Each summer, the Office of the University Provost has asked deans to identify their goals for the upcoming three fiscal years, in support of important university goals. This year, deans were asked in addition to setting goals in the standard, university-wide categories, they were asked to identify three college-specific goals to pursue as top priorities in the next two years. This document outlines these goals and the specific strategies the college will employ to achieve them.

COLLEGE-SPECIFIC GOALS

A silver lining of the pandemic is that it unified our college and provided a model for addressing a complex, large-scale problem. CHS plans to use the model developed during COVID to become a recognized leader in health at ASU, Arizona and nationally. The following three strategic initiatives will help us accomplish this goal:

A. Realizing the ASU Charter by Assuming Fundamental Responsibility for the Health of the Communities We Serve
B. Preparing and Improving the Health Workforce of the Future
C. Building and Strengthening Strategic Partnerships

Realizing the ASU Charter by Assuming Fundamental Responsibility for the Health of the Communities We Serve

A silver lining of the pandemic is that it unified our college. Students, faculty, staff and administrators worked collaboratively toward a common cause, communicated frequently, and engaged broadly with stakeholders and the community. CHS was seen as a leader for ASU’s response to COVID-19, and COVID provided us with a model for how we enact our vision, mission and values by creating solutions to a complex, large-scale problem.

In June 2021, the College of Health Solutions held a three-day leadership retreat. The CHS leadership team was asked how we could create opportunities to advance our goals and objectives while also connecting deeply with our vision, mission and values. Several ideas emerged that would allow us to realize the ASU Charter by assuming fundamental responsibility for the health of the communities we serve including:
• Academic Center for Health Science Innovation
• Population Health Community Cohort
• A Trusted Resource for Reliable Health Information and a Recognized Convener of Health Expertise

**Academic Center for Health Science Innovation**

The ASU Academic Center for Health Sciences Innovation will provide interprofessional clinical services to a diverse population, while creating a learning laboratory for clinical translational science and interprofessional training across the health professions. This center would provide services unique to the ASU community and collaborators across the Phoenix metropolitan area, including but not limited to speech, hearing, nutrition, exercise and wellness, behavioral health, chronic disease management and other areas listed below.

**Population Health Community Cohort**

We plan to create an infrastructure to partner with a community (or communities) for assessing a broad range of biological, behavioral, and environmental determinants while creating opportunities to partner with communities and co-create interventions. Ideally, a health system (i.e., Dignity in East Valley) would be engaged so that EMR data would be available and clinicians could be involved in the research. This could also be a great resource for our students for internships. This population could be a resource for other colleges that want to test health interventions.

**A Trusted Resource for Reliable Health Information and a Recognized Convener of Health Expertise**

ASU’s Ask a Biologist receives millions of visits per year and educates the masses about Biology. Much like Ask a Biologist, CHS plans to develop a comprehensive platform to provide expert knowledge and information in a timely manner, convene experts, and educate the masses on relevant health topics. This would be another opportunity for collaboration between colleges - for example on health law/policy and Cronkite and health communication.

**Preparing and Improving the Health Workforce of the Future**

As identified in the “2020 Vision” document that was prepared for ABOR long-term strategic planning 2008-2020, the fields of the healthcare workforce and STEM-related disciplines are top priority within the state of Arizona to promote and maintain economic security and growth within our state. Promotion of health and the training (initial and ongoing) of the health/healthcare workforce is top priority for the College of Health Solutions. As a college, we have met and will strive to continue to meet the growing demands placed on our U.S. healthcare industry through several strategies implemented by the college:

• Partner with industry and community organizations to identify the workforce needs and co-create programs for workforce readiness.
• Build a representative workforce and pipeline for diversity within the health professions.
● Partner with the ASU Learning Enterprise to provide non-traditional pathways for adult learners to reskill or upskill within their respective health/healthcare disciplines.
● Support the ASU Office of Interprofessional Continuing Health Education to provide maintenance of certification and licensure for those in the health professions.

