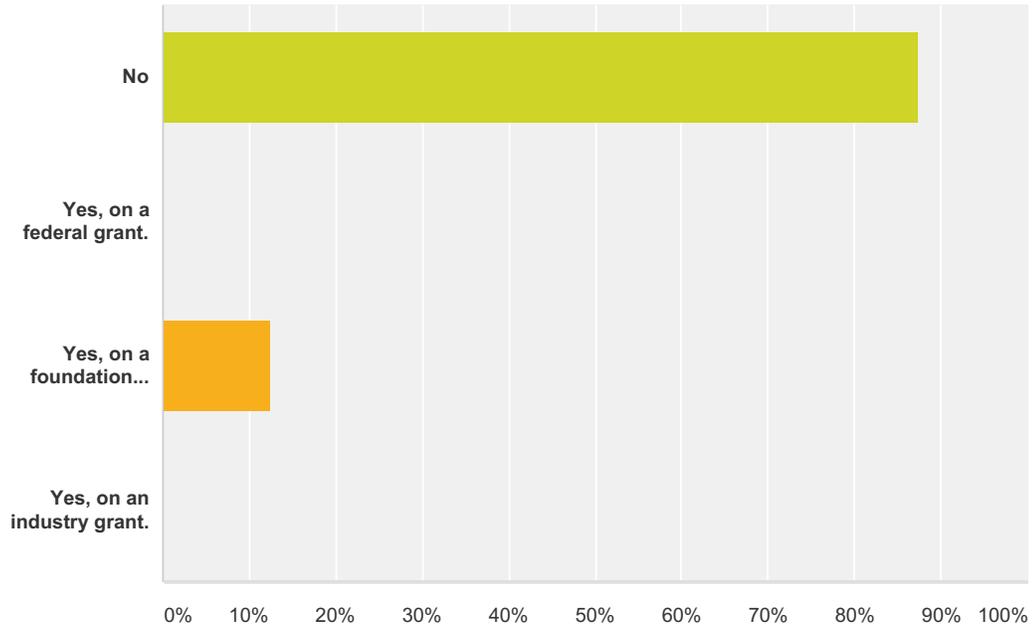
Answered: 8 Skipped: 0



Answer Choices	Responses	
75 - 100%	12.50%	1
50 - 74%	0.00%	0
25 - 49%	0.00%	0
0 - 24%	87.50%	7
<b>Total</b>		<b>8</b>

### Q12 Are you currently the PI on a grant?

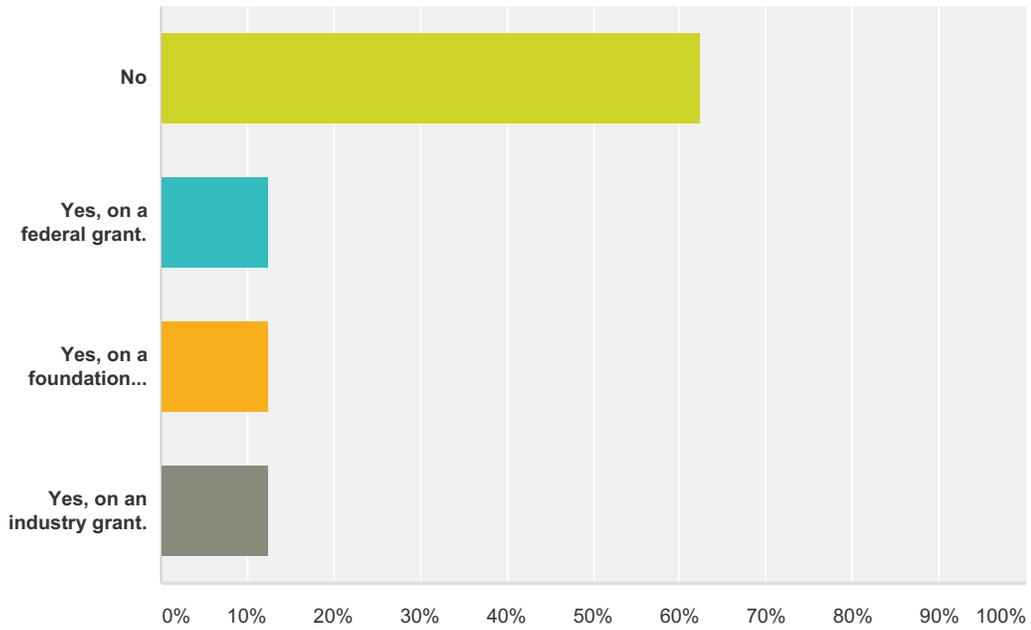
Answered: 8 Skipped: 0



Answer Choices	Responses
No	87.50% 7
Yes, on a federal grant.	0.00% 0
Yes, on a foundation grant.	12.50% 1
Yes, on an industry grant.	0.00% 0
<b>Total</b>	<b>8</b>

### Q13 Have you been a principal investigator on a grant within the past 10 years?

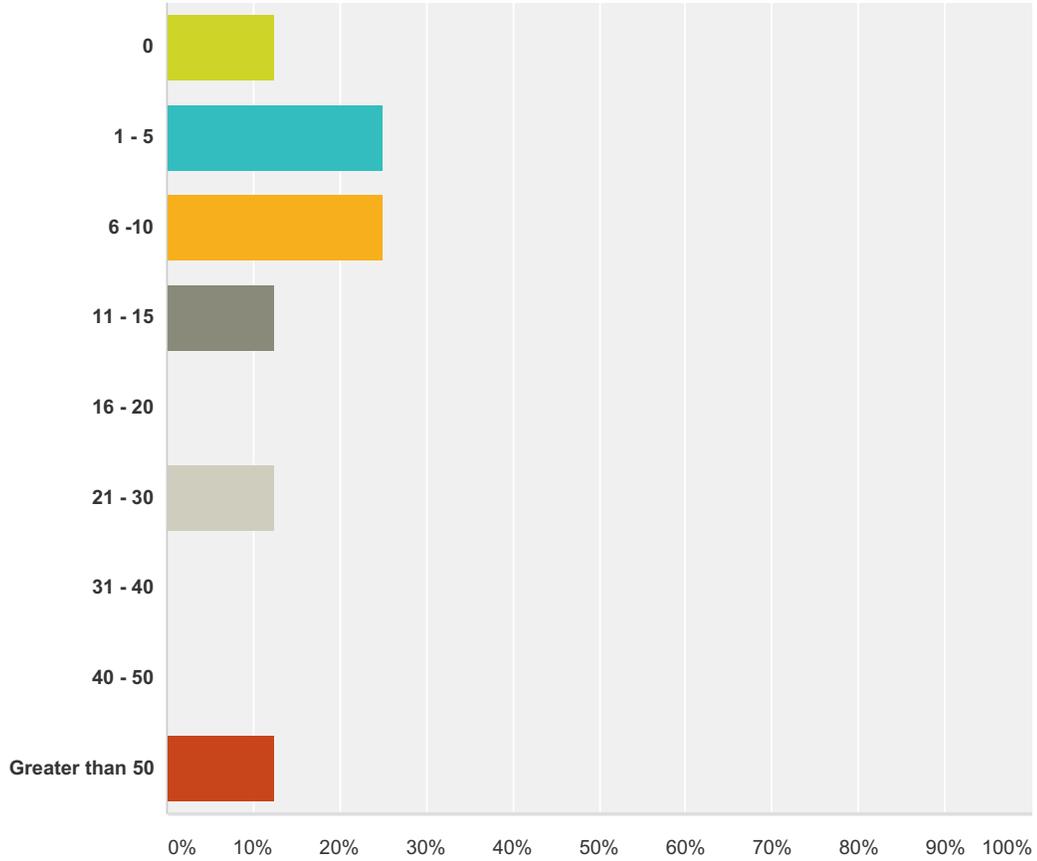
Answered: 8 Skipped: 0



Answer Choices	Responses	
No	62.50%	5
Yes, on a federal grant.	12.50%	1
Yes, on a foundation grant.	12.50%	1
Yes, on an industry grant.	12.50%	1
<b>Total</b>		<b>8</b>

**Q14 On how many research papers have you been an author? Please do NOT include abstracts.**

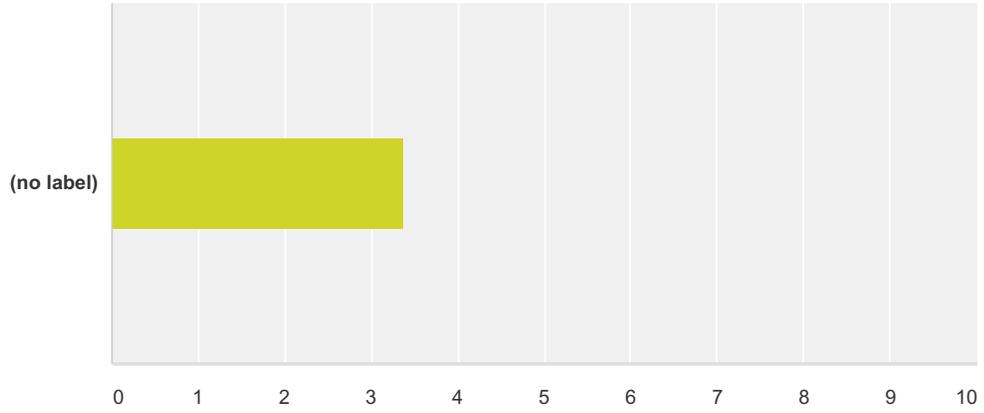
Answered: 8 Skipped: 0



Answer Choices	Responses	Count
0	12.50%	1
1 - 5	25.00%	2
6 - 10	25.00%	2
11 - 15	12.50%	1
16 - 20	0.00%	0
21 - 30	12.50%	1
31 - 40	0.00%	0
40 - 50	0.00%	0
Greater than 50	12.50%	1
<b>Total</b>		<b>8</b>

**Q15 The PhD education I received at SUNY prepared me well for a research career.**

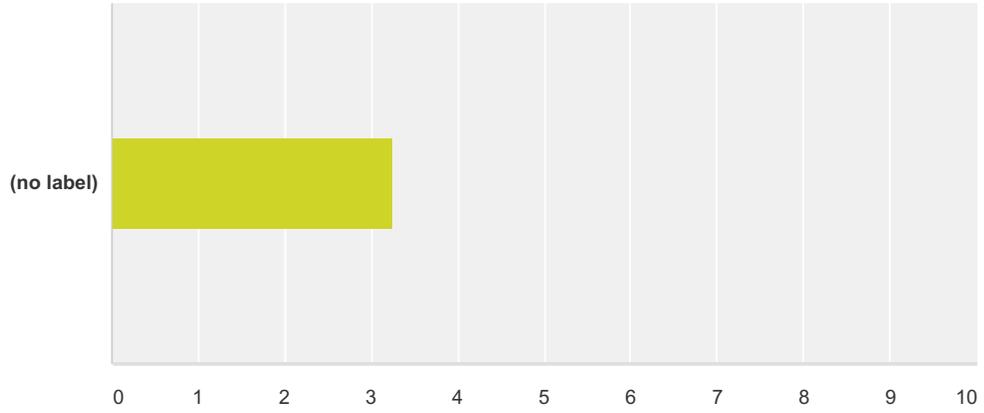
Answered: 8 Skipped: 0



	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	0.00% 0	0.00% 0	62.50% 5	37.50% 3	8	3.38

**Q16 If I could do it over it again, I would choose SUNY for my PhD education.**

Answered: 8 Skipped: 0



	Strongly Disagree	Disagree	Agree	Stongly Agree	Total	Weighted Average
(no label)	0.00% 0	12.50% 1	50.00% 4	37.50% 3	8	3.25

**Q17 What were the strengths of your PhD educational program?**

Answered: 4 Skipped: 4

**Q18 How could the SUNY PhD program be improved?**

Answered: 3 Skipped: 5

**Q19 Please feel free to provide us with any other comments regarding your SUNY PhD education?**

Answered: 1 Skipped: 7

## Highlights of Residency Exit Survey

2013

N = 33

- 58% graduated from a program other than SUNY College of Optometry
- Over 50% rated the following as a very important factor in selecting their residency program:
  - Obtaining training in a specialty area (67%)
  - Obtaining additional patient care experience (76%)
  - Improving my chances of obtaining a clinical position that meets my interests (55%)
- 94% strongly agreed or agreed that their residency program met their expectations and 100% indicated they would do it again if given a choice
- 100% agreed or strongly agreed that by doing a residency, they increased their chances of obtaining the type of optometric position that they want
- 36% didn't know what their primary optometric position would be immediately upon completion
- 67% plan to practice in New York State
- 64% do not believe that completion of their residency program will result in a higher initial salary
- 61% perceive the job market for residency trained optometrists as good and 39% view it as fair
- Upon completion, 24% will have a total (undergraduate and optometry) indebtedness of greater than \$200,000
- 24% rated the amount of time spent on clinical teaching as "not enough" while 24% rated the amount of time spent on preparing a publishable quality paper as "too much."

# State of the College Address 2015

President David A. Heath  
9 February 2015

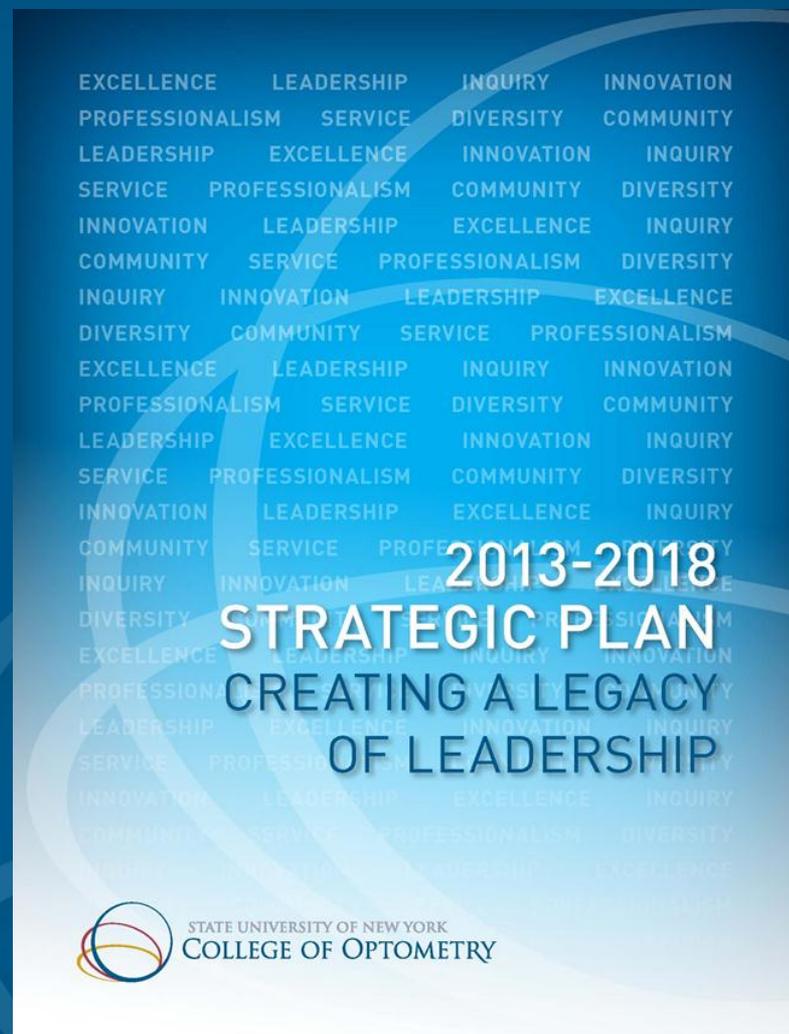


**We will develop** the highest quality practitioners by providing the most progressive and adaptive education available.

**We will create** the next generation of researchers and continue to be a global leader in vision science and clinical vision research.

**We will deliver** the most effective and compassionate eye and vision care in an innovative and accessible way.

**We will cultivate**, engage and nurture the next generation of leadership.

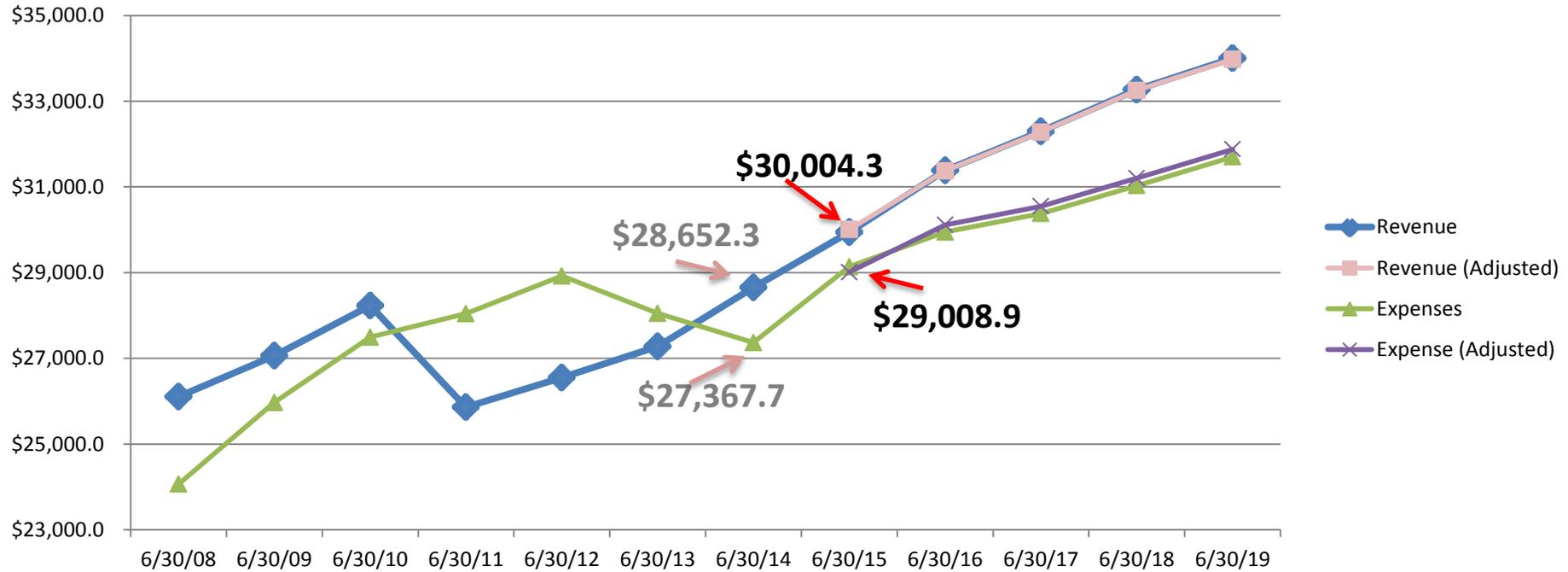




# **Goal 11: Assure the College's programs and strategic goals are achieved through ongoing responsible, effective long-term financial planning, resource allocation and infrastructure development.**

- **Align resources with Strategic Priorities**
- **Increase campus revenues**
- **Implement enrollment management plan**
- **Develop the college's physical infrastructure**
- **Begin 2013 – 18 facilities master plan**
- **Successfully complete “Vision & Promise”....**

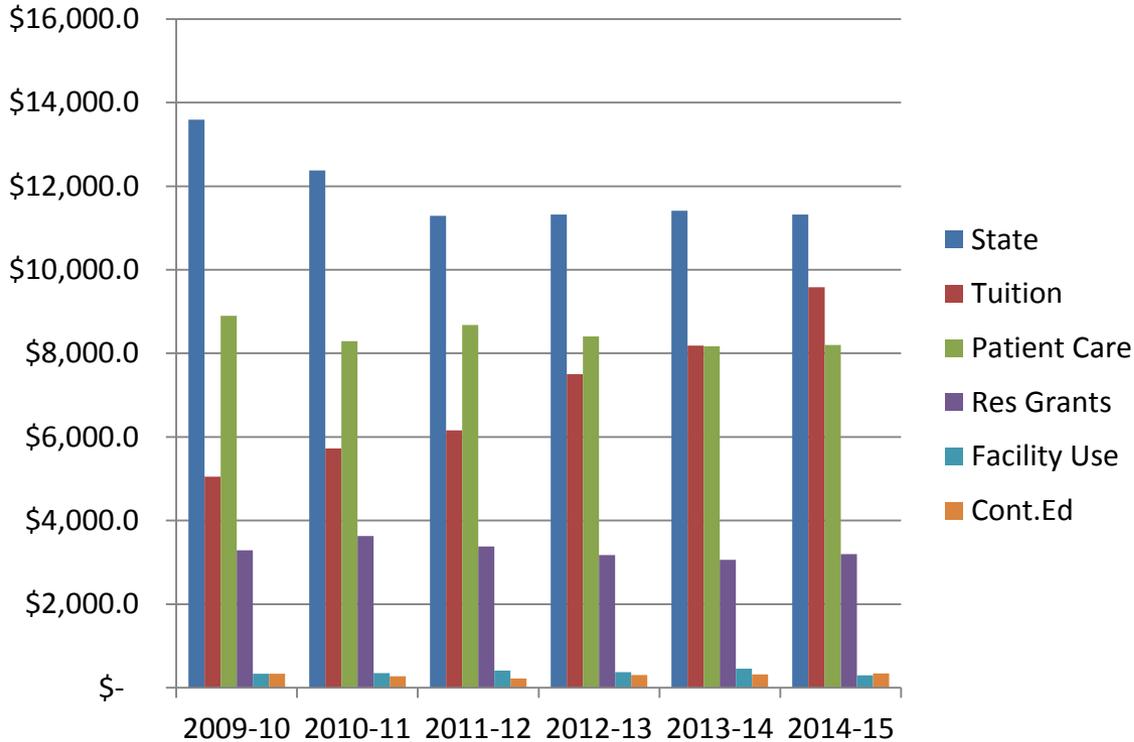
# College's Operating Budget:



FY 2013-14 Projections	Revenue	Expense	Net
July 1, 2014	\$ 29,945.3	\$ 29,138.2	\$ 807.1
Jan. 1, 2014	\$ 30,004.3	\$ 29,008.5	\$ 995.5

*YTD - Variance from projections = < 1%*

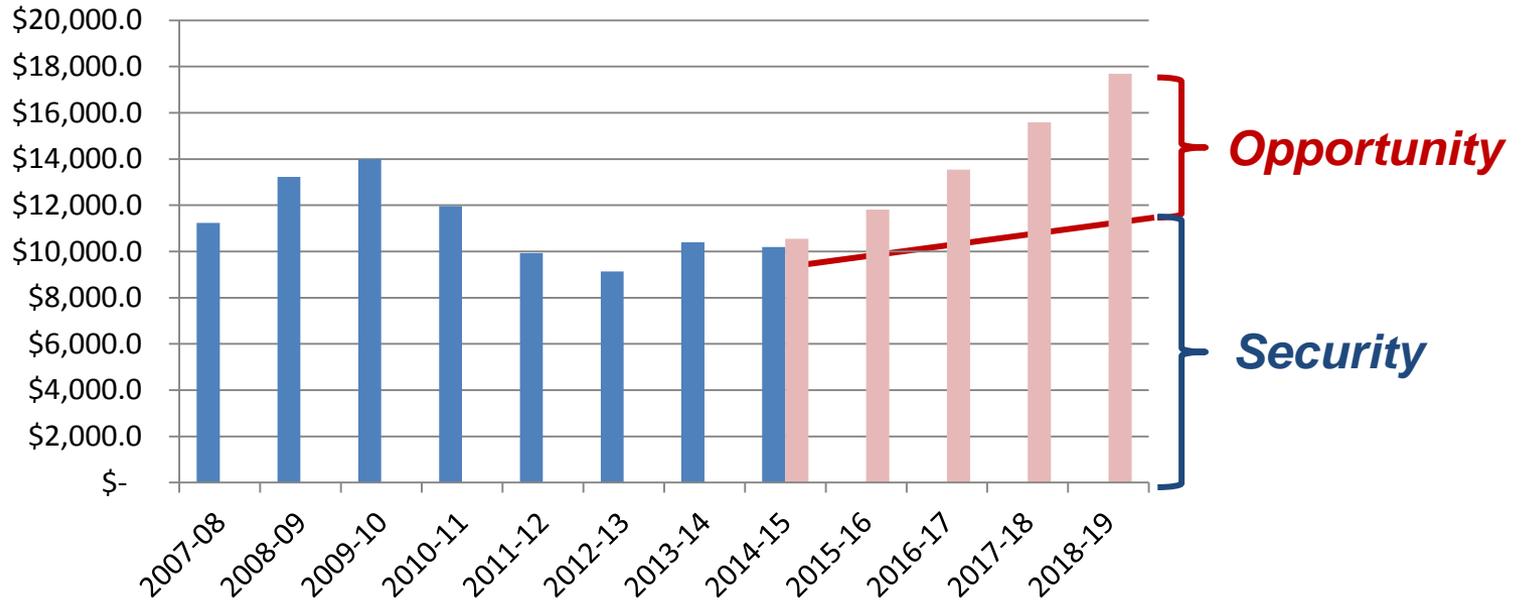
# Revenues by Source



	Revenues (in \$,000)						
	State	Tuition	Patient Care	Res Grants	Facility Use	Cont. Ed	TOTAL
<b>2009-10</b>	13,590.9	5,049.0	8,902.7	3,289.2	339.7	336.4	31,507.9
<b>2010-11</b>	12,379.8	5,728.3	8,294.9	3,631.5	352.8	277.6	30,664.9
<b>2011-12</b>	11,291.3	6,162.4	8,679.9	3,381.3	414.7	219.7	30,149.3
<b>2012-13</b>	11,324.9	7,500.8	8,406.0	3,173.9	370.7	306.9	31,083.2
<b>2013-14</b>	11,415.3	8,184.2	8,169.5	3,058.8	454.5	319.4	31,601.7
<b>2014-15*</b>	11,324.9	9,582.2	8,200.0	3,200.0	300.0	340.0	32,947.1

\*2014-15 figures are projections as of January, 2015

# Fund Balances



Year	Fund Balance (in \$,000)
2009-10	13,993.0
2010-11	11,968.0
2011-12	9,927.9
2012-13	9,130.2
2013-14	10,404.7
2014-15	10,551.9

\*Fund Balance is cash balance in IFR, SUTRA and Stabilization (if any) as of the June 30 of each year

## Key Issues

- Operating Budget
  - Alignment with economic development goals
  - Rationale Tuition
  - Increase direct support by 263.4M **(\$18)**
    - Strategic Initiatives
    - Teaching Hospitals
    - Negotiated Agreements
    - **Performance Funding**
- Capital
  - Re-instatement of 5-year funding cycle
  - \$4B over 5 years **(\$1B)**
    - **Educational Facilities**
    - Hospitals
    - Residence Halls
    - Open SUNY
    - System Admin (re-vital.)
    - NY-SUNY 2020

# ***The Vision & the Promise: \$10,156,566 Completed: October 1, 2014***



***OCNY Board of Trustees  
2014 - 2015***

# The Vision and The Promise Campaign

September 2009 – September 2014

## Total Giving by Constituency

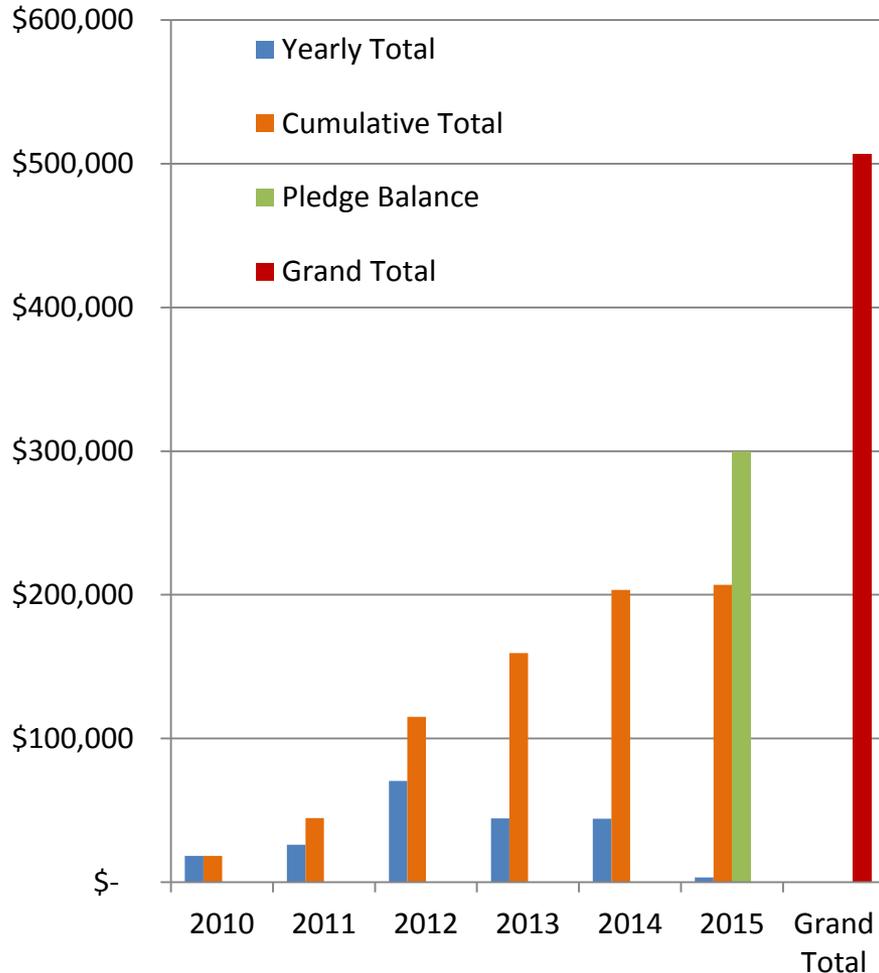


\*Includes a Major Gift from a Parent

# Faculty & Staff Giving

*54% of faculty & staff have contributed to the campaign!*

**Faculty and Staff Giving to Campaign  
September 14, 2009 – October 1, 2014**



## Campaign Committee:

*Pam Lederman (Chair)*

*Rochelle Abraham*

*Dapo Adurogbola*

*Erin Angarola*

*Louie Bacosa*

*Jennifer Budner*

*Harriette Canellos*

*YuLing Checo*

*May Ellis*

*Nancy Kirsch*

*Kimberly Price*

*L. Martinez-Gonzalez*

*Neera Kapoor*

*Robert Pellet*

*Ann Warwick*



# The Vision and The Promise Campaign

September 2009 – September 2014

Total = \$10,156,566



# Campaign Success Indicators

- Most raised in five years in the history of the College
- 18 new scholarships established
- 54% faculty and staff participation
- Five new endowed scholarships from faculty/Administration
- Largest gift from an alumnus/a in College history
- New funding to establish Bowery Mission Project
- First endowed chair – Dr. Alden N. Haffner Innovation Chair
- New Clinical Vision Research Center supported
- New Low Vision Clinic Established in China



## FEDER HALL

In appreciation for  
a generous gift from  
Dr. Mark S. Feder '83  
and Family  
October 22, 2014

## FOLSOM CONFERENCE ROOM

In appreciation for significant  
contributions to the College from  
Dr. William C. Folsom, Jr.  
October 2014



essilor  
EYEWEAR CENTER

# Facilities and Capital Investment



**3M  
Fitness Ctr  
2012**



**16<sup>th</sup> & 17<sup>th</sup>  
Floor  
2013**

**3<sup>rd</sup> Floor  
2012**



**12<sup>th</sup> Floor  
2014**

**2<sup>nd</sup> Floor  
2012**



**1st Floor  
Lecture Halls  
2014**

**Lobby  
2015/16?**



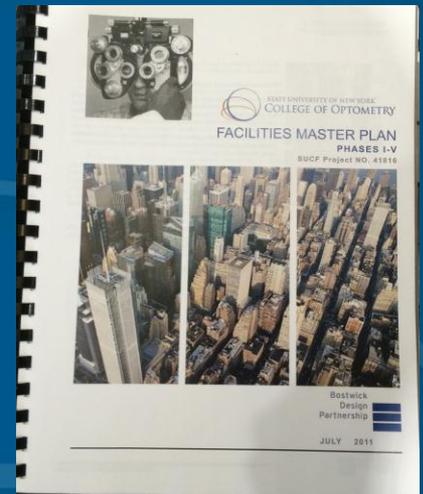
**Sub-  
Basement  
2015/16 ?**

# Facilities and Capital Improvements (Current)

	Status	Total Budget (\$)
<b>Infrastructure</b>		
Rehab Electrical Systems	In construction	9.0 M
Rehab Mechanical Systems	In design	11.8 M
Minor Critical Maintenance	On-going	100 K/yr
<b>Program</b>		
Renovate 1 <sup>st</sup> Floor	Jan. 2015	5.5 M
Rehab Lecture Halls 101 & 103	Finished	2.5 M
Rehab Lecture Hall 206	In design	1.6 M
Renovate Clinic Spaces	On-going	450 K
<b>Technology</b>		
Electronic Health Record	Implementation	500K

# Capital – A look to the future

- **Folsom Hall (206) - Audio/Visual Upgrades**
- **Basement Mezzanine:**
  - Program Assessment
  - Design
  - Construction
- **Library Enhancements**
- **Primary Care Enhancements**
- **UEC – Master Plan Implementation**



# A Foundation for the Future

*Our foundation for the future is secure. We have the resources, the revenues, and the infrastructure that we need to serve as the foundation from which we can invest and continue to grow our programs with an unwavering commitment to excellence.*

***Education***

***Patient Care***

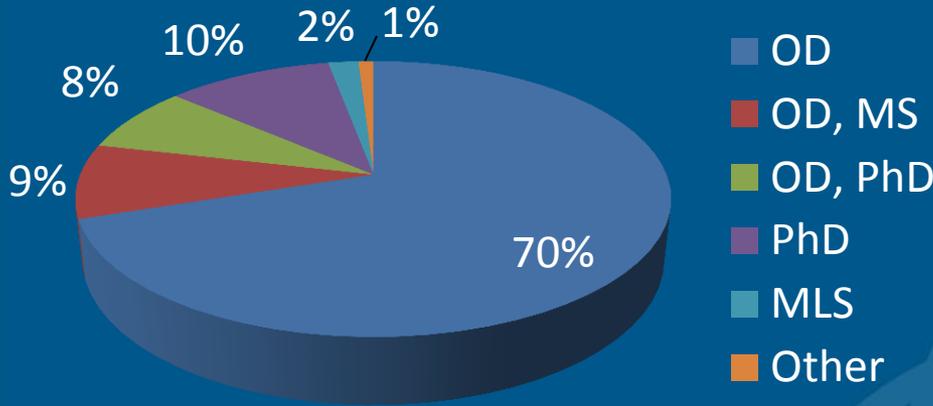
***Research***





# Education: Faculty

## Academic Degrees



Degree(s)	Number	Percentage
OD	72	70
OD, MS	9	9
OD, PhD	8	8
PhD	11	10
MLS	2	2
Other	1	1
Total	103	100



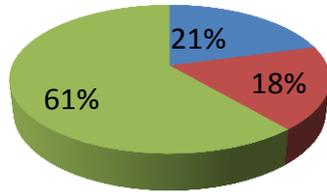
EXCELLENCE LEADERSHIP INQUIRY INNOVATION  
 PROFESSIONALISM SERVICE DIVERSITY COMMUNITY  
 LEADERSHIP EXCELLENCE INNOVATION INQUIRY  
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 INNOVATION LEADERSHIP EXCELLENCE INQUIRY  
 COMMUNITY SERVICE PROF

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# Faculty FTE By Department

Fall 2012



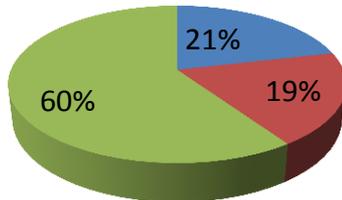
■ Biological and Vision Sciences

■ Clinical Education

■ University Eye Center

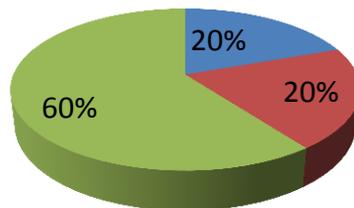
	FTE	Percentage
Biol/Vis Sci	16.8	20.7%
Clinical Ed	14.7	18.1%
UEC	49.6	61.2%
<b>TOTAL</b>	<b>81.1</b>	<b>100%</b>

Fall 2013



	FTE	Percentage
Biol/Vis Sci	15.3	21.4%
Clinical Ed	13.7	19.1%
UEC	42.7	59.5%
<b>TOTAL</b>	<b>71.7</b>	<b>100%</b>

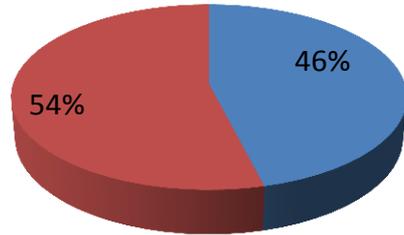
Fall 2014



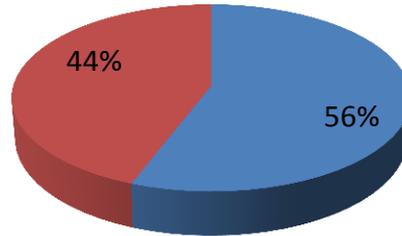
	FTE	Percentage
Biol/Vis Sci	14.2	19.6%
Clinical Ed	14.7	20.2%
UEC	43.7	60.2%
<b>TOTAL</b>	<b>72.6</b>	<b>100%</b>

# Faculty Member Employment Status

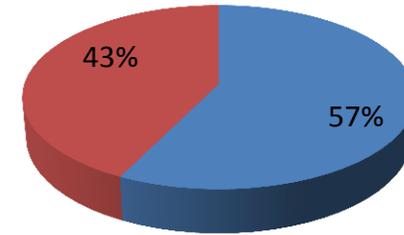
October, 2012



October, 2013



September, 2014



■ Full Time  
■ Part Time

	Number of Faculty Members	Percentage of Faculty Members
FT	59	46.1%
PT	69	53.9%
TOTAL	128	100%

	Number of Faculty Members	Percentage of Faculty Members
FT	58	55.8%
PT	46	44.2%
TOTAL	104	100%

	Number of Faculty Members	Percentage of Faculty Members
FT	59	55.8%
PT	44	44.2%
TOTAL	103	100%

	2012		2013		2014	
	FTE	Percentage	FTE	Percentage	FTE	Percentage
Part-Time Appointments	24	30%	16	22%	16	21%
Full-Time Appointments	57	70%	56	78%	59	79%
TOTAL FTE	81	100%	72	100%	75	100%

# Faculty – A look to the future

- The FT career academic clinician
  - Service, Teaching, Patient Care & Scholarship
  - National stature
- An essential core of research faculty members
- Improved compensation and support strategies
  - Development of a 3-year salary enhancement strategy
  - Faculty Development > Early Intervention
- CC – *“Our faculty can pursue a full-time career in optometric education and make a living.”*



# Students



# Education - Students

**Goal #8:** *Create a vibrant sense of community that promotes student and alumni engagement, academic success and the development of personal and professional competencies.*

**Goal #9:** *Enroll a highly qualified and diverse student body.*

**Goal #10:** *Provide students, residents and alumni with the services to succeed in their careers.*

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# Students

## GPA & OAT TS

SUNY GPA:	3.53
National GPA:	3.43
SUNY OAT TS:	346
National OAT TS:	316

- **55%** of the 2014 entering class is from **NY State**.
- **51%** accepted offer of admission (**Yield**)