**Partner with Industry and Community Organizations to Identify Workforce Needs**

The 2025 ABOR Enterprise Plan calls for ASU to increase degrees awarded in high-demand fields (education, STEM, health professions and medicine) from 7,713 in 2014-15 to 15,071 by 2024-25. Together with our industry and community partners, CHS has identified several key degree programs to implement over the next two years including Health Care Administration and Policy which will significantly increase the number of degrees awarded within the health professions by 2024-25.

In Fall 2022, MS Genetic Counseling, the first in metropolitan Phoenix, will launch with its first cohort. This program will matriculate highly competitive and qualified students to become genetic counselors, a much needed and underserved area of the healthcare industry. This program was developed in consultation with community partners (Mayo Clinic and Dignity Health) and will be recognized by the Accreditation Council for Genetic Counseling (accreditation pending).

Additionally, in collaboration with biomedical laboratory diagnostic industry partners, a graduate certificate in Molecular Diagnostics is being proposed. This collaborative graduate certificate between the Medical Laboratory Studies program and the Biomedical Diagnostics program offers a widely recognized accredited program which has extensive utility to the diagnostics workforce. This fully online, 15-credit certificate will be composed of existing courses from both programs and would fill a gap in workforce readiness within the biomedical laboratory diagnostics profession.

To augment the training and practice of currently licensed audiologists, the college is proposing graduate certificates within its Doctor of Audiology program to offer specialty training within the discipline. Certificate topics may include advanced hearing amplifications (cochlear implants), counseling for the audiologist, vestibular training and hearing conservation. CHS recognizes the transformation of the audiology profession, and in order to equip our own students and the audiology workforce, we believe these graduate certificate(s) will provide valuable and necessary additional expertise and training. Additionally, this type of specialty training can set ASU apart from other universities.

At the undergraduate level, several programs have been proposed and are in various stages of development. In collaboration with Creighton University, these include pre-health tracks within the BS in Health Sciences for the pre-physical therapy, pre-occupational therapy and pre-pharmacy professions. This is an exciting partnership and has immense opportunity for growth within our pre-health undergraduate majors.

Additionally, expanding the pre-physician assistant track within the BS Medical Studies is currently being discussed with Mayo Clinic, which is already in the early stages of designing an accelerated PA program exclusively with ASU. This is another exciting partnership and would offer ASU
The health coaching profession is a fast-growing area of the healthcare workforce. Health coaches are nationally certified and considered an integral member of the primary care team, demonstrating positive impact on populations with chronic, comorbid disease. CHS already offers a Healthy Lifestyles Coaching track within the BS in Health Sciences, which has become tremendously popular. Launching in fall 2021, the renamed BS in Healthy Lifestyles and Fitness Science will offer Health and Wellness Coach training, which qualifies graduates to become nationally certified by the National Board Certification for Health and Wellness Coaching.

**Build a Representative Workforce and Diverse Pipeline for the Health Professions**

The College of Health Solutions is implementing several strategies to improve the representation of diverse populations within the health professions. These include partnering with the community to create a community advisory board, to decrease barriers for diverse populations to matriculate into our health-related professional degrees and to become more socially embedded in clinical services, research and experiential learning opportunities.

Our inaugural community advisory board (CAB) will launch this fall and begin meeting regularly. The focus of our CAB is to address the preparation of the future workforce, serve the needs of our diverse population and ensure that we have a diverse workforce with the best skills and knowledge to meet the needs of our communities.

CHS hosted the ASU Indigenous Health Summit this past spring with nearly 60 attendees. A priority recommendation from the summit was to focus on the health workforce of the future for indigenous communities. To that end, CHS plans to increase the recruitment and mentoring of Native American students into the health professions over the next several years. This summer, we coordinated health panels for the INSPIRE summer camp for American Indian high school students. This fall, we will award scholarships to Native American first-year and transfer students as well as launching our Indigenous Health Ambassadors program. The Indigenous Health Ambassadors, professionals or faculty within the health professions who are affiliated with a tribal nation, will assist in recruiting and mentoring Native American students into the health professions.

We strive to create a community of social embeddedness and cultural humility, serving all populations to optimize health. We provide experiential learning opportunities that immerse our students in diverse populations so that they may become more culturally aware and knowledgeable about real health challenges that are impacted by health equity, the social determinants of health and health disparities.

It is well documented in higher education literature that graduate entrance examinations like the Graduate Record Exam (GRE) function as a barrier to diverse and underrepresented minority students and their entrance into graduate programs. Further, the GRE has not been shown to predict success within graduate programs. Therefore, we have worked to eliminate the GRE requirement for many of our health-related graduate programs. As a result, we anticipate increased
diversity among the applicant pool and the students who matriculate to our graduate programs. As a college, we believe and embrace holistic admission review for entrance into all programs, especially into our graduate level programs which directly train students to enter healthcare related fields, such as speech-language pathology, audiology, dietetics, and clinical exercise physiology.

The College of Health Solutions is actively working on a university-wide proposal with the Edson College of Nursing and Health Innovation and Watts College of Public Programs and Community Service to create an ecosystem of interprofessional clinical practice, translational science and interprofessional education/training through the development of an academic Center for Health Science Innovation. This proposal would stand up ASU Community Clinics (across all ASU campuses) with a fully embedded interprofessional community clinic that provides comprehensive specialty and well care for all populations across the lifespan, particularly those who are underserved and lack access to basic and fundamental health care. This initiative would support the need to provide valuable experiential learning opportunities to ASU students, while also giving ASU valuable exposure in the community that could lead to greater representation of diverse populations among future ASU students. Additionally, CHS is working with the Edson College of Nursing and Health Innovation and Watts College of Public Programs and Community Service to propose an undergraduate and graduate certificate in interprofessional education for students in health-related fields. These certificates will focus on core competencies in Interprofessional Education and Collaborative Practice, which are crucial for all students entering the healthcare workforce to work on healthcare teams.

**Partner with the Learning Enterprise to Develop Reskilling and Upskilling Pathways**

In 2015, the College of Health Solutions launched an executive and continuing education unit, now called Continuing Professional Education (CPE), which partners with the ASU Learning Enterprise to provide continuing education and professional development online course offerings to health/healthcare professionals. To date, the CPE, in collaboration with LE/Upskilling has launched six professional certificates/online course offerings with more than 500 participants. Many of the courses have also provided continuing medical education credits for various health professions in partnership with the ASU Office of Continuing Interprofessional Health Education (OICHE). These professional certificates/courses include the following:

- Healthcare Leadership and Management (professional certificate)
- Introduction to Health Informatics (professional certificate)
- Clinical Genetics for Health Professionals (professional certificate)*
- Improving Health Outcomes for Pediatric Feeding Disorders
- Integrated Behavioral Health for Primary Care Professionals (3 series course)
- Opioid Prescribing for Healthcare Providers (3 series course)*

*Partner with OICHE to offer CME

The CPE initiatives within CHS will support the goals of LE to create timely, pertinent professional development courses which provide upskilling and reskilling for healthcare providers. Future
courses for consideration include Population Health Management, Biomedical Diagnostics, and further coursework on opioid and controlled substance use.

**Support the Office of Interprofessional Continuing Health Education**

The College of Health Solutions provides direct support for the Provost's Office of Interprofessional Continuing Health Education (OICHE) through various channels. First, several faculty within CHS serve on both the OICHE Executive Leadership team and Advisory Council. CHS faculty were instrumental in initiating and championing the accreditation process for OICHE and continue to support it through advising and oversight.

Partnering with OICHE, several online professional certificates and courses offer continuing medical education credits, as mentioned above*. Additionally, the CPE unit within CHS offers customized, in-person professional development programs for healthcare organizations across the state and nationally. Numerous programs offer CME credit and CPE has partnered with OICHE to offer credits for these programs as well. These include physician and advanced practice provider leadership programs at Dignity Health, Phoenix Children’s Hospital and the American Academy of Physician Assistants (AAPA).