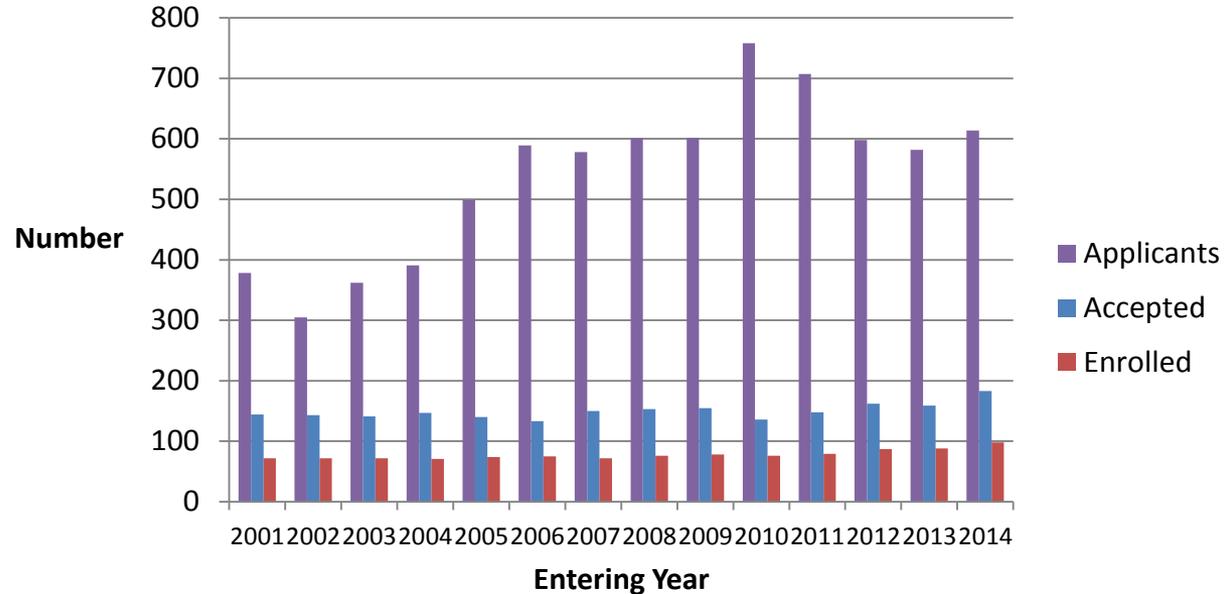
## Entering 2015\*

Secured	= 94*
Yield	= 67%*
Mean GPA	= 3.55**
Mean OAT	= 351**

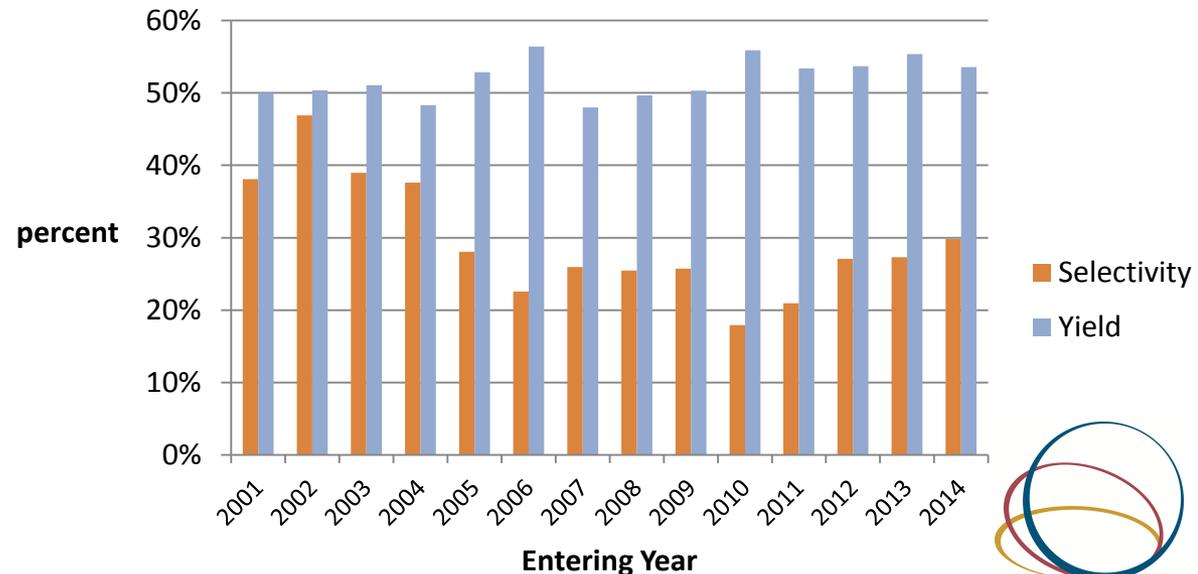
\* As of 2/6/15

\*\* As of 1/9/15

### Applications, Acceptances and Enrollment by Year

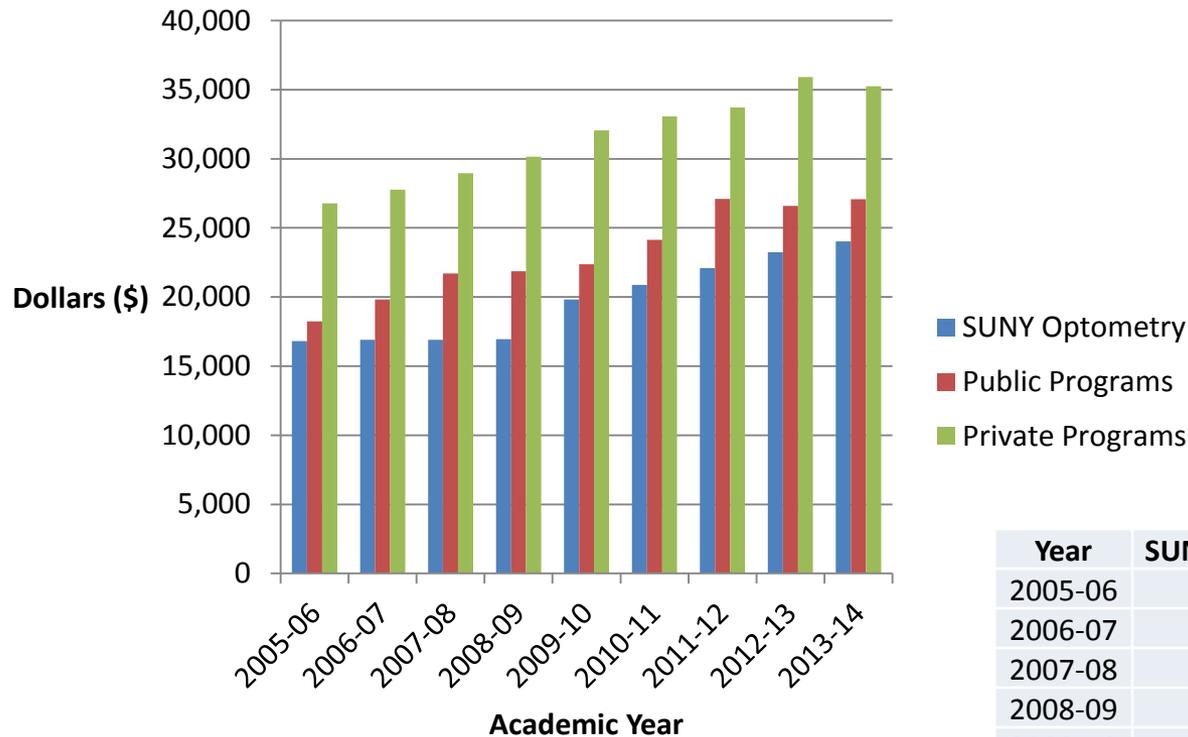


### Admissions: Selectivity & Yield



# Direct Expenses\* for In-State Students

First-Year Direct Expenses\* for In-State Students

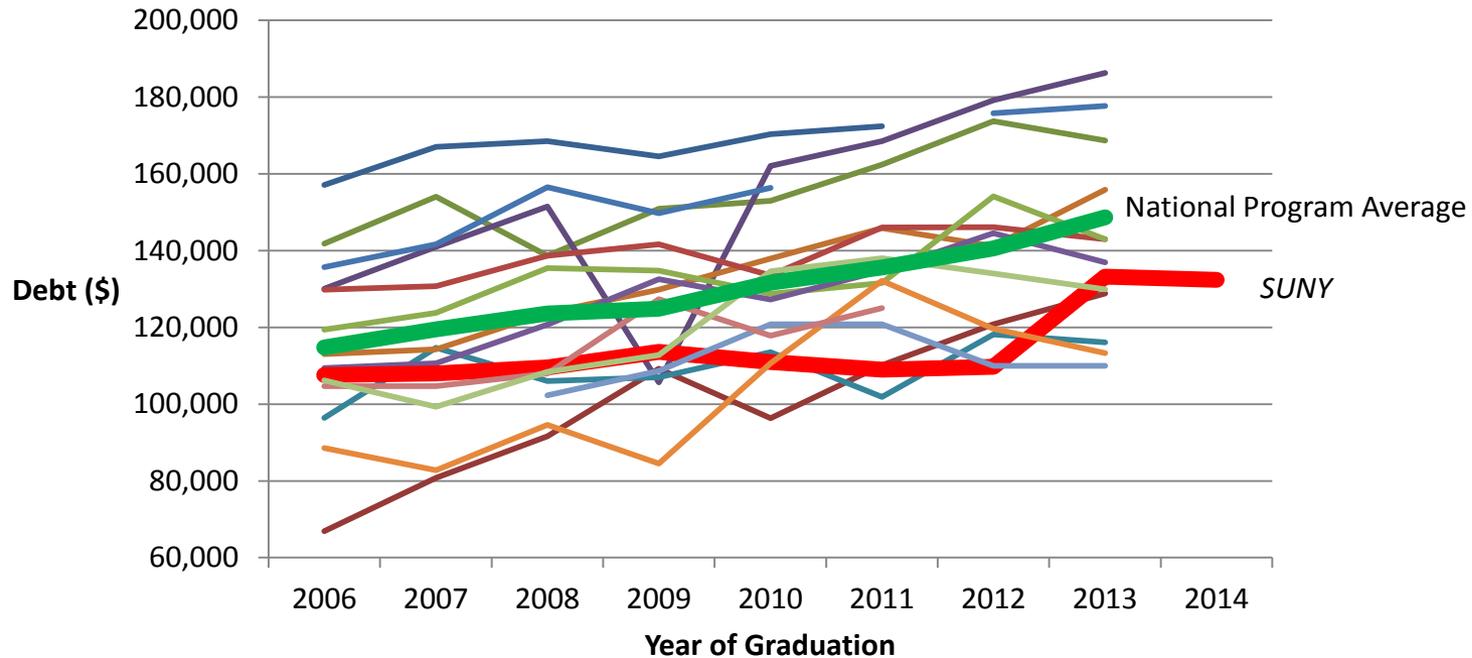


Year	SUNY Optometry	Public Programs	Private Programs
2005-06	16,825	18,238	26,785
2006-07	16,905	19,820	27,772
2007-08	16,905	21,715	28,955
2008-09	16,945	21,857	30,150
2009-10	19,830	22,374	32,062
2010-11	20,875	24,140	33,076
2011-12	22,095	27,097	33,706
2012-13	23,245	26,587	35,193
2013-14	24,032	27,069	35,255

\*Includes tuition, fees, books and equipment  
Source: ASCO

# Student Debt

Optometry School Indebtedness of Students who Took out Loans by School\*

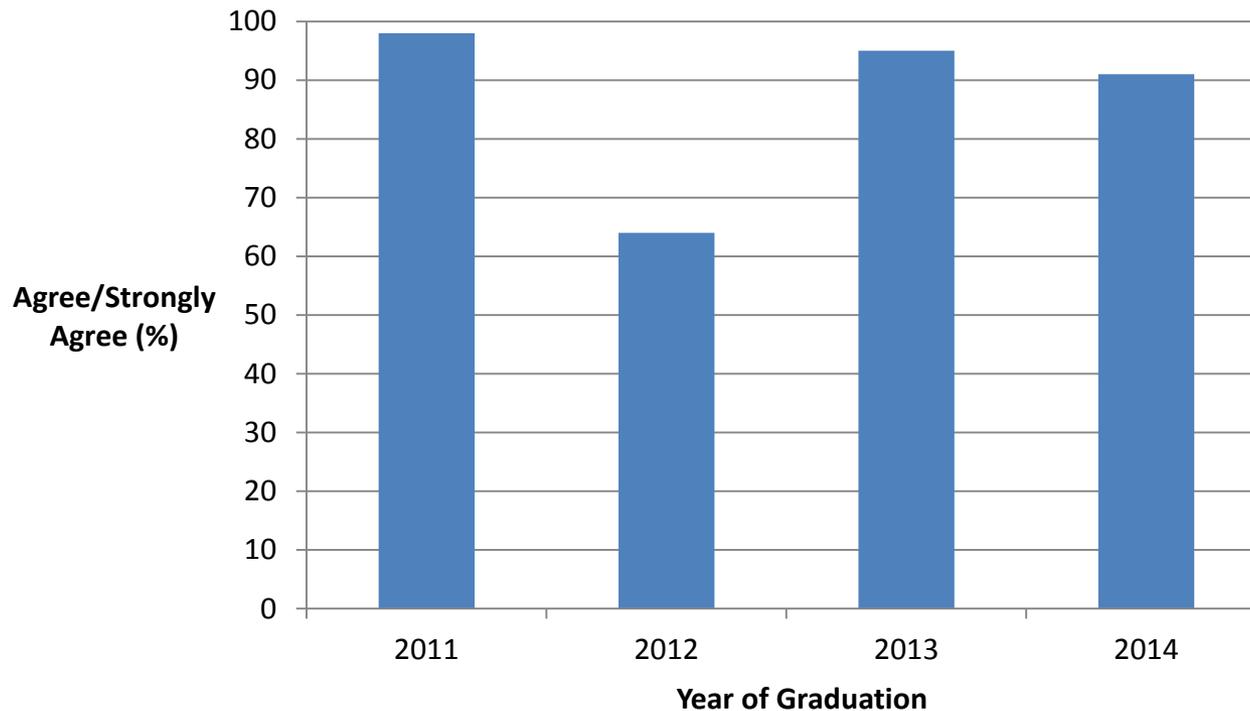


\*Each thin colored line represents a different school (source: ASCO).

\*\* Includes new programs (not shown on graph).

# *Student Exit Survey*

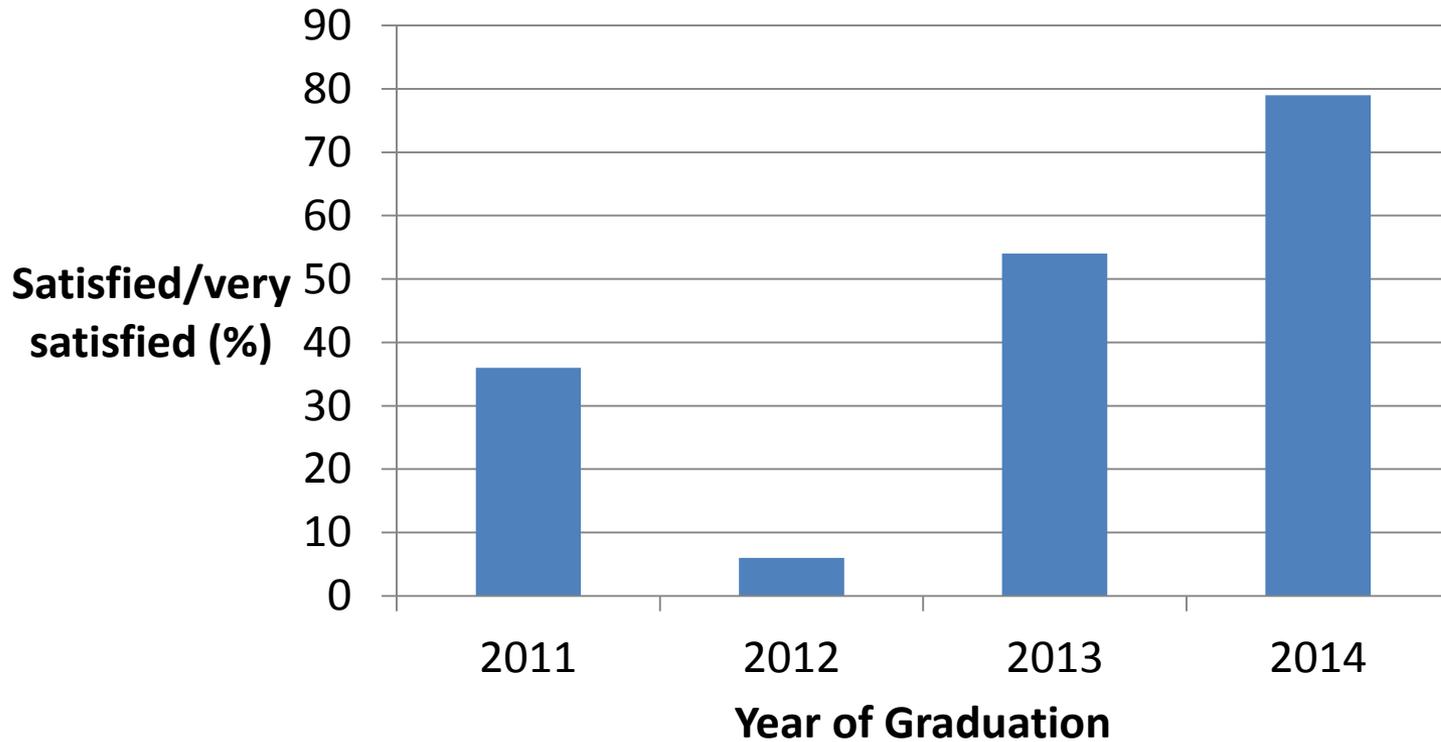
**Overall, I am satisfied with the quality of the optometric education I received at SUNY**



The total number of respondents to this survey item were 44, 33, 56 and 53 in 2011, 2012, 2013 and 2014, respectively.

# *Student Exit Survey*

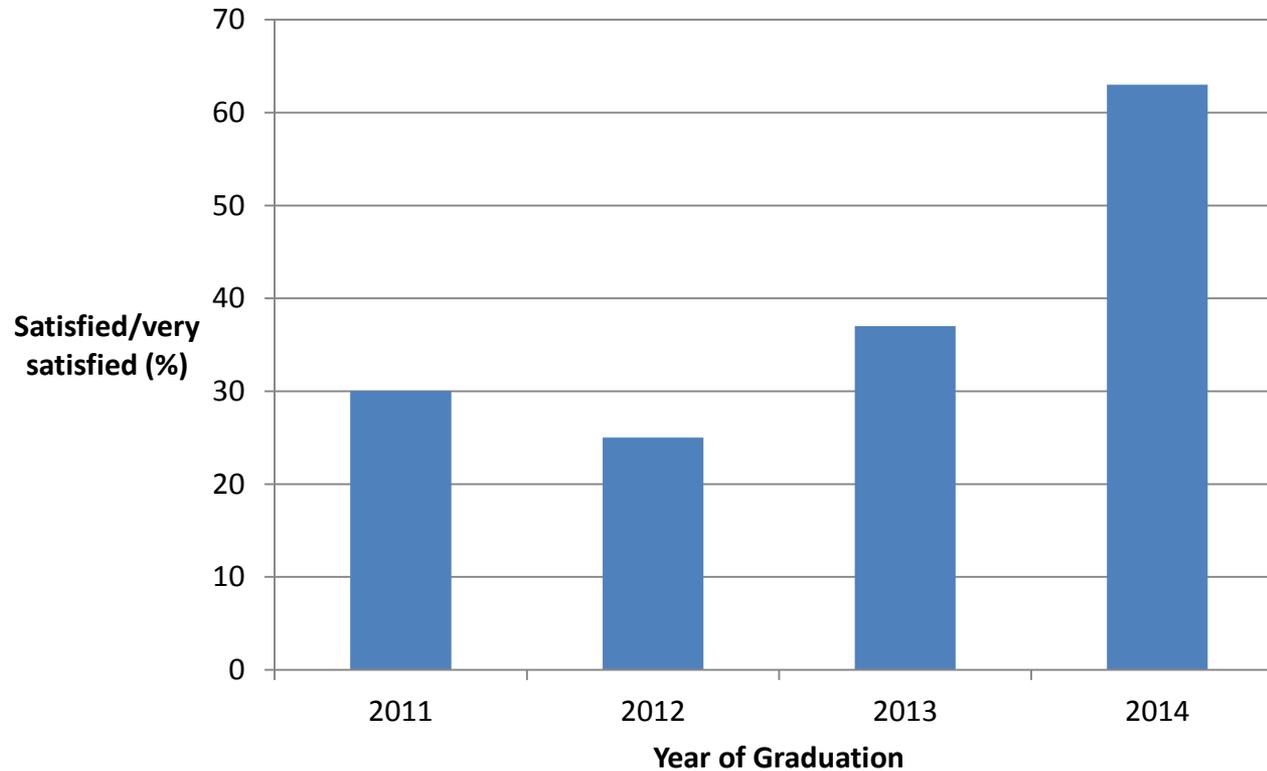
## Satisfaction with On-Campus Relaxation Space



*The total number of respondents to this survey item were 43, 32, 56 and 52 in 2011, 2012, 2013 and 2014, respectively.*

# *Student Exit Survey*

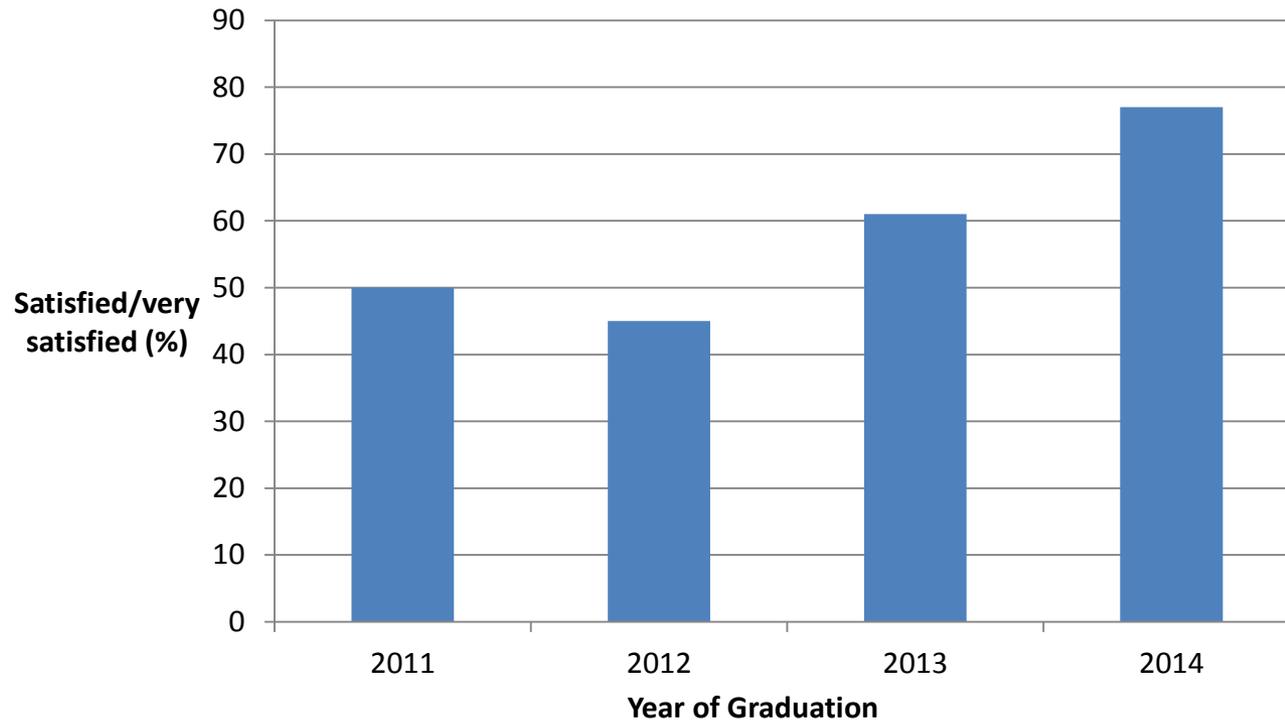
## Satisfaction with career planning services