In addition to these collaborations, CHS also partners with OICHE to offer its popular webinar series called “Health Talks.” More than 1,000 health professionals and other individuals have participated in the CHS Health Talks webinar series, with a large number gaining CME credit at no cost through OICHE.

These continuing and professional education efforts will continue and grow in the future as we develop more non-credit coursework to further develop and support the healthcare workforce.

**Building and Strengthening Strategic Partnerships**

The college has a wide variety of partnerships across Arizona, nationally, and internationally that form connections for student internships, research, clinical and community translational science, mentorship and hiring. To become a recognized leader in health and accomplish our mission in the coming years, we intend to enhance and expand our existing internal and external relationships and identify key stakeholders to build new external relationships. To identify, monitor and support these partnerships, we have developed several key elements of infrastructure including:

➢ **Three CHS databases to manage partnerships:**
  - Our community partnerships database tracks involvement with the community across all strategic initiatives and collaborations.
  - The community placements database captures student internship information, including internship activities, contacts with agencies, and all required academic contracts.
  - Our research-focused database houses information on individual faculty and translational team research, funding, collaborators, topic area, and engaged community partners, as well as the nature of community engagement. Reporting features show how many research
projects and faculty are involved in a specific agency, the types of agencies we work with, the contacts on those agencies, and the projects in those agencies. In addition, the research database will connect faculty-sponsored and non-sponsored projects to the agencies. We will be able to pull reports by faculty, by project, by agency and by key words, which will improve our ability to identify topic areas and partner agencies for future projects.

➢ **Community advisory board (CAB):** As mentioned earlier, we are developing a community advisory board (CAB) to address the future needs of our workforce. The College of Health Solutions CAB includes representation from multiple community agencies including the state health and education offices, TGEN, VA, Honor Health, Indian Health and several local nonprofit organizations to ensure that our educational and training programs meet the needs of the community.

➢ **Senior Director of Clinical and Community Translational Science:** To strengthen and expand research collaboration with community partners, CHS created a new position, Senior Director of Clinical and Community Translational Science. In this role, the Sr. Director is leading efforts to work closely with ASU Knowledge Enterprise and ASU partners to identify existing relationships that can be expanded upon and also identify new opportunities that will allow CHS scientists to partner with health care organizations, schools, government organizations and others to implement new research and foster dissemination and implementation of evidence-based practice and policy.

CHS faculty are diverse in their research interests and connections. Below is a sample of the college’s internal/ASU and external/community collaborations upon which we will build in the coming years.

**Internal / ASU partnerships**

Increasing communication and collaboration among faculty has been a fundamental objective in CHS since the college was reorganized three years ago. In that re-organization, CHS eliminated its schools and departments, and instead created a more flat organizational structure. In addition, trans-CHS initiatives were implemented in order to foster collaborative research in specific topic areas (e.g. metabolic health) and also collaboration in ‘core’ areas of expertise (e.g. biomedical informatics). In order to assess whether the new organizational structures would reduce collaboration ‘silos’, and foster greater cross-CHS collaboration, we conducted a college-wide network analysis before and two years after the organization change. As the figure at the end of this section demonstrates, we found that the organization change resulted in fewer silos and greater connectivity across the college. Moreover, since the disestablishment of all CHS departments and schools, our connections across disciplines have increased. Some of the programs, colleges and alliances that collaborate with CHS faculty:

- The Biodesign Institute
- Edson College of Nursing and Health Innovation
- Herberger Institute for Design and the Arts
- Global Futures Laboratory
- ASURE, ASU’s applied research and development arm
- Mary Lou Fulton Teachers College
- Department of Psychology
- School of Computing, Informatics, and Decision Systems Engineering
- Ira A. Fulton Schools of Engineering
- Global Security
- Watts College of Public Service and Community Solutions - Southwest Interdisciplinary Research Center (SIRC)
- Sanford School of Family and Social Dynamics
- Swette Center for Sustainable Food Systems
- Julie Ann Wrigley Global Institute of Sustainability
- PLuS Alliance
- Adidas and ASU Global Sport Alliance