*The total number of respondents to this survey item were 43, 32, 56 and 52 in 2011, 2012, 2013 and 2014, respectively.*

# *Student Exit Survey*

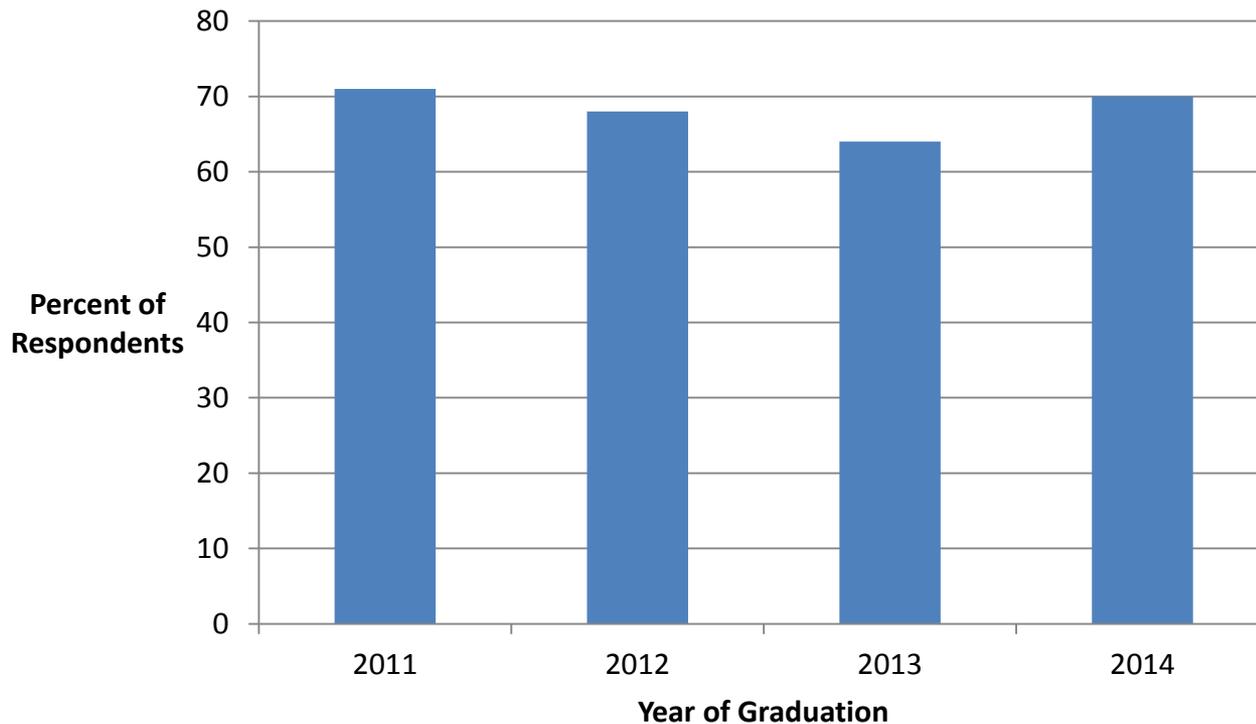
## **Satisfaction with Opportunity to Participate in Non-Academic College-Related Activities**



*The total number of respondents to this survey item were 44, 33, 56 and 52 in 2011, 2012, 2013 and 2014, respectively.*

# *Student Exit Survey*

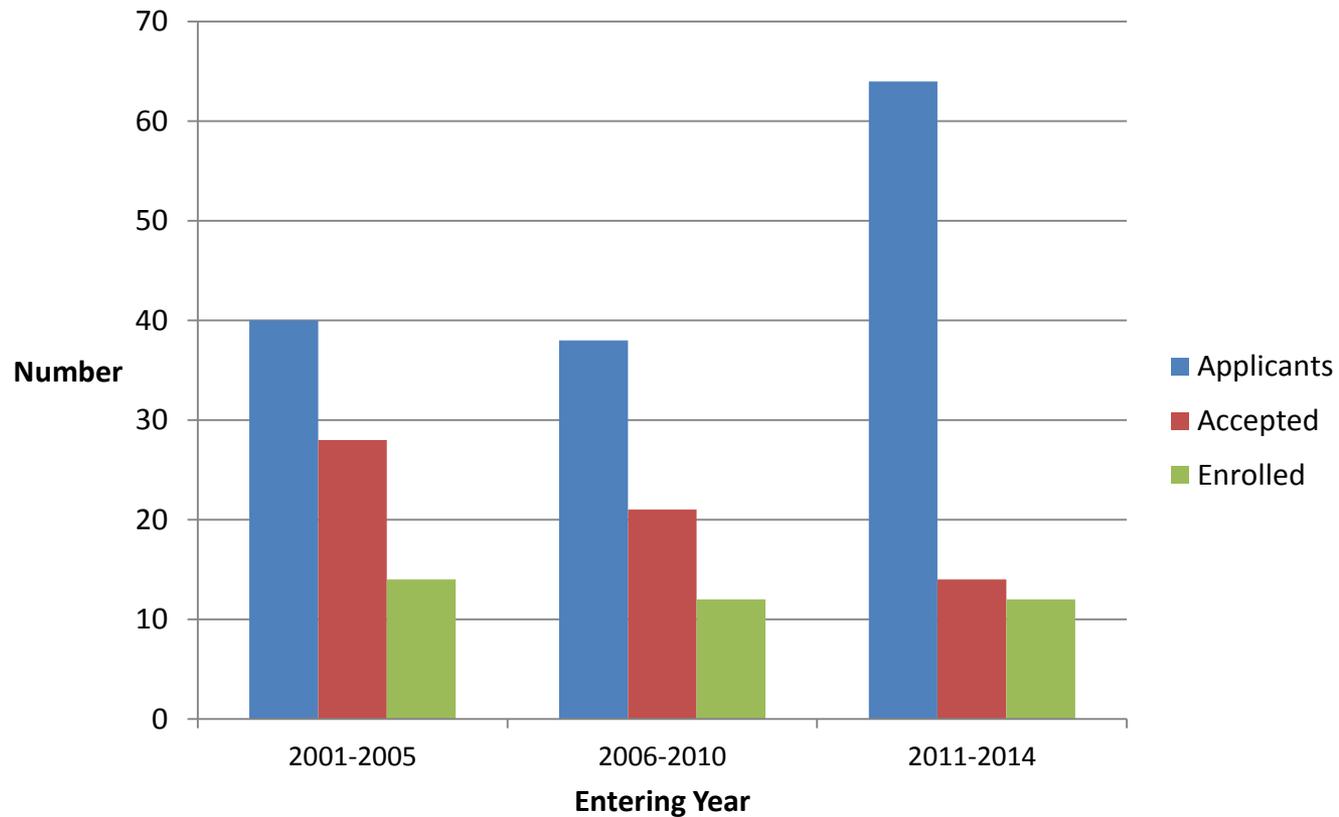
## **Participation in Professional Organizations (AOSA, NYSOA) While in Optometry School**



*The total number of respondents to this survey item were 38, 31, 52 and 50 in 2011, 2012, 2013 and 2014, respectively.*

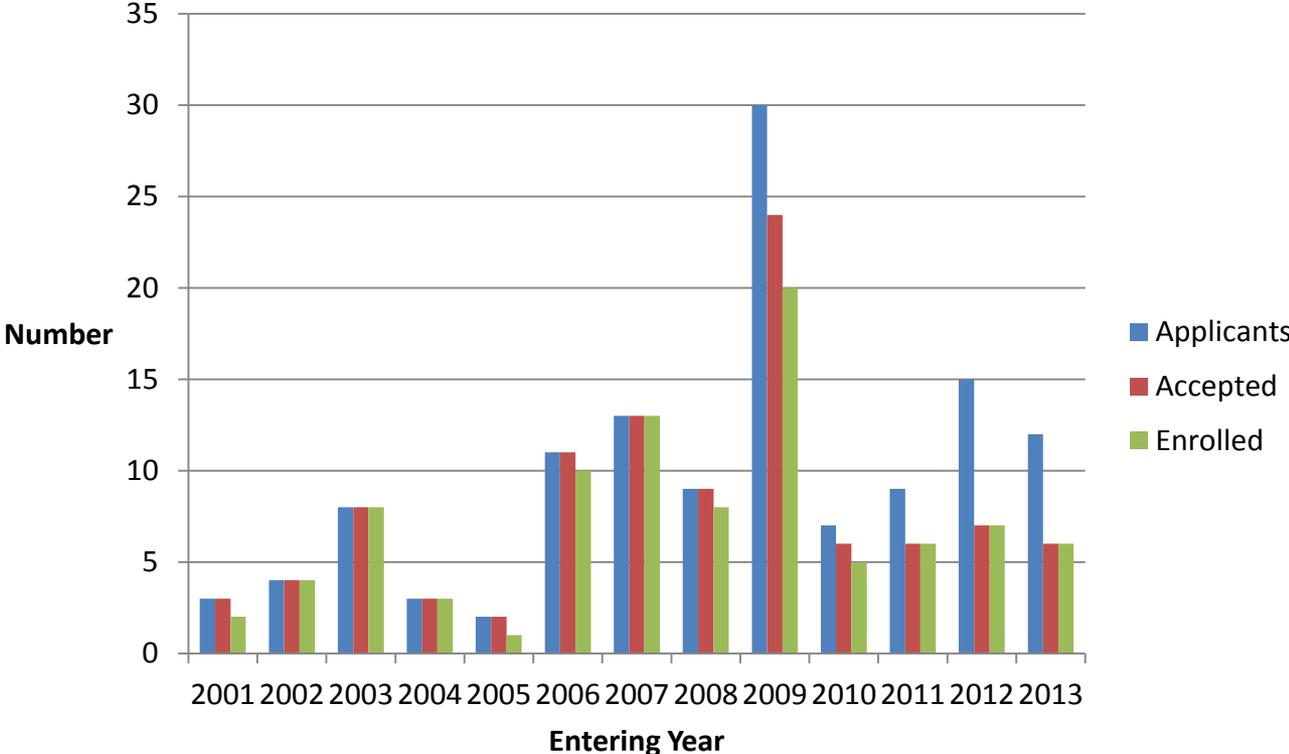
# Graduate Program: PhD

## Applicants, Accepted and Enrolled



# Graduate Program: MS/OD

**Applicants, Acceptances and Enrollment**



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Applicants</b>	3	4	8	3	2	11	13	9	30	7	9	15	12
<b>Accepted</b>	3	4	8	3	2	11	13	9	24	6	6	7	6
<b>Enrolled</b>	2	4	8	3	1	10	13	8	20	5	6	7	6

# Students – A look to the future

- Enrollment management – a commitment to quality!
- Providing **the SUNY edge...**
  - Quality
  - Performance
  - Experience
- A commitment to affordability
- Career success as the essential measure!

# Education - Programs

**Goal #1:** Deliver a **customizable** professional degree program that ensures **active integrated learning** while preparing students for problem oriented patient care.

**Goal #2:** Deliver **competency-based** clinical training that is founded upon **evidence-based practice** and anticipates **future practice trends**.

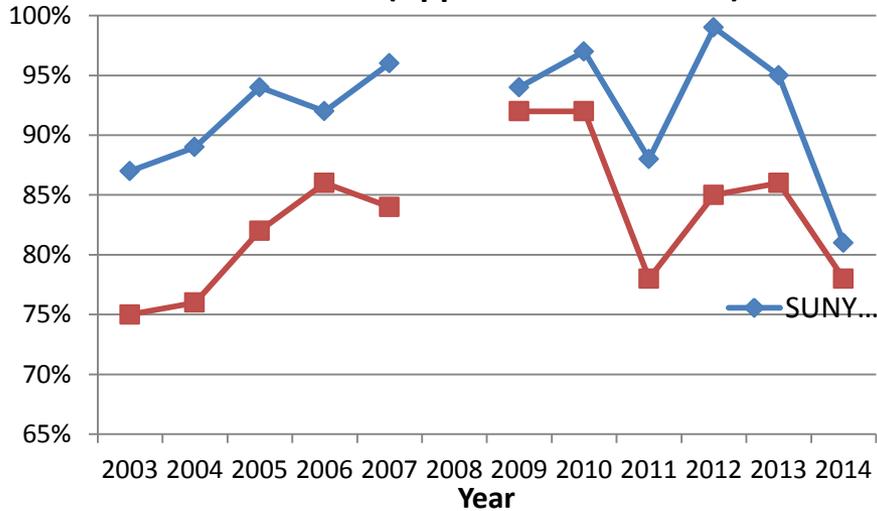
**Goal #3:** Strengthen and expand programs that train **clinician scientists**.

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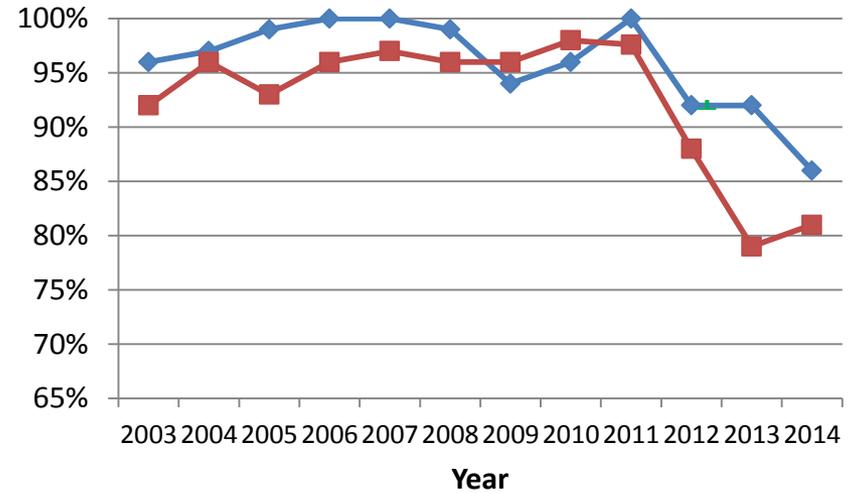
STATE UNIVERSITY OF NEW YORK  
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# Educational Outcomes; NBEO

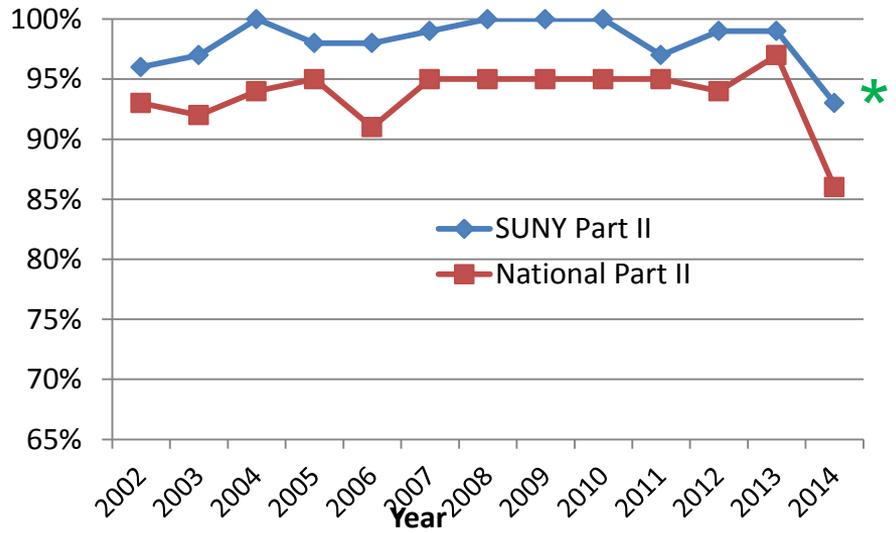
## NBEO Part I (Applied Basic Science)\*



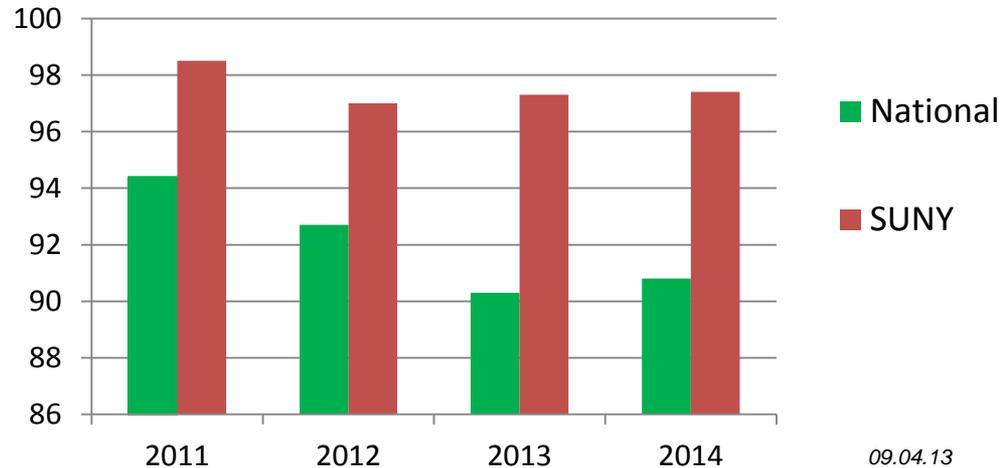
## NBEO Part III (Clinical Skills)\*



## NBEO Part II



## Percentage of Candidates who Passed all NBEO Parts at Graduation



# Education - Professional Degree

- Enhanced use of educational technologies
- Redefine core clinical competencies
- Increased emphasis upon evidence-based medicine
- Expanded external clinical rotation opportunities
- Increase ability of students to use new technologies
- Align pre-clinical & clinical training with emerging trends in practice
- Greater integration of basic & clinical sciences
- Development of critical thinking skills
- Interprofessional Education

# Education:

- Graduate Research Programs
  - Completion and implementation of MS/OD and OD/PhD curriculum reforms
  - Launch of the new Residency/Graduate degree program.
- OD/Certificate/MBA
  - Increasing enrollment & interest: 1, 5, 20+
- Continuing Education: Expand to other countries

# Education - Residency Programs

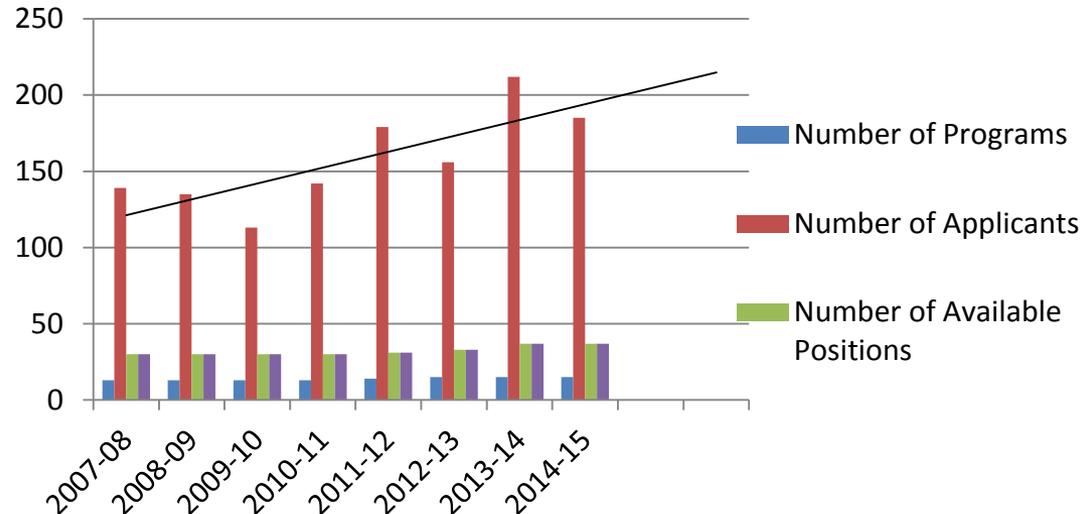
- **Highlights**

- **37 Residency Positions**
- **Alternative Program Designs**
  - **Residency/MS**
  - **Residency/PhD**
- **Continued Accreditation Success**

- **Challenges**

- **Curriculum of the future**
- **Development of funding strategies**
- **Integration into evolving UEC care models**

Residency Programs and Positions (Compensated)



# Education - International Programs

- **Highlights**

- **Funding renewed for China Programs**

- **South Africa**

- **Therapeutics Training**

- **CI Day – Sept. 2014**

- **Opportunities**

- **South Africa partnership with the University of KwaZulu Natal (KZN)**

- **Education**

- **Collaboration on the development of an Eye Hospital**

- **Advanced Standing Program Development**



# Education: A look to the future

- Professional Degree Program Mandates:
  - Oklahoma, Kentucky and Louisiana
    - Clinical Medicine, Surgery, Co-Management, Post-Op
  - Interprofessional Education & Practice
  - Operationalizing evidence-based standards and practice
  - Early adoption of new technologies & changing practice patterns
    - “Marco Practice of Today”

# Research

**Goal #3:** Enhance the College's intellectual impact by developing new areas of research that are synergistic with the College's existing research and clinical strengths and provide opportunities for collaborations and translational projects

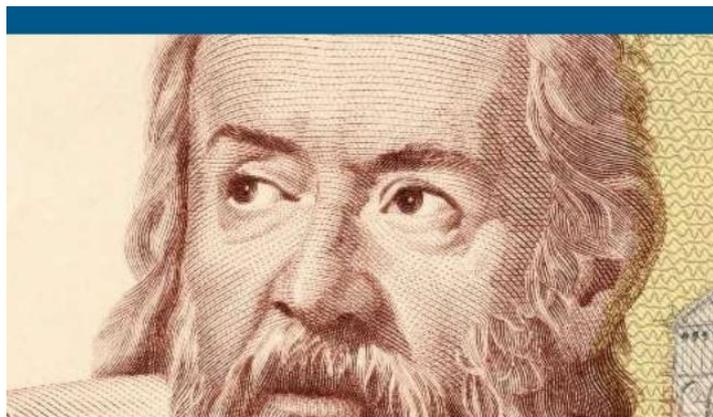
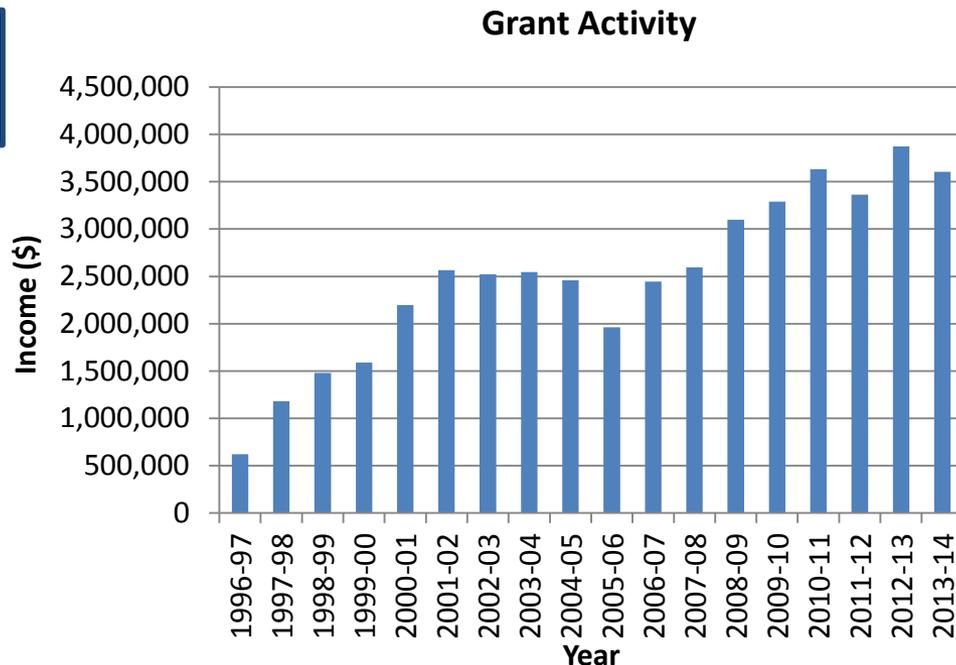
**Goal #4:** Strengthen and expand programs that train clinician scientists.

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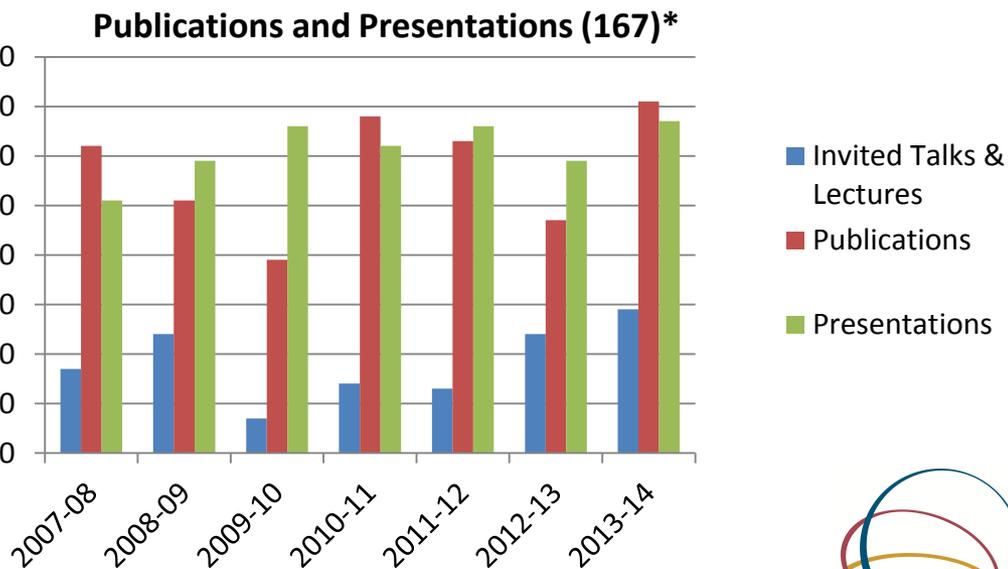
 STATE UNIVERSITY OF NEW YORK  
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# Research Activity

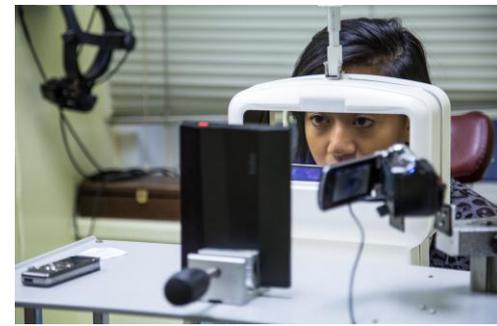
	Number of Grants		
	Federal	Non-Federal	Foreign
2008-09	13	14	1
2009-10	18	8	1
2010-11	20	10	1
2011-12	20	11	0
2012-13	24	11	1
2013-14	19	22	3



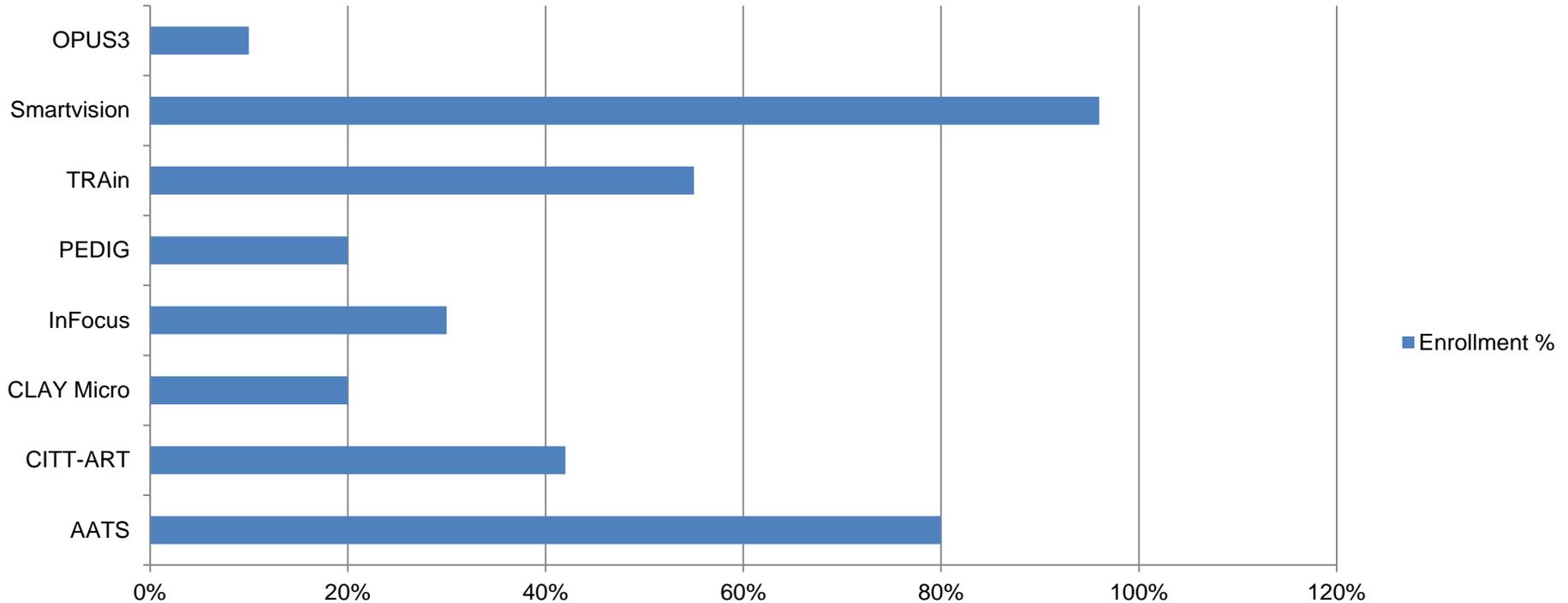
**SUNY Optometry Researchers  
Solve 400-Year-Old Question**



# Research Activity



## % Subject Completion per Grant/Contract



	AATS	CITT-ART	CLAY Micro	InFocus	PEDIG	TRAIin	Smartvision	OPUS3
Enrollment %	80%	42%	20%	30%	20%	55%	96%	10%

*According to ASCO data, now SUNY ranks #2 in the country for Industry research grant awards, but....*



# Research: A look to the future

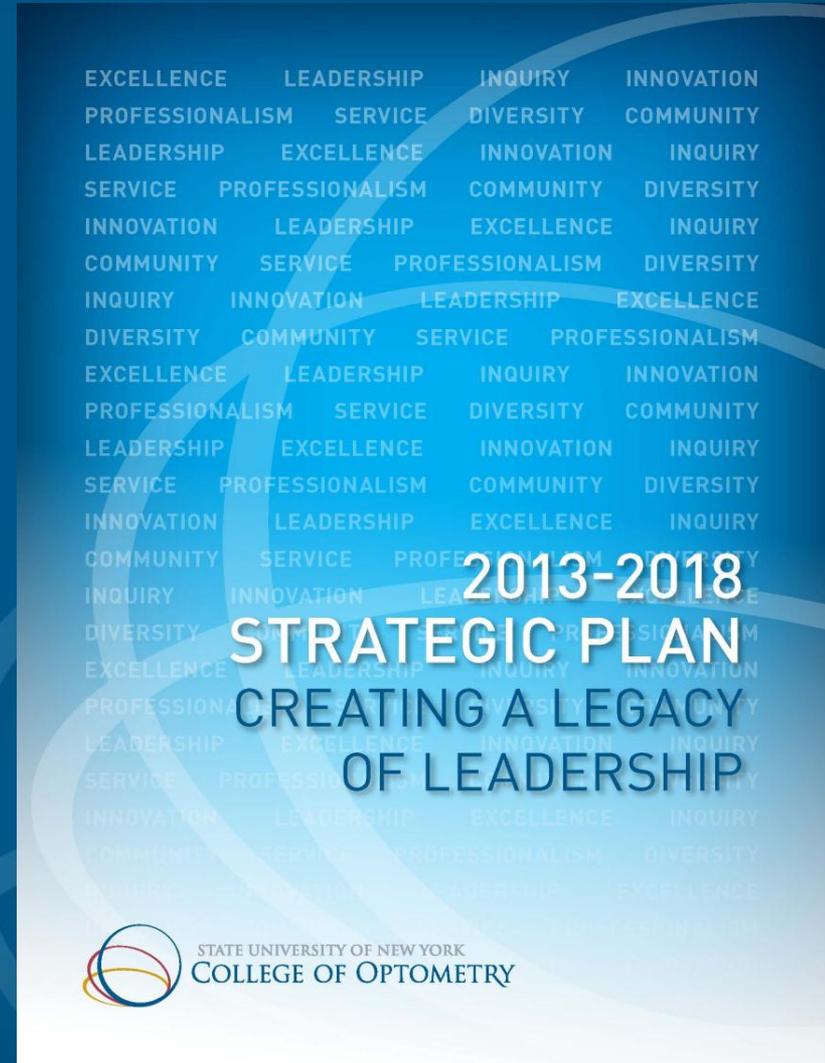
- Support growing clinical, translational and basic science research program
- Receive human subject research accreditation
- Completion and implementation of MS/OD and OD/PhD curriculum reforms
- Launch of the new Residency/Graduate degree program.

# Patient Care

**Goal #2:** Deliver competency-based clinical training that is founded on evidence-based practice and anticipates future practice trends.

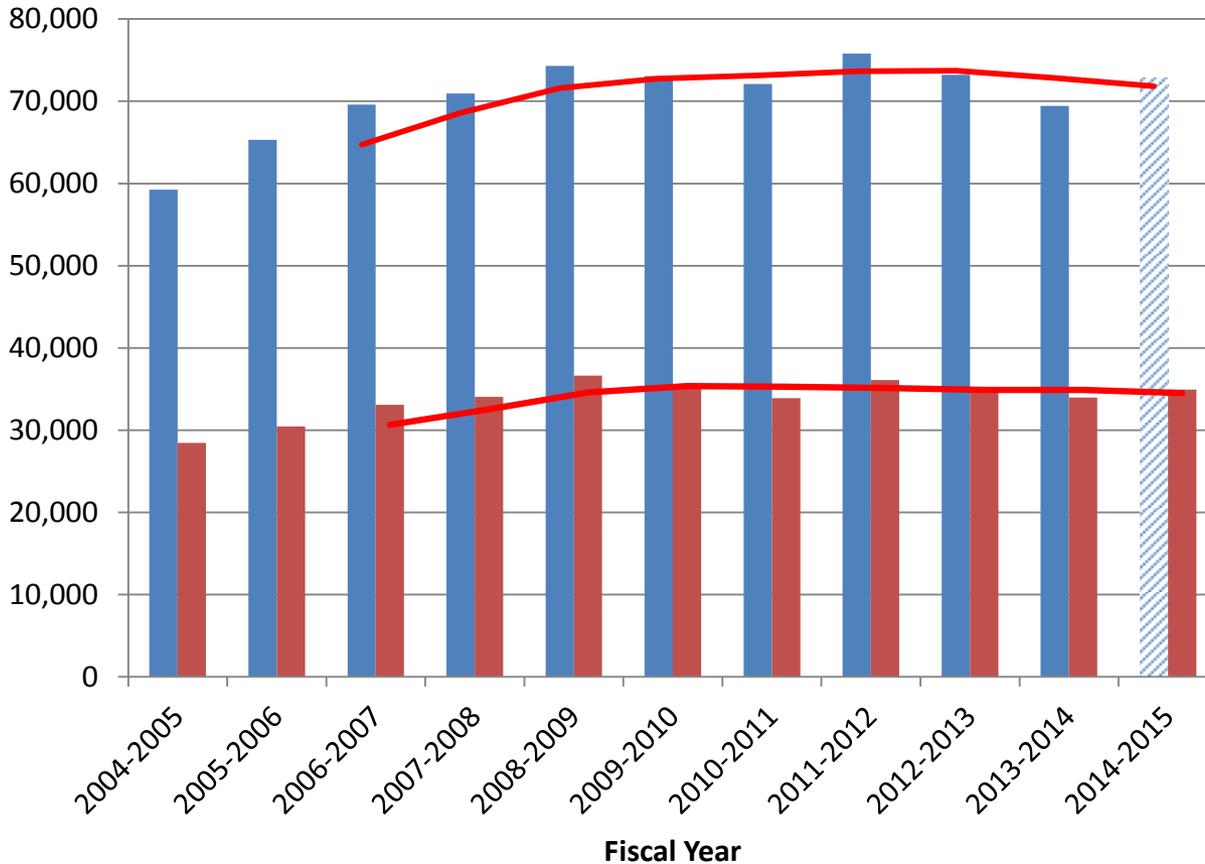
**Goal #5:** Make the University Eye Center (UEC) more accessible to the public.

**Goal #6:** Increase UEC patient visits and develop new revenue streams while providing the highest quality of care within the context of the Affordable Care Act (ACA) of 2010.