**External/Community partnerships**
A wide variety of community organizations collaborate with CHS faculty on research and with students for internships including:

- **Clinical**
  - Mayo Clinic
  - Dignity Health
  - Banner Health - Alzheimer's Institute
  - Phoenix Children Hospital
  - Honor Health
  - Valley Wise
  - Creighton University

- **Community**
  - School districts
  - St. Vincent de Paul
  - Maricopa County Department of Public Health
  - Arizona Area Health Education Centers
  - Phoenix Public Libraries

- **Corporate**
  - **Human Performance**
    - Mountainside Fitness
    - Legacy Sports USA (East Valley)
    - Phoenix Rising
    - Los Angeles Angels
  - **Workforce Wellness**
    - JW Marriott
    - Amazon
  - **Diagnostics**
    - Thermo Fisher Scientific
    - Myriad Genetics
    - Abbott
    - Roche
    - Kiagen
    - Exact Science
    - Eurofins
    - TGEN
- Indigenous Health
  - APS
  - Native Health
- Veterans Health
  - VA hospital
  - All military branches - Army, Navy, Air Force, Marine Corps
  - Arizona Coalition for Military Families
Results: Collaboration by Modularity

Nodes sized on in-degree or number of incoming ties
Nodes are colored by modularity or sub-groups identified by the patterns of ties
Building Capacity in Clinical and Community Translational Science

As one important way to nurture community partnerships, we have chosen to focus our efforts to build our (ASU and CHS) capacity in Clinical and Community Translational Science. CHS has implemented a core infrastructure to support clinical and wet lab research for several years, and a recharge service has been implemented in collaboration with KE to assure that costs are aligned across campus. The revisioning of the College of Health Solutions (CHS), and additional events and opportunities described below, set the stage to begin implementation of a Clinical and Community Translational Science (CCTS) initiative. Faculty from multiple ASU units and one outside partner met over several months to analyze NIH-funded Clinical and Translational Science Centers in the US, with the goal to develop specific recommendations on what it would take for ASU to compete successfully for such an award. Those recommendations were presented to KE, with a recommendation for KE to support an expansion of clinical and translational science infrastructure. As a result of the CHS recommendations, KE contracted with an external consulting firm, Recon, to explore how ASU should move forward to capture a larger share of the annual $20B plus investment in clinical research in the U.S. They conducted interviews, surveys and market analyses during the final months of 2019 and the final report was presented mid-2020 during the COVID-19 pandemic. They concluded that investments by ASU in clinical and community translational science are needed to support the expanded focus and priority of clinical research across ASU, and would have a very significant ROI. The key recommendation they made for ASU was the creation of a Community Centered Clinical Core that would allow ASU to capture a greater share of clinical research investment dollars. Their specific recommendations were to: (a) Match ASU faculty, clinical partners, and funding opportunities, (b) support the generation of strong clinical research proposals, (c) provide services for the efficient delivery of studies that meet defined quality standards, (d) Build on and increase use of ASU research assets and planned infrastructure (Wexford, Health Futures Building), (e) provide operational support for large strategic cross-institutional initiatives with a clinical partner. They further recommended an emphasis on community-oriented research where ASU already has a solid existing foundation and where there is greatest potential for differentiation relative to traditional academic medical centers and expansion of supporting research execution services – similar to what a commercial CRO would offer (program management, regulatory operations, data management, etc). They also concluded that investments by ASU in such an infrastructure would lead to significantly more research funding to ASU, and thus a significant return on investment (ROI).

As a result of the Recon recommendations, and consistent with the structures and functions already in place at CHS in collaboration with Edson, KE and others, CHS has invested in staff, services and equipment to expand the CCTS initiative. While CHS has and will continue to have a leadership role; the CCTS must have a central hub in KE, with a strong network across ASU. Thus, CHS is working increasingly closely with KE with the recognition that we must foster ASU-wide collaboration on health-related research and is grounded in addressing community needs.
A. Undergraduate enrollment (immersion and online)

The goals
Our primary goal is to provide robust, flexible and impactful academic offerings that meet the needs of our students as well as the current and future needs of our society. This goal motivates a number of data-informed changes to our program portfolio that are designed to increase enrollment, including renaming of degrees, expanding our online offerings, creating new degrees and expanding our offerings to additional campuses. We aim to increase CHS undergraduate enrollment to 8,006 students by FY24, an increase of 27.7% over FY21, including 4,003 immersion and 4,003 online students.

The current situation
The academic offerings at the College of Health Solutions aim to elevate health for all. As such, we conceptualize two synergistic targets that our academic offerings must address: Population Health (including Public Health, Healthcare Administration, and Policy) and Health and Human Performance.

- Academic offerings that address the systems of health care and health needs of populations are designed to:
  - Explore the population health landscapes.
  - Identify and understand current and potential future population health challenges.
  - Learn the tools for studying and impacting population health.
  - Imagine solutions through experiential learning and problem-based learning.
  - Improve the administration of healthcare systems.
  - Focus on the policies that impact access to healthcare.
  - Study the responsibility of governments to address population health problems such as infectious disease outbreaks.
  - Understand how data can and should be used in decision making.

- Academic offerings that address the optimization of health and human performance across the lifespan and across the continuum of physical, cognitive, communication and social abilities are designed to:
○ Optimize functioning across the lifespan through prevention and rehabilitation.
○ Push the limits of human performance utilizing the latest scientific findings.
○ Advance human health and performance from wherever one is to wherever one can be.
○ Utilize nutrition, eating behavior, food purchasing and sales to enhance health.
○ Use technology to improve hearing and communication from birth to elderly populations.
○ Improve physical and mental functioning through neuroscience, behavioral health, exercise, sports, coaching and personal training.

Strategies completed as of 2020-2021
● BS, Speech and Hearing Science – Established 4+1 for MS, Auditory and Language Neuroscience
● BS, Healthy Lifestyles and Fitness Science (formerly HLC) – Replaced BS, Health Science (Healthy Lifestyles Coaching) concentration with BS, Healthy Lifestyles and Fitness Science (online, Downtown, West, Poly)
● BAS, Applied Science (Food and Nutrition Entrepreneurship) – Launched revised NTR degree portfolio for fall 2020 and added an online option
● BS, Dietetics (replaced Nutrition (Dietetics)) – Name change for new NTR portfolio
● BS, Food and Nutrition Entrepreneurship (replaced Nutrition) – Name change for new NTR portfolio
● BS, Nutritional Science (replaced Nutrition (Human Nutrition)) – Name change for new NTR portfolio
● BS, Health Sciences – Expanded to Poly fall 2020, launched online fall 2020
● BS, Medical Studies – Expanded to Poly fall 2020
● BS, Population Health – Established BS Pop Health fall 2020

Continuing and new strategies
● BS, Clinical Exercise Science (formerly Exercise and Wellness) – Change name for fall 2021 (Downtown)
● BS, Health Care Administration and Policy (formerly BS SHCD) – Change name of BS in Science of Health Care Delivery to Health Care Administration and Policy for fall 2022 and launch online (Downtown and online)
● Change name of minor in Food and Nutrition Management to Food and Nutrition Entrepreneurship
● Expand BS, Sports Science and Performance Programming to West campus for fall 2022
● Centralize and standardize the honors experience for CHS students on all Phoenix metropolitan campuses to increase the number of high-achieving students enrolling in CHS.
● Investigate possible opportunities with Mayo Clinic and other strategic partners to create new academic program partnerships.
B. Graduate enrollment (immersion and online)

The goals
Our goal is to increase the number of our MS programs as well as increase enrollment in our existing programs to better serve the needs of our students. We aim to increase CHS graduate enrollment to 1,367 students by FY24, an increase of 11.2% over FY21, including 487 immersion and 880 online students.