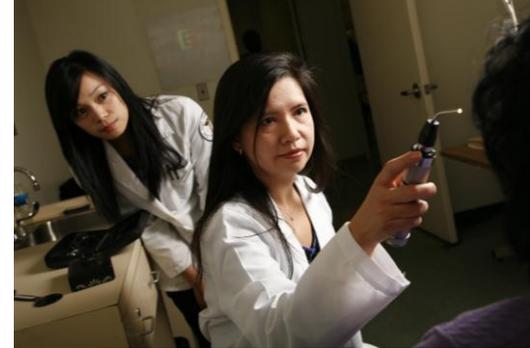


# University Eye Center

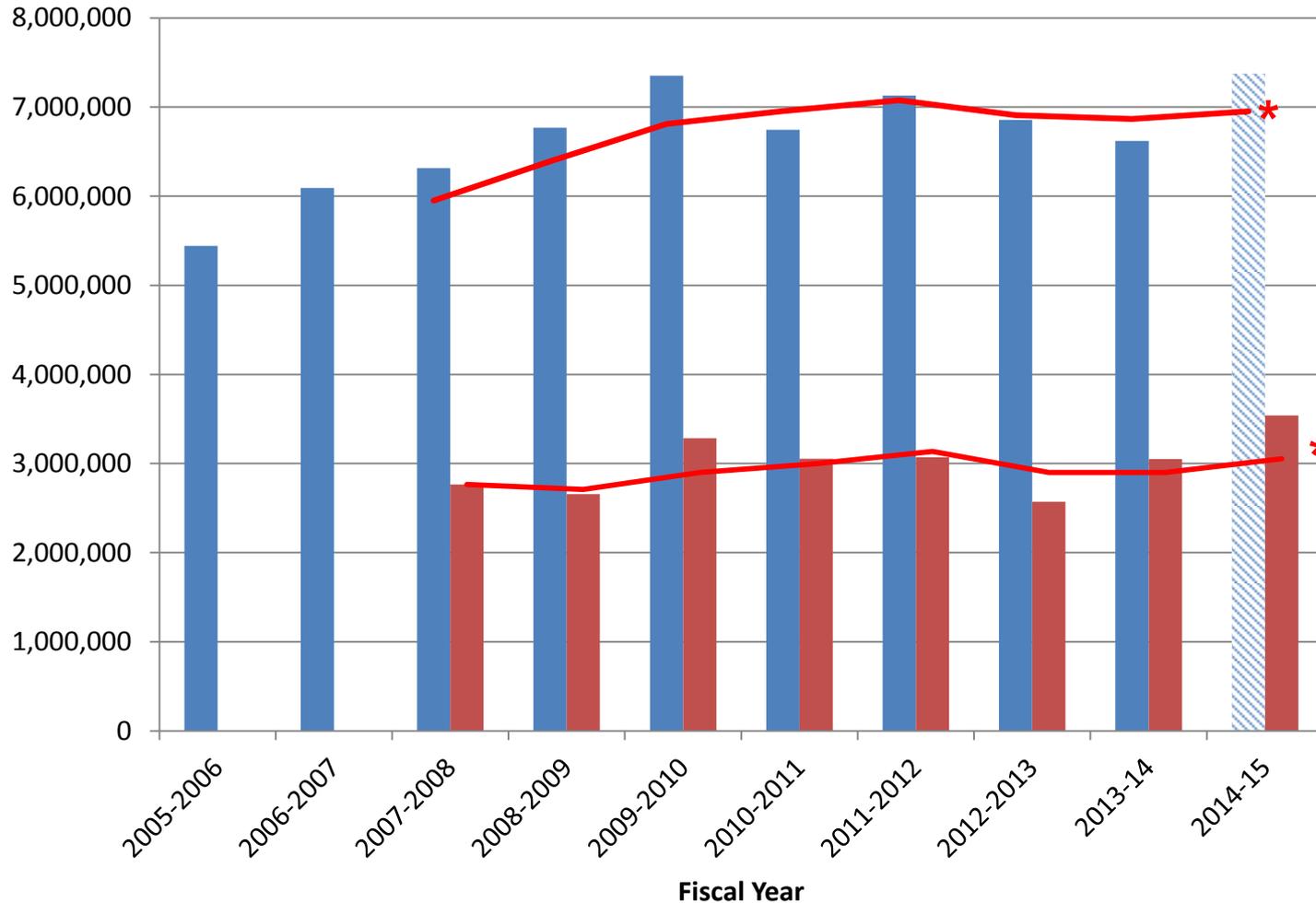
UEC Total Patient Encounters by Year



**\* 3 year rolling average used to establish trend line**



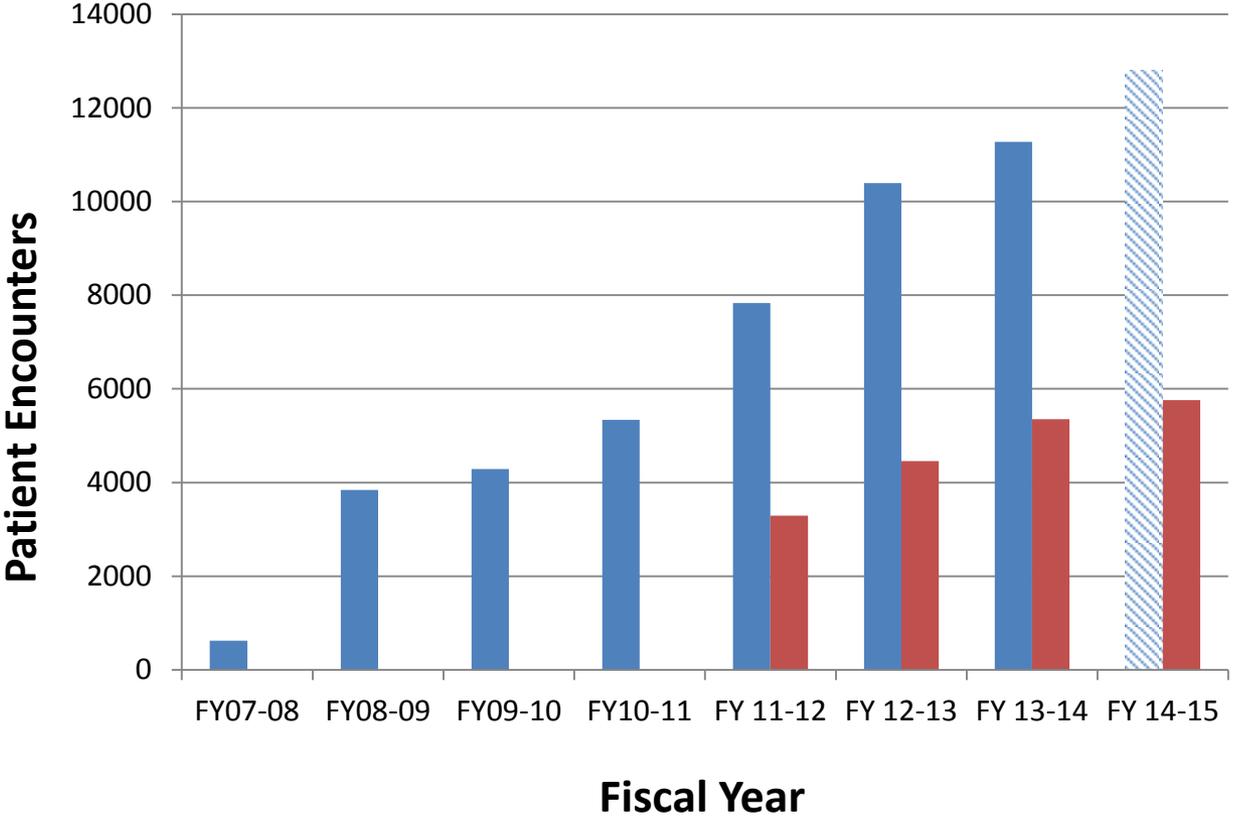
# UEC – Total Revenues



\* 3 year rolling average used to establish trend line



# UEC – Referral Center

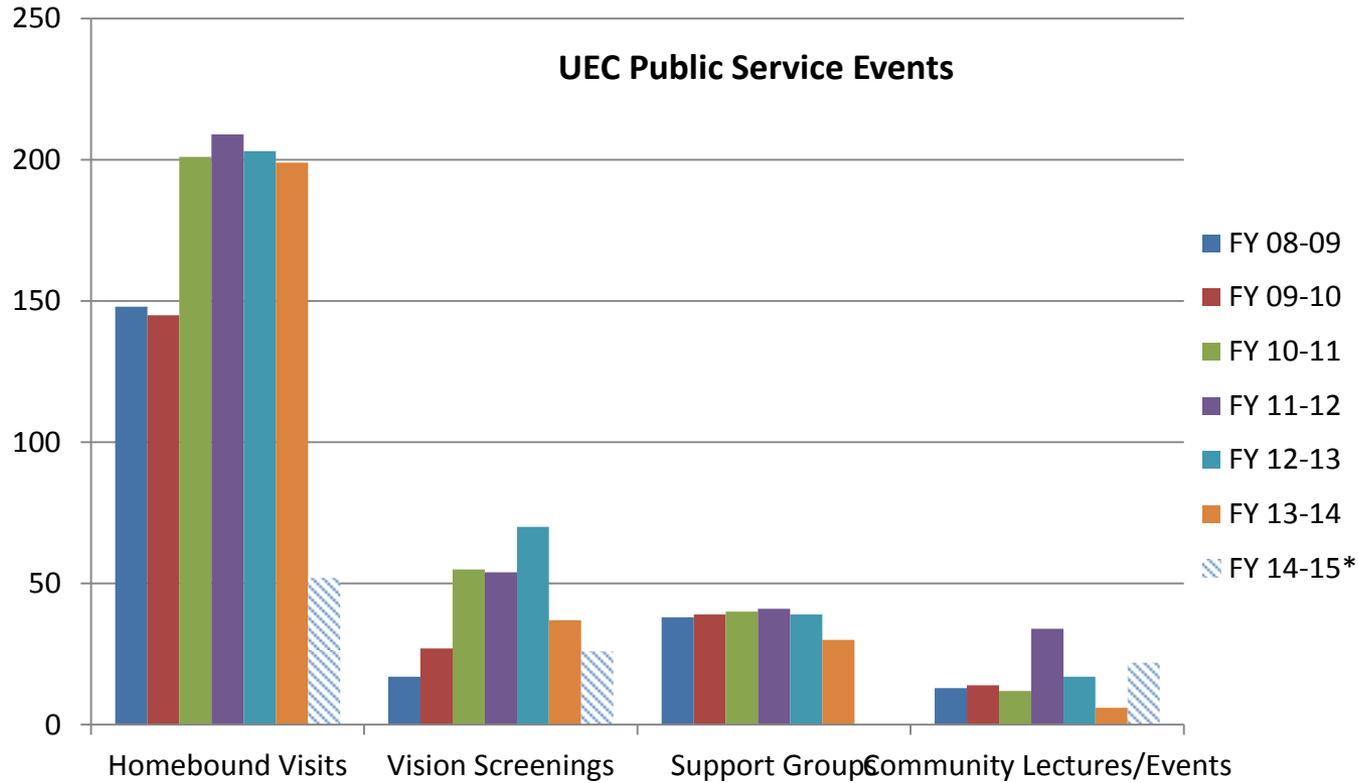


Year	Annual Encounters	YTD
FY07-08	624	
FY08-09	3,839	
FY09-10	4,285	
FY10-11	5,338	
FY 11-12	7,834	3292
FY 12-13	10,395	4457
FY 13-14	11,273	5354
FY 14-15		5760



# UEC – Public Service

Stavros Niarchos  
Foundation



\* YTD

	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14
Homebound Visits	148	145	201	209	203	199
Vision Screenings	17	27	55	54	70	37
Support Groups	38	39	40	41	39	30
Community Lectures/Events	13	14	12	34	17	6

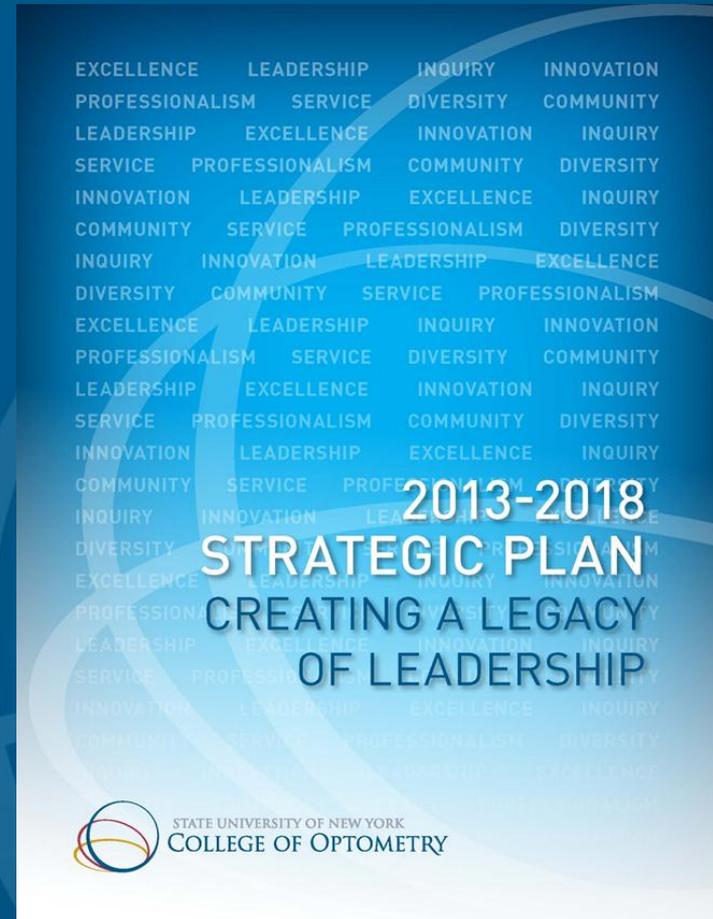


# Patient Care – A look to the future

- Successful transition of patient care leadership
  - Executive Director of the UEC
  - Director for Health Care Development
- Full implementation of the NextGen EHR
- Enhancing patient satisfaction
- Expansion of external clinical affiliations
  - Inter-Professional education
  - Increased presence across the NY health care system
- Implementation of the Facilities Master Plan

# Community Conversations:

*“Our goals are lofty, and our ability to do everything that is required in order to achieve them will certainly test us as a community. But we simply cannot compromise. We must provide excellent patient care AND an outstanding clinical education. We must provide excellent patient care AND demonstrate intellectual leadership through clinical research. We can’t live with “or,” it has to be “and” because any compromise on these goals will cause us to fall short in our ultimate mission of providing the best possible education to our students, the highest quality patient care to our community and conducting vital, transformative research. Achieving the three, intertwined elements of our institutional mission are not mutually exclusive.”*



# Community Conversations:

- We provide students and residents with alternative paths leading to common competencies AND distinctive qualifications.
- **We are a specialized campus AND we develop inter-professional competency within our students**
- **We provide excellent patient care AND outstanding clinical education.**
- **We provide excellent patient care AND demonstrated intellectual leadership through clinical research.**
- Our faculty can pursue a full-time career in optometric education AND make a living.
- We must accomplish our goals AND embrace best practices that are in full compliance with system, state and federal regulatory agencies.



# Conversations: Linked Actions

- **Conversation 1A & 1B - Education & Patient Care:**
  - Clinical Education Council has adopted the planning assumption to move clinical education from one that focuses on skills and data collection to more problem focused analysis and assessment for patient management.
    - Methods track under review
    - Teaching labs have been given a means for bringing real patient volunteers in.
    - UEC adding digital lanes and pretesting rooms
    - EBP, IPP & IPE are being given increased emphasis throughout the curriculum
- **Conversation 2 - Research & Patient Care**
  - Working with CEC, Chairs and Chiefs, and the UEC Administration, we are raising awareness of research mission and increasing accountability for support.
  - UEC monthly report now includes subject recruitment data
  - Increased efforts to coordinate information regarding both CVRC and non-CVRC studies.
  - Increase student education by CVRC throughout the curriculum.



# Conversations: Linked Actions

- **Conversation 3 – Interprofessional Practice:**
  - **Didactic**
    - Increase understanding and articulating language among faculty and educational leaders
    - Advancement of IPE and IPP opportunities in didactic and clinical education including Integrative Seminar, OTP and Clinical Care
    - Development of clinical medicine and advanced topics in health management in the human biology track with IPP emphasis
  - **Clinical**
    - Cont. building upon teaching clinical guidance on the management of ocular manifestations of systemic disease.
    - Teaching Collaborative management with other providers
    - New Grand Rounds to have a strong IPE/IPP component
    - Inter-professionalism is a defined “Core Competency”
    - Devel. of new LV curriculum with a strong IP component
    - Devel. of library/information resources to support EBP



# Conversations: Linked Actions

- **Conversation 1A, 1B, 2, & 3 – UEC/The patient experience**
  - **NextGen >**
    - Complete overhaul of workflow management
    - Increased efficiency during and after patient care for providers
  - **Reducing time of visit**
    - Reassignment of staff to the 7<sup>th</sup> floor based on skill set and best practices
    - Reform staff training to improve consistency in scheduling, arrivals and check out
  - **New staffing to assist patients and faculty**
    - 2 new Imager positions for the 6<sup>th</sup> & 7<sup>th</sup> floors
    - 2 new Optometric Assistant lines for contact lenses to support providers
    - 2 new Clerk positions to be split among all four floors
    - 2 new positions to increase coverage in the lobby and increase follow-up calls to no-shows
  - **Outreach Coordinator (funded by SNF)**



# Aspiration...Imagine

*Leaving the weeds and looking beyond strategic plans > Where does all of this lead us, not 5 years from now, but 10 years or 15 years from now?*

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PROFESSIONALISM SERVICE DIVERSITY COMMUNITY  
LEADERSHIP EXCELLENCE INNOVATION INQUIRY  
SERVICE PROFESSIONALISM COMMUNITY DIVERSITY  
INNOVATION LEADERSHIP EXCELLENCE INQUIRY  
COMMUNITY SERVICE PROFESSIONALISM DIVERSITY  
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2013-2018  
STRATEGIC PLAN  
CREATING A LEGACY  
OF LEADERSHIP



STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY

# Aspirational Goals

- **Infrastructure:** Design and reconstruction of the UEC which:
  - Is based upon an understanding of the future practice of optometry;
  - Integrates a contemporary model for clinical education into patient care;
  - Facilitates our leadership in care delivery through the continued development of a prominent clinical research program.
  - Provides the highest quality patient care experience!

# Aspirational Goals

- **Institutional Reach:** Expand upon our partnerships within the New York City health care community such that the College:
  - collaborates in the delivery of eye care with major hospital and community health center systems.
  - provides exceptional clinical education in interprofessional practice environments.
  - is a significant participant in critical health care policy decisions at the local and state levels.

# Aspirational Goals

- **Intellectual Leadership:** Enhance the College's impact through
  - The continued expansion of the College's basic, translational and clinical research programs.
  - The enhancement of our cadre of full-time Clinician Scientist and Academic Clinicians
  - Increasing our intellectual footprint through:
    - Research
    - Clinical Scholarship
    - Health Policy Research
    - The Scholarship of Teaching
  - The recruitment, education, development and graduation of the highest quality of students (*Creating a Legacy of Leadership*).

# Aspirational (Audacious?) Goals

- **Institutional Mission:** Examination and consideration of offering additional health care degree programs which
  - create an expanded interprofessional education environment for our students
  - Provide SUNY with additional programming in NYC to meeting the expanding health care needs of the region.
  - Provide a stronger diversified financial model for the College's future.

A photograph of the SUNY State College of Optometry building. The building is a multi-story structure with a light-colored facade and large windows. A prominent sign above the entrance reads "The State University of New York" and "SUNY State College of Optometry". Above the main entrance, the words "COLLEGE OF OPTOMETRY" are visible. Two vertical blue banners with the SUNY logo are attached to the building. In the foreground, there are large, stylized red flowers. A traffic light is visible on the right side of the image. The word "Imagine!" is written in a large, yellow, cursive font across the center of the image.

*Imagine!*

The State University of New York  
SUNY State College of Optometry



STATE UNIVERSITY OF NEW YORK  
COLLEGE OF OPTOMETRY



CREATING A LEGACY OF LEADERSHIP

## OD Program Learning Objectives<sup>1</sup>

By graduation, students in our OD program will have demonstrated knowledge of the programmatic learning objectives, their application to evidence-based clinical optometry, and the professionalism and ethics expected in healthcare professionals. These outcomes are described in each of the areas that follow:

*Demonstrate a command of knowledge on...*

- Systems anatomy and physiology, with special emphasis on the eye and visual system
- The various pathological processes and causes that lead to dysfunction and disease, and the effect that these processes can have on the body and its major organ systems, with special emphasis on the eye and visual system
- The cellular, molecular and genetic basis of the development, physiology, and pathology of the body systems and their relationships to diseases of the eye and visual system
- The structures and processes contributing to the development of refractive errors, binocular vision anomalies, and other optical and perceptual abnormalities of the visual system as they relate to, but not limited to, strabismus, amblyopia, oculomotor function, accommodation and visual perception
- The optics of the eye and ophthalmic lens systems (including spectacles, contact lenses and low vision devices) used to correct and treat the development of refractive, oculomotor and other vision disorders
- Mechanisms of action of the various classes of pharmaceutical agents, their interactions and their safe and effective use for the treatment of diseases and conditions affecting the eye and visual system
- Vision therapy and other rehabilitative methods used for the management of common visual disorders
- The psychosocial dynamics of the doctor/patient relationship and understanding of the social, psychological and economic forces affecting diverse patient populations
- Community health care resources and delivery systems to improve care

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<sup>1</sup> The OD program learning objectives are based on the *Attributes of Students Graduating from Schools and Colleges of Optometry*, published by the Association for Schools and Colleges of Optometry (2011)

- Practice management structures and strategies as they pertain to the various practice settings
- The role of the optometrist in the health care delivery system and as part of an interprofessional health care delivery team

*Demonstrate clinical competence in...*

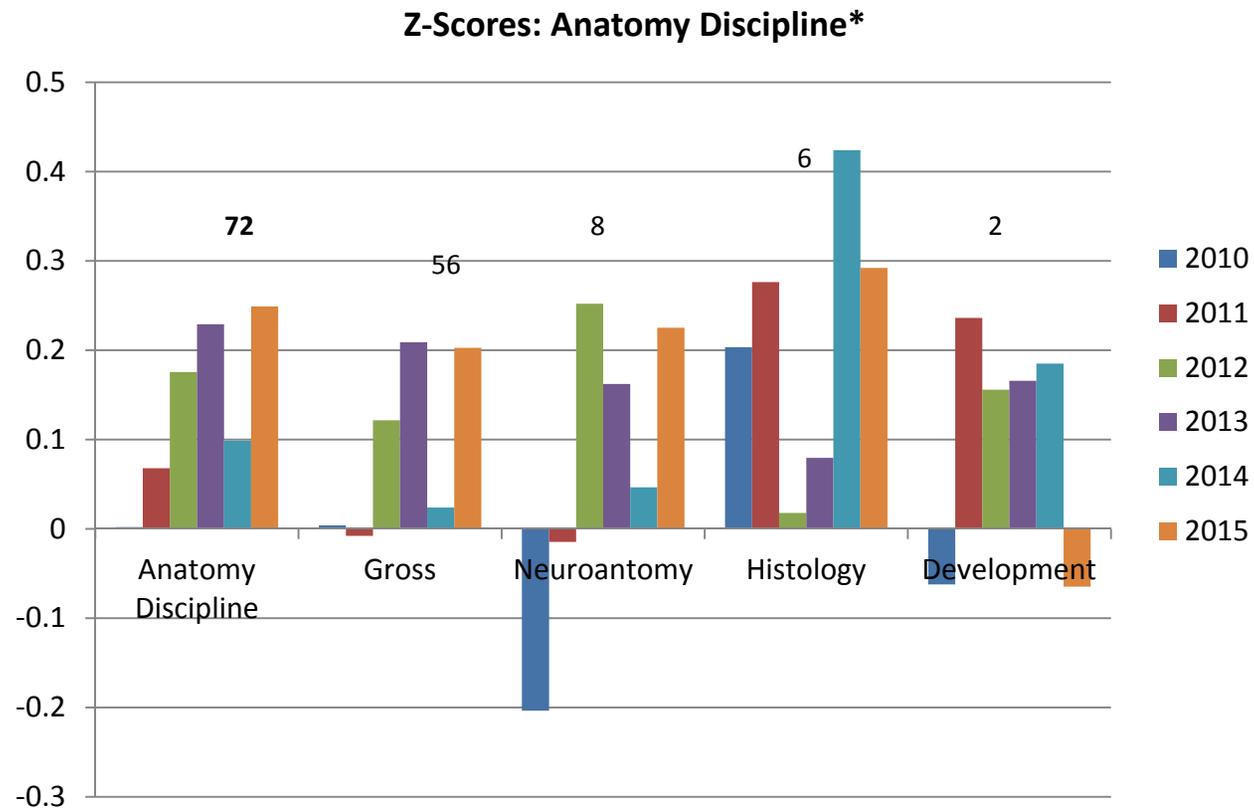
- All the skills required for the triage, diagnosis, management and/or treatment of common visual conditions, including or resulting from:
  - refractive errors
  - abnormalities of accommodation, monocular or binocular vision, oculomotor and sensory/perceptual dysfunctions
  - ocular disease and trauma
  - ocular surgery and laser treatments
  - systemic disease
  - environmental or occupational conditions
  - congenital or hereditary conditions
- The ability to understand, evaluate and apply the use of contemporary refractive and imaging technologies in the provision of eye and vision care
- The critical-thinking skills needed to assess the patient's visual and physical status and to interpret and process the data to formulate and execute effective management plans using the fundamental principles of evidence based practice
- The ability to order and interpret frequently needed laboratory and diagnostic procedures as indicated for the delivery of appropriate problem oriented care
- The ability to prescribe or use ophthalmic materials, contact lenses, vision therapy, low vision devices, pharmaceuticals and certain surgical procedures to treat and manage vision disorders and disease
- An understanding of nutritional influences and vitamin supplements on ocular physiology and systemic health and disease
- The ability to recognize and initiate the coordination of patient care for conditions requiring advanced medical, systemic, interprofessional, or specialty care
- The ability to recognize life-threatening conditions and to initiate immediate intervention
- Effective interprofessional and personal communication skills, both oral and written, to maximize successful patient care outcomes

- The ability to use appropriately all supporting healthcare resources available, including the use of electronic health records, ancillary personnel, co-management of intra- and inter-professional collaborations and referrals, to ensure the highest quality patient care
- The ability to access, accurately interpret, and apply information for evidence based practice in decision making for patient care and health care delivery
- Cultural competence and the ability to embrace diversity and individual differences that characterize patients, populations and the health care team
- The ability to work cooperatively with patients, and collaboratively with other healthcare professions and care providers, to provide the effective delivery of healthcare services.