The current situation
The College of Health Solution offers six PhD programs, two professional doctorates, thirteen master’s degrees and six graduate certificates. Over the past three years, enrollment in the on-campus master’s programs has decreased by 1.6%, while overall master’s program enrollment has increased by 34% due to significant growth on the online master’s programs.

Strategies completed as of 2020-2021
- Launched MS, Strength and Conditioning at Downtown Phoenix campus for fall 2021
- Launched PhD Population Health at Downtown Phoenix campus
- Expanded admit letter mailings to graduate population with specific calls to action to better yield students through relationship building
- Leveraged and expanded reconsideration pathways for the MS Auditory and Language Neuroscience, MS Biomedical Informatics, and other programs
- Removed GRE requirement from most graduate degree admissions to reduce barriers to entry, especially for underrepresented minority students.

Continuing and new strategies
- Establish MS, Genetic Counseling for fall 2022
- Establish MS, Biostatistics
- Establish MS, Population Health
- Strengthen graduate nutritional science training by offering the Metabolics and Basic Science Nutrition concentration within the Exercise and Nutritional Sciences PhD
- Investigate possible opportunities with Mayo Clinic and other strategic partners to create new academic program partnerships.
- Strongly encourage faculty to include graduate student tuition and stipends for Research Assistant (RA) positions in their research grants.
- Seek Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) accreditation to increase the attraction of the MAS in Health Informatics.
- Identify pipeline universities that do not offer relevant graduate degrees to promote our graduate programs.
- Expand 4+1 offerings and communication workflow to more strategically promote 4+1 pathways to undergraduate students.
- Continue to improve time-to-decision in partnership with programmatic admission committees.
- Explore strategies to generate new prospects, including purchasing event/conference attendee lists.
- Better train and utilize faculty to promote their programs when they travel for speaking engagements.
• Better promote graduate programs in targeted undergraduate courses.
• Offer more pre-recorded and synchronously hosted degree information sessions online.
• Leverage Handshake employer data, which contains thousands of health companies to systematically approach for student recruitment.
• Attend virtual graduate recruitment fairs including pre-professional and pre-health fairs (especially in regions to which travel is unlikely).
• Leverage market research and workforce demands to explore new opportunities for on-campus or hybrid programs including but not limited to a professional doctorate.

C. International representation (undergraduate and graduate)

The goals
Our goal is to increase the numbers of international students from specific degrees such as biomedical informatics and biomedical diagnostics.

The current situation
CHS has relatively few international students. Pre-COVID, we intended to conduct in-person recruitment activities in China and India.

The strategies
• Participate in more virtual recruitment fairs and online webinars offered through Yocket and international partners.
• Build stronger relationships with ASU Admissions staff who are based in-country.
• Provide webinar training and recruitment materials for Kaplan representatives.
• Collaborate with the ASU Office of Global Academic Initiatives to offer programs to international institutions and to collaborate with for-profit and nonprofit organizations.
• Develop a MS in Biostatistics degree, which will have strong potential for student interest from China and India.

D. Student diversity (undergraduate and graduate)

The goals
Our goal is to increase by 5.1% the proportion of CHS on-campus students from URM populations to 47.7% by 2023.

The current situation
Currently, 42.6% of CHS on-campus students are from the URM populations.

Strategies completed as of 2020-2021
• Created a CHS Justice, Equity, Diversity and Inclusion (JEDI) council.
• Increased the number of new BIPOC faculty hires.