*Demonstrate professionalism and ethics through...*

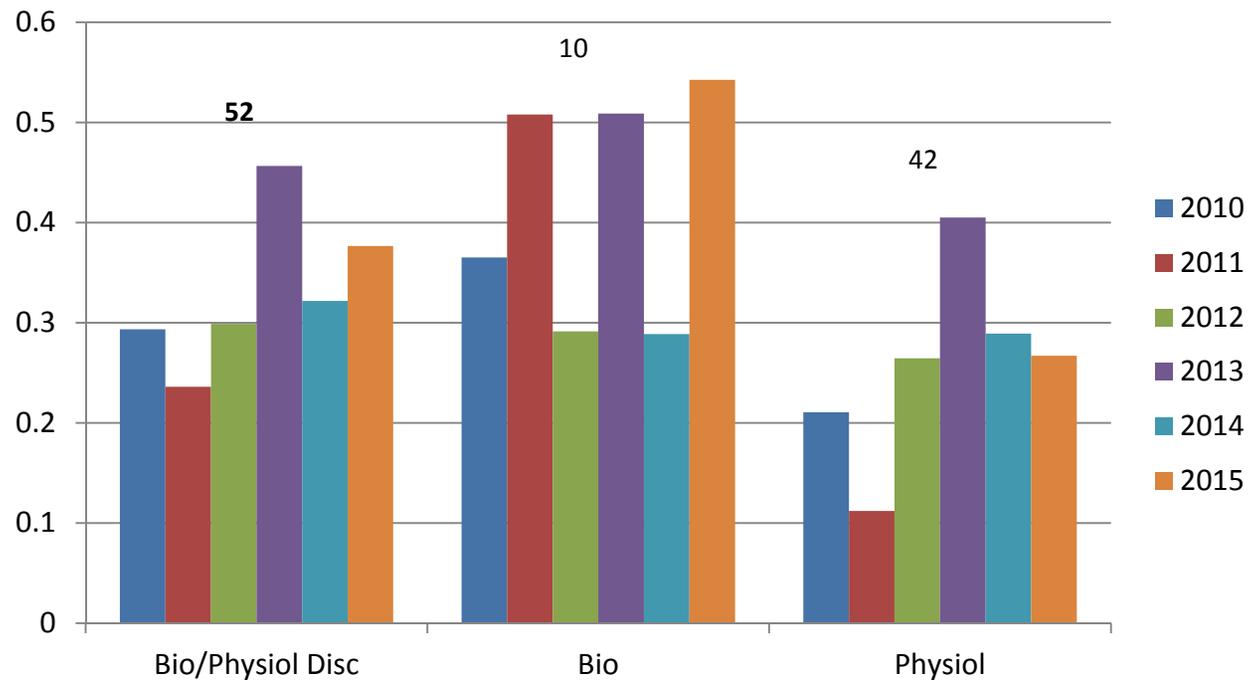
- A commitment to life-long learning and providing the highest standard of care
- The ability to acquire, analyze and apply new information while making reasonable and informed decisions that are consistent with the interests and needs of the patient and broader community
- Problem-solving and critical-thinking skills that integrate current knowledge, scientific advances and the human/social dimensions of patient care to assure the highest quality of care for each patient through the principles of evidence based practice
- The ability to recognize personal limitations regarding optimal patient care and to work with the broader health care community in providing the best care possible
- An understanding of professional ethics and challenges to the optometric profession posed by conflicts of interest inherent in health care delivery, and the ability to incorporate those principles into decisions affecting patient care, always keeping the patient's welfare foremost
- Professionalism, by demonstrating honesty and integrity in all interactions with patients and their families, colleagues and others with whom the optometrist must engage in his/her professional life
- A respect for the dignity of every patient and a commitment to empathetic and confidential care

- A commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes
- A commitment to be actively involved in organized optometry and the community

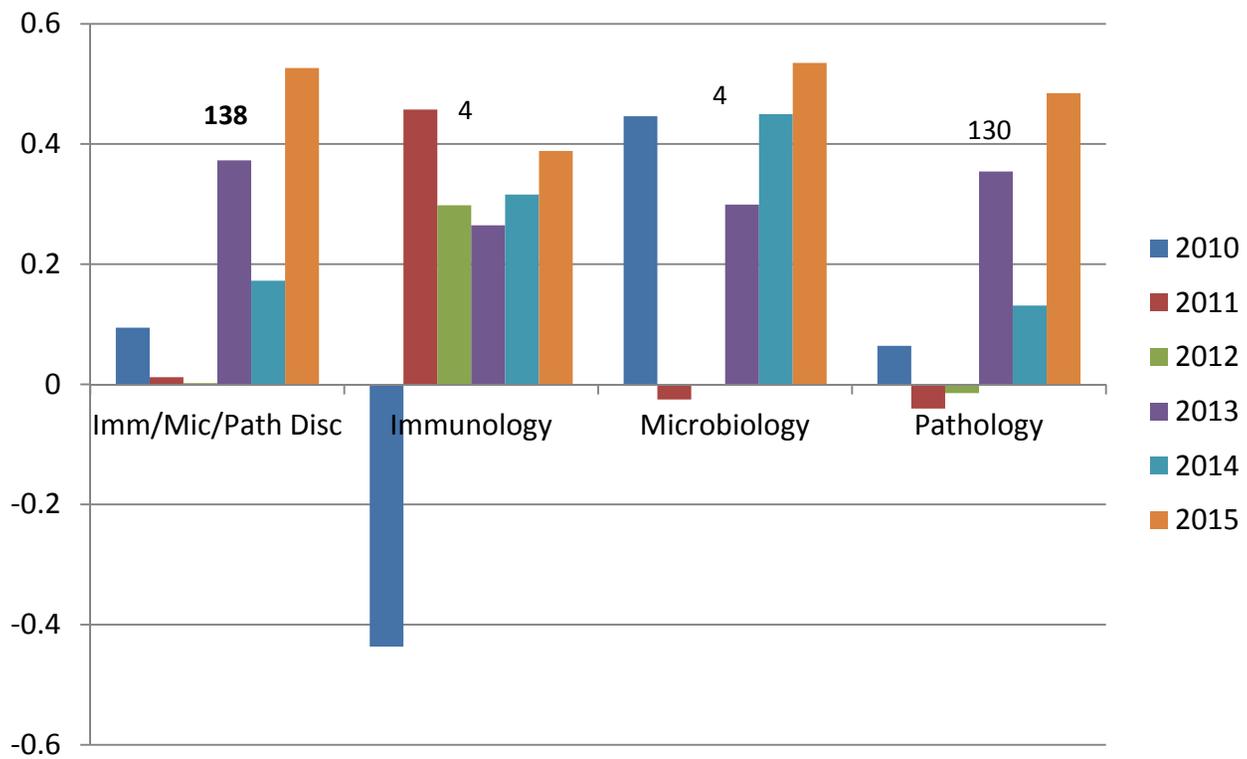


\*Numbers above each histogram are the number of exam items in 2015. The first histogram represents the total for the discipline.

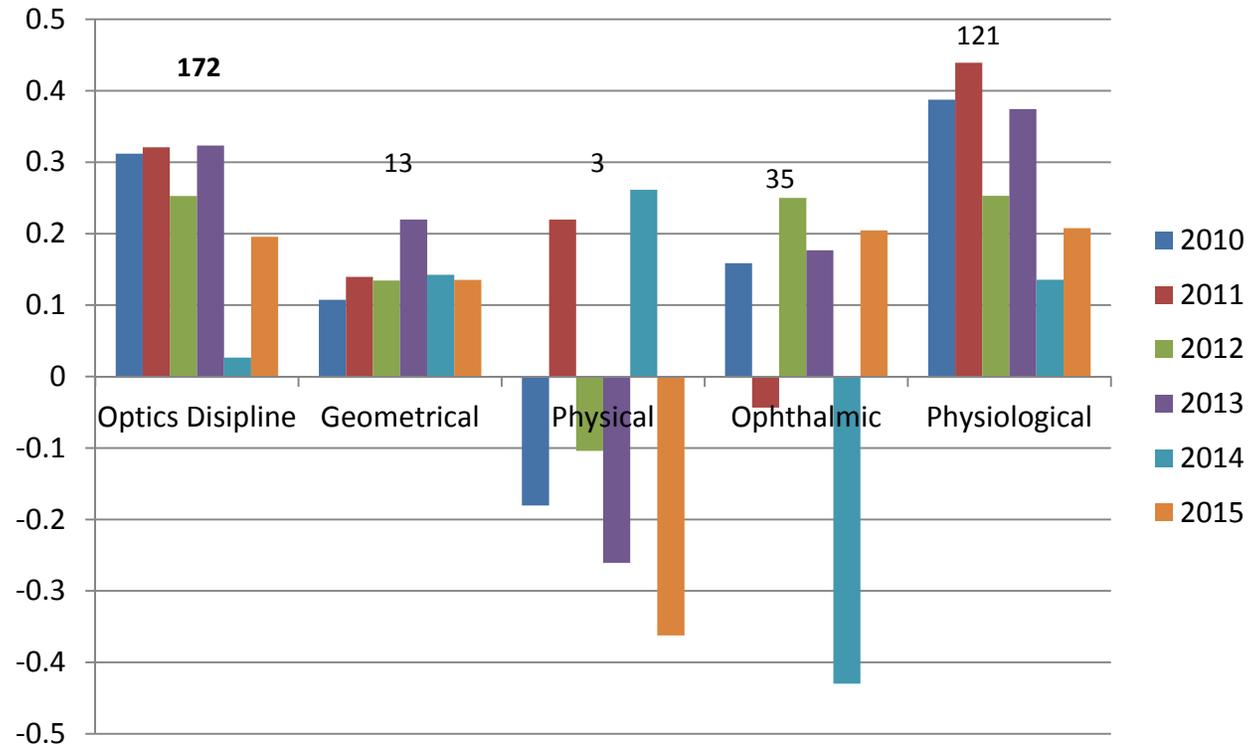
### Z-Scores: Biochemistry & Physiology Discipline



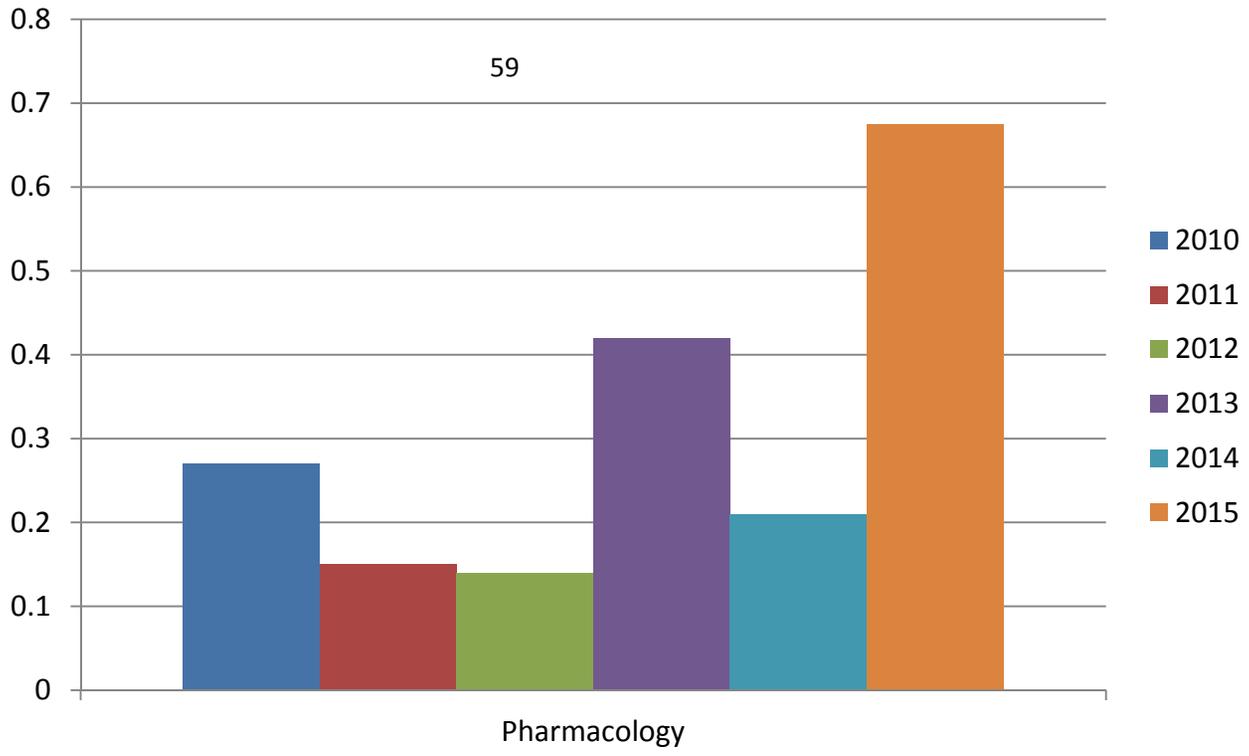
### Z-Scores: Immunology, Microbiology & Pathology Discipline



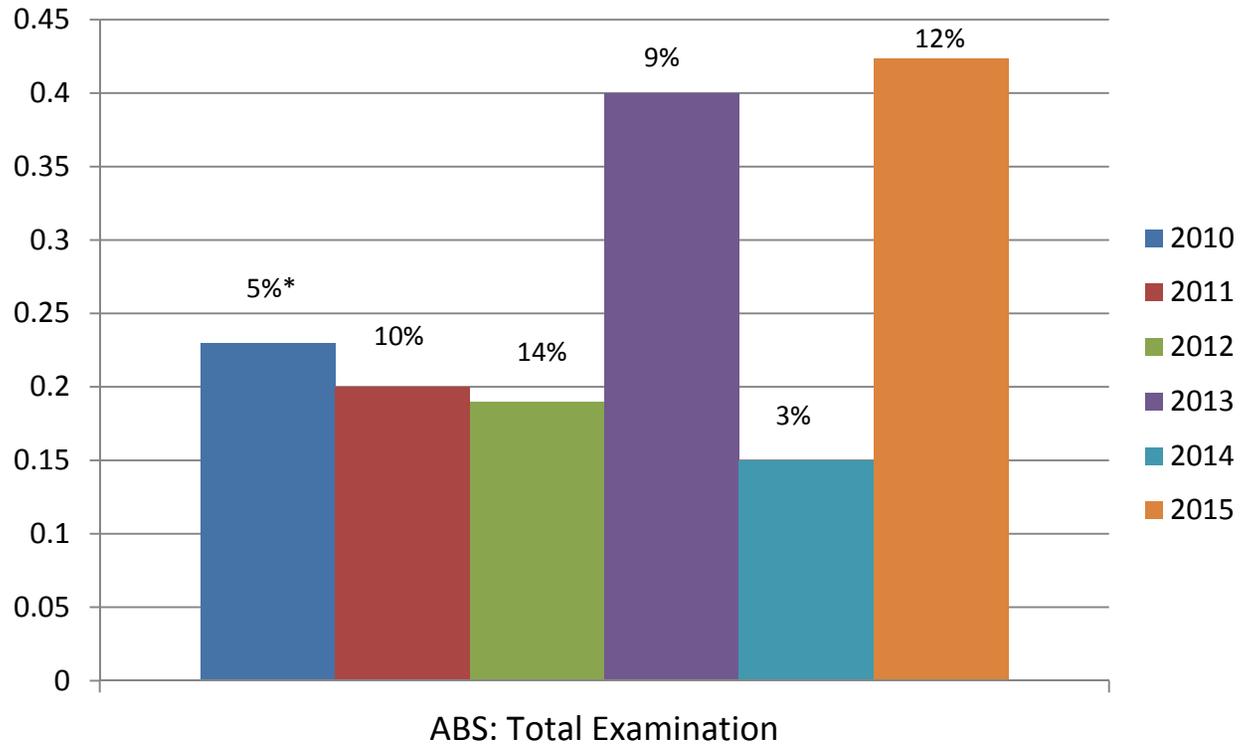
### Z-Scores: Optics Discipline



### Z-Scores: Pharmacology Discipline

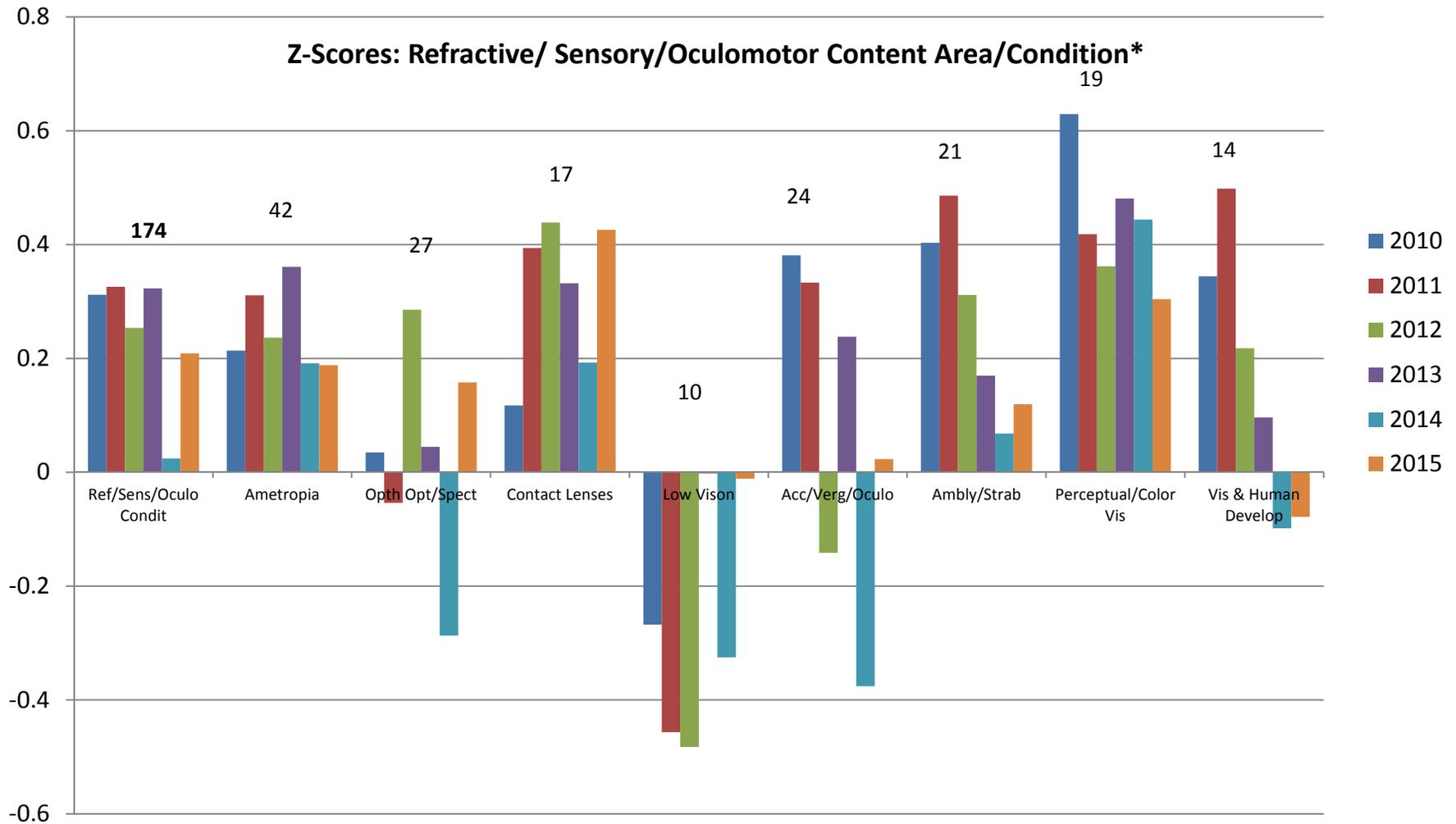


### Z-Scores: Total ABS Exam



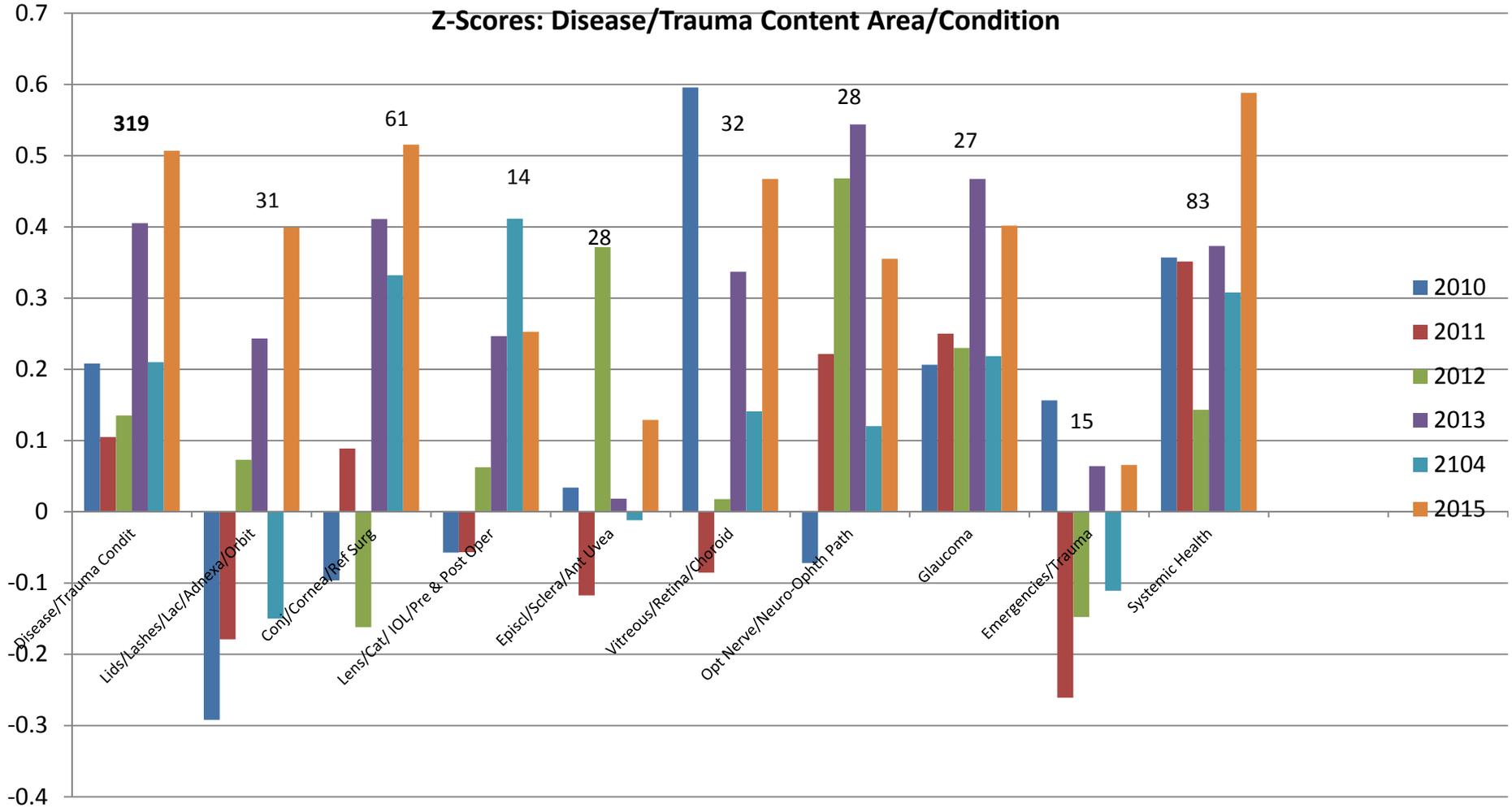
	2010	2011	2012	2013	2014	2015
<b>SUNY Part I (% passing)</b>	97%	88%	99%	95%	81%	89%
<b>National Part I (% passing)</b>	92%	78%	85%	86%	78%	77%
<b>SUNY Advantage</b>	5%	10%	14%	9%	3%	12%
<b>SUNY Z-Score</b>	0.23	0.20	0.19	0.40	0.15	0.42

\*SUNY Advantage (Percent SUNY first-timers who passed minus percent of national first-timers who passed)



\*Numbers above each histogram are the number of exam items in 2015.  
The first histogram represents the total for the content area/condition.

### Z-Scores: Disease/Trauma Content Area/Condition



## **Low Vision Instruction: A Proposal**

*Final Draft: January 21, 2015*

*Approved by Curriculum Committee*

### Background

Prior to the most recent major curricular revision, low vision was covered in a standalone course (*Visual Rehabilitation*) devoted to this topic. The course was 15 hours of lecture and 5 hours of lab.

Consistent with the themes of integration of material into existing courses and reduction in the number of small standalone courses, the new curriculum did not include a course on low vision. Rather, this material was to be incorporated into courses on optics, optometric methods and procedures and ocular disease. While this has occurred to some extent, the overall result appears to be unsatisfactory. The strongest evidence for this conclusion comes from exit surveys and performance on examinations administered by the National Board of Examiners in Optometry (NBEO).

### Analysis

Low vision practice is multidisciplinary, drawing from the areas of geometrical and ophthalmic optics, optometric methods and procedures, vision therapy and ocular disease. It is a well-established and distinct specialty area within the practice of optometry. While disseminating the content of low vision instruction into extant courses makes sense from the perspective of integrating the material with related subject matter, it fails to integrate these disparate elements into a model that provides students the confidence to render care in this area. Consolidation of low vision material into a single block of instruction would support this integration.

### Learning Objectives for a Low Vision Curriculum

The low vision curriculum should focus on those services expected to be provided by primary care providers. The emphasis should be on near vision.

Graduating students should be able to:

- Assess a patient's prognosis for low vision services
  - Functional case history including patient goals
  - Functional assessment of visual capabilities
    - Visual acuity
    - Visual field (size and central and peripheral scotomas)
    - Contrast sensitivity (including the impact of glare)
    - Relationship of functional loss to underlying disease
  - Psychological and environmental factors
  - Access to community services
- Determine the required near magnification and most appropriate near magnification device
- Educate the patient to use the prescribed magnification device
  - Plus lenses in the form of hand held devices, spectacles and adds
  - Built-in accessibility options for computers, tablets and smartphones

- Apps for smartphones and other electronic devices
  - Dedicated electronic devices
- Recommend appropriate non-optical aids, such as typoscopes, appropriate lighting and glare reduction
- Make specific recommendations regarding factors that impact upon ambulation and fall prevention, including lighting
- Provide rehabilitation (optical and non-optical) for limited visual field loss
- Perform a distance refraction, including a trial frame refraction, and determine whether consultation for distance vision low vision services is warranted
- Assess vision for legal purposes
  - Driving standards
  - Legal blindness
- Provide counseling regarding vision loss
  - Recognize the need for mental health services and make an appropriate referral
  - Recognize the need for specialized services (e.g., orientation and mobility, social work, specialized low vision) and make an appropriate referral
- Bill and code for low vision services

The prescription of telescopes, particularly for distance, is generally not considered to fall within primary care practice. The graduating optometrist should, nonetheless, have a basic understanding of various types of telescopes and how they can be used by patients.

Additional guidance on low vision learning objectives may be found in the document *Entry Level Competencies and Learning Objectives in Visual Impairment and Low Vision Rehabilitation*, which was developed by the ASCO Low Vision Educators SIG. This document may be found at [http://www.opted.org/files/EntryLevelCompetencies\\_LowVision.pdf](http://www.opted.org/files/EntryLevelCompetencies_LowVision.pdf).

### Recommendation

It is recommended that at least 12.5 consolidated lecture hours and 5 lab hours be devoted to low vision.<sup>1</sup> Inclusion of this material within the curriculum should not result in an increase in the number of curricular hours of instruction.

To ensure that students receive an integrated approach to this clinical discipline, instruction should not be spread across courses or semesters. While a broad overview should be provided, the emphasis must be on primary care aspects of low vision, particularly near vision. Keeping in mind the low vision curricular learning objectives, the following should be covered:

### *Lecture (12.5 hrs)*

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<sup>1</sup> The number of hours to be included in this curriculum was determined by assigning a time value to each topic. The sums of these values were 12.5 hours of lecture and 5.0 hours of laboratory. The worksheet used to arrive at these values is included as *Appendix A*. This appendix is intended to be neither prescriptive nor limiting, but to serve as background material.

- Epidemiology of low vision
- Functional assessment of visual capabilities in the low vision patient
  - Visual acuity
  - Visual field (size and central and peripheral scotomas)
  - Contrast sensitivity (including the impact of glare)
  - Relationship of functional loss to underlying disease
- Methods used to determine the required near magnification
- Advantages and disadvantages of various near magnification devices including
  - Plus lenses in the form of hand held devices, spectacles and adds
  - Built-in accessibility options for computers, tablets and smartphones
  - Apps for smartphones and other electronic devices
  - Dedicated electronic devices
- Non-optical devices used in low vision, lighting considerations and glare reduction
- Risk of falls in the elderly and low vision population and strategies to reduce this risk
- Rehabilitation (optical and non-optical) of visual field loss
- Distance refraction of the low vision patient, including trial lens refraction
- Distance magnification devices and indications for their use
- Assessment of vision for legal purposes
  - Driving standards
  - Legal blindness
- Psychological impact of low vision, optometric counseling and referral for mental health and specialized low vision and community services
- Billing and coding related to low vision

*Laboratory (5 hrs)*

- Prescribing near low vision devices
- Training patients to use both optical and non-optical low vision devices
- Trial lens refraction
- Telescopes

Placement within the Curriculum

This material should be presented in close proximity to the time students first see patients and prior to Part I of the NBEO, which covers topics related to low vision. Placement in the spring semester of the second year through the fall semester of the third year is ideal in that it would allow students to apply the material in the UEC Primary Care clinic under the supervision of clinical faculty members.

Inclusion of this material should not increase total student instructional time over the 4-year curriculum. Below, several options for inclusion of this material are presented:

*Children, Vision and Learning (CVL)*

As currently structured, this material is divided into two courses: CVL I (2.50 lecture hours in spring, second year) and CVL II (2.00 hours lecture and 1.25 hours lab, spring, third year). The retirement of the long-time course coordinator presents an opportunity to review these courses, a process that the Curriculum Committee understands is currently being undertaken by the department chairs and dean.

The hours devoted to this material could be reconfigured into two courses, one focused primarily on pediatric optometry and human and visual development (*Pediatric Optometry*) and another course on special populations, including low vision and possibly geriatric care (*Special Populations*). The latter course would require a lab, but for the purposes of low vision, not more than 5 hours are required. If *Special Populations* is taught during the spring semester of the third year, the material in the low vision section should be taught early in the course, prior to Part I of the NBEO.

No more than the total amount of time currently allotted to CVL I and CVL II (4.50 lecture and 1.25 lab) is required for the new courses. In fact, it may be possible to reduce the student contact hours.

#### *Anomalies of Visual Sensorimotor Function*

Exit surveys reveal that graduating students believe there is too much instruction in vision therapy. *Anomalies of Visual Sensorimotor Functions* is the largest in the curriculum, currently consisting of 4.5 hours of lecture and 2.5 hours of lab per week. This amounts to about 72 hours of lectures and 40 hours of labs (assuming 16 instructional weeks). One possibility would be to include low vision material in the third-year fall course currently called *Anomalies of Visual Sensorimotor Functions* and rename the course *Visual Rehabilitation*. It should be noted that a preliminary survey by the Chair (based on review of curricula posted on program websites) reveals that UCB, TOSU and UH all appear to devote about the same amount of time to this topic as does SUNY.

#### *Visual Function: Sensory Motor II*

This course, which covers binocular vision, is taught in the spring semester of the second year. Exit surveys reveal that graduating students believe there is too much instruction in binocular vision. The course consists of 2.50 lecture and 2.00 lab hours per week. Additional analysis would need to be conducted to determine how these hours compare to those at peer institutions.

#### *Summer, Third-Year*

With the removal of *Neuroanatomy* to the first year, time may be available during this period. As stated previously, inclusion of the new material should not increase total student instructional time over the 4-year curriculum.

#### Clinical Training

Absent clinical experience with the concepts learned in class and lab, the low vision curriculum will not be able to meet its learning objectives. The clinical experience should consist of:

- Low vision patient care in the Primary Care Clinic under the supervision of doctors who are experienced in such care and familiar with the low vision curricular learning objectives and content of the low vision didactic curriculum

- Low vision patient care in the Low Vision Clinic under the supervision of doctors who are familiar with the low vision curricular learning objectives and content of the low vision didactic curriculum

#### Time Frame for Implementation

The proposed low vision curriculum should be instituted no later than the 2015-16 academic year.

#### Outcomes Assessment

In addition to routine monitoring of instruction performed by department chairs and dean, the annual OD exit survey will continue to track graduating students' perceptions of instruction and preparedness in low vision. It is expected that student perceptions regarding this area will improve upon implementation of the proposal. Performance in relevant areas of the NBEO will continue to be tracked with expectations of improved outcomes relative to national benchmarks.

## Appendix A

The following worksheet was used to arrive at the number of hours to be included in the didactic portion of the low vision curriculum. This Appendix is intended to be neither prescriptive nor limiting, but to serve as background material.

### *Lecture (12.5 hrs)*

- Epidemiology of low vision (0.5 hr)
- Functional assessment of visual capabilities in the low vision patient (2 hrs)
  - Visual acuity
  - Visual field (size and central and peripheral scotomas)
  - Contrast sensitivity (including the impact of glare)
  - Relationship of functional loss to underlying disease
- Methods used to determine the required near magnification (2 hrs)
- Advantages and disadvantages of various near magnification devices including (2 hrs)
  - Plus lenses in the form of hand held devices, spectacles and adds
  - Built-in accessibility options for computers, tablets and smartphones
  - Apps for smartphones and other electronic devices
  - Dedicated electronic devices
- Non-optical devices used in low vision, lighting considerations and glare reduction (1.0 hr)
- Risk of falls in the elderly and low vision population and strategies to reduce this risk (0.5 hr)
- Rehabilitation (optical and non-optical) of visual field loss (0.5 hr)
- Distance refraction of the low vision patient, including trial lens refraction (1.0 hr)
- Distance magnification devices and indications for their use (1 hr)
- Assessment of vision for legal purposes (0.5 hr)
  - Driving standards
  - Legal blindness
- Psychological impact of low vision, optometric counseling and referral for mental health and specialized low vision and community services (1 hr)
- Billing and coding related to low vision (0.5 hr)

### *Laboratory (5 hrs)*

- Prescribing near low vision devices (1.5 hrs)
- Training patients to use both optical and non-optical low vision devices (1.5 hrs)
- Trial lens refraction (1 hr)
- Telescopes (1 hr)

## Clinical Medicine: A Proposal

04.30.15

### Background

Prior to the most recent major curricular revision, principles of clinical medicine were covered in a standalone course (*Clinical medicine and systemic disease I and II*) that was taught over two semesters. This course was team taught by in house faculty as well as guest lecturers from the local medical community. The topics covered in this course were then moved to different sections of the ocular disease course sequence and are currently taught only by in house faculty. The following recent developments have warranted a review and modifications to the clinical medicine curriculum.

- Exit survey of graduating students indicates that the coverage of clinical medicine topics was insufficient in their opinion in the revised curriculum.
- Communications to the college President, from several state boards of optometry have requested assurance that topics on clinical medicine receive adequate coverage of in the SUNY curriculum to enable our graduates to be eligible to obtain their state licenses.
- The Association of Schools and Colleges of Optometry has stressed the importance of inter-professional education in the optometry curriculum.

Although not in direct response to any of the above mentioned reasons, more recently, certain aspects of clinical medicine, mainly pertaining to etiology, signs and symptoms of different systemic disease have been incorporated into the Human bioscience III, a course that was originally intended cover only general pathology. Also, the 1<sup>st</sup> year integrative seminar course has incorporated a lecture on physical assessment.

### Analysis

An understanding of topics in clinical medicine is necessary for optometrists to effectively manage conditions of the visual system impacted by systemic diseases. Knowledge of clinical medicine is also important to strengthen the role of the optometrist as a primary health care provider to enable them to promptly and effectively identify health problems and refer patients to other health care professionals as warranted by their condition. Disseminating the content of clinical medicine instruction into existing courses as was done during the last curriculum revision made sense from the perspective of integrating the clinical medicine topics with related subject matter in ocular disease. However, from the student feedback it seems that the current strategy to disseminate the clinical medicine topics fails to provide students the confidence needed to apply them for effective patient care. This proposal recommends that the following changes to the curriculum to this address this issue and other highlighted above.

- Include aspects of clinical medicine, mainly pertaining to etiology, signs and symptoms of different systemic disorders into the Human bioscience course where the traditional approach has been to mainly discuss pathophysiological mechanism of the disease. The course instructors for Human Bioscience III have already initiated such modifications which can be fortified without any increase in the course hours.

- Move topics of oncology, dermatology and laboratory testing from ocular disease II into human bioscience sequence III to maintain logical flow of information with appropriate sections of the course. Equivalent lecture hours could be transferred from Ocular disease II to Human bioscience III.
- Elaborate further on the etiology, signs and symptoms of infectious disease in the microbiology and immunology course without any increase in the lecture hours.
- Retain the topics of stroke, headache, neurological and psychological disorders in ocular disease III.
- Revisit selected systemic disorders that more commonly impact the health of the visual system in a newly created instructional unit that would support the integration of the knowledge gained from previous courses (human bioscience sequence, microbiology and immunology, general and ocular pharmacology) and discuss the systemic conditions in the context of the visual system. This unit will focus more on the **clinical management** of the different systemic conditions with additional emphasis on the impact of the disease on the visual system and its management vis a vis the management of the systemic condition. This instructional unit can be organized in the form of short lectures and grand rounds format case discussions with the involvement of guest faculty from other medical professions e.g., cardiology, endocrinology, rheumatology and infectious disease. Suggestions for specific topics include

***Lectures (18 hrs)***

Dermatology (2 hrs)

Oncology (2 hrs)

Hypertension and Atherosclerosis (2 hrs)

Cardiac disease (2 hrs)

Diabetes Mellitus (2 hrs)

Other endocrine diseases (2 hrs)

Infectious disease (2 hrs)

Rheumatology (2 hrs)

Pulmonology (2 hrs)

***Small-Group, Case-Based Discussions (10 hrs)***

Cardiovascular Disease (2 hrs)

Infectious diseases (2 hrs)

Rheumatologic disease (2 hrs)

Endocrine disease (2 hrs)

Oncology (2 hrs)

Neurological Disease (To be covered with Ocular Disease III)

Placement within the Curriculum

Ideally the new course should be presented after the students have completed most of the prerequisite courses (Human bioscience, microbiology/immunology, general and ocular pharmacology, ocular disease I and II) and prior to Part I of the NBEO which covers topics related to clinical medicine. Placement in the fall or early part of spring semester of the third year would be ideal. Summer of 3<sup>rd</sup>

year is another possibility. **Office of Academic Affairs will determine the final placement within the curriculum after giving due consideration to total semester load of credit hours and other scheduling constraints.**

Inclusion of this material might increase total student instructional time over the 4-year curriculum. In order to keep the increase in total instructional time to a minimum some hours can be transferred from ocular disease I and II as appropriate. The table below indicates where the different topics in clinical medicine were transferred following the last curriculum revision.

Old clinical medicine course	where it is taught currently
Patient assessment, physical diagnosis (4)	1st year IS
Hypertension and Atherosclerosis (2)	Ocular disease II
Cerebrovascular disease (2)	Ocular disease III
Cardiac disease (2)	Ocular disease III
Stroke (2)	Ocular disease III
Headaches (2)	Ocular disease III
Neurological disease(2)	Ocular disease III
Psychological disease (2)	Ocular disease III
Endocrine diseases (5)	Ocular disease III (Thyroid, pituitary)
Diabetes Mellitus (2.5)	Ocular disease II
Diabetic Retinopathy (2.5)	Ocular disease II
Hematology and Oncology (2.5)	Ocular disease II
Infectious disease (2.5)	Ocular disease I and II
Rheumatology (5)	Ocular disease I and II

#### Time Frame for Implementation

The proposed clinical medicine curriculum should be instituted no later than the 2016-17 academic year.

#### Outcomes Assessment

In addition to routine monitoring of instruction performed by department chairs and dean, the annual OD exit survey will continue to track graduating students' perceptions of instruction and preparedness in clinical medicine. It is expected that student perceptions regarding this area will improve upon implementation of the proposal. Performance in relevant areas of the NBEO will continue to be tracked with expectations of improved outcomes relative to national benchmarks.

#### Details of proposed labs

The Clinical Medicine course will include 4 lab or discussion sections. Each section will meet once per week for two hours and will consist of approximately 25 students. Each section will be further divided into 3 smaller groups. There will be a faculty member assigned to each small group.

Group discussions will be case-based and will reinforce material presented within the clinical medicine and ocular disease courses. Team based learning will be emphasized. Homework assignments will include cases that each team will complete before the group discussion. Answers to the homework assignments will be discussed during the group discussion. Discussion groups may include instruction of certain physical exam techniques, such as cranial nerve testing, lymph node assessment, etc. The topics will include the following:

**Neurological Diseases:**

Mental Status  
Cranial Nerve Assessment  
Motor Function  
Sensory Function  
Cerebellar Function  
Station & Gait  
Reflexes  
MRI, MRA, CT, and Lumbar Puncture Interpretation

**Cardiovascular Disease:**

Blood Pressure  
Pulse  
EKG, Echocardiogram, Carotid Doppler interpretation

**Infectious Diseases:**

X ray (TB, pneumonia, etc), PPD, and blood work interpretation  
Lymph Node assessment

**Rheumatologic Diseases:**

Blood work interpretation

**Endocrine Diseases:**

Glucometer  
Exophthalmometry  
Thyroid Assessment  
Blood work interpretation

**Oncology**

Biopsy techniques and interpretation  
PET Scan interpretation

The group discussions may include demonstration and practice of certain physical assessment techniques.