Continuing and new strategies
• Encourage more staff to attend DREAMzone, safeZONE, and other training programs to increase cultural competence in working with diverse student populations.
● Expand CHS Day of Service to increase awareness of CHS within underserved communities.
● Create more partnerships between CHS and community organizations that support diverse populations and highlight these partnerships during recruitment events.
● Create “peer groups” for students (e.g., first-generation college students, underrepresented minority students, etc.) with faculty mentors.
● Offer additional support and services for veterans and other diverse student populations.
● Increase experiential learning opportunities in community-based organizations.
● Engage more URM students in the CHS Justice, Equity, Diversity and Inclusion (JEDI) council and encourage them to form a student focus group for URM students.
● Expand health-related high school pipeline programs and summer opportunities to URM and underserved populations.
● Encourage CHS graduate programs to develop internal and external proposals for grants that support graduate students and postdoctoral fellows.

E. One-Year Retention of Full-Time First-Year Students (FTFYS)

The goals
By 2023, our goals are to increase retention by 1.9%, increase four-year graduation by 1.7%, and increase six-year graduation rate by 1.9%.

The current situation
In FY21, our one-year retention rate was 85.5%, our four-year graduation rate was 51.9% and our six-year graduation rate was 62.1%.

Strategies completed as of 2020-2021
● Continued offering Steps to Success, a microscholarship program for first-year CHS students who are identified as high-risk for attrition utilizing predictive analytics.
● Introduced research and science opportunities during the first year in CHS 100.
● Offered CHS 101 in discipline-specific sections to build affinity and understanding of their major and to increase connections between faculty and students in each program.
● Held alumni career panels in each CHS 101 course to expose students to a variety of relevant health career paths.
● Created and promoted more opportunities for faculty to engage with students outside of the classroom by updating an online sign-up sheet of events and opportunities.
● Increased the scope of student peer leadership roles for proactive intervention for students who are at risk of not being retained.

Continuing and new strategies
● Explore a reconsideration program for students in high-intensity majors (e.g., Medical Studies, Kinesiology) that require difficult science courses.
● Have faculty meet with small groups of campus immersion first-year students in their discipline to instill a sense of community.
● Discuss the importance of Academic Status Reports (ASRs) at college faculty forums and regularly remind faculty to submit ASRs each term.
● Develop individualized intervention plans for students who are at-risk due to academic, financial or personal reasons.
● Continue to collaborate with the Provost's Office on retention and graduation initiatives including Actionable Analytics, Student Success Analytic Collaborative and presenting at Analytic Deep Dives.
● Continuous review of DEW rates in required first-year courses (on major maps) to identify possible major map revisions. For the first-year science courses not taught by CHS, we plan to work with the new Dean of CISA to reduce DEW rates for our majors.

F. Graduation rates and degrees awarded

The goals
By 2023, our goal is to increase persistence which will increase our degrees awarded by 21%.

The current situation
Degrees awarded for 2019-20 totaled 1,485 with the 4-year and 6-year graduation rates being 51.9% and 62.1% respectively.

Strategies completed as of 2020-2021
● Expanded experiential learning opportunities (internships, research, and citizen science) for campus immersion and online undergraduate students.
● Launched and enhanced undergraduate (students.chs.asu.edu) and graduate (graduate.chs.asu.edu) student websites to increase access to resources and support.
● Tracked senior-level students to ensure they were on-track to graduate and troubleshooted enrollment issues prior to their final term.

Continuing and new strategies
● Execute new precision advising/case management model to connect peer leaders, academic advisors, student support specialists and other resources across campus.
● Examine previous cohorts and conduct deep dives into student data to identify trends, reasons for attrition, and address gaps that could improve 4- and 6- year graduation rates.
● Foster communication between program coordinators and academic advisors to ensure classes have enough offerings and capacity to facilitate student progress to graduation.
● Continue to focus on FTFYS cohorts as they progress or stall out to implement specific graduation plans to improve 4- and 6- year graduation rates.
● Proactively provide students with options for completing other majors that could expedite their time-to-graduation.
● Ensure earlier intervention with graduate students who are struggling with their coursework to minimize students on academic probation.
● Create a common handbook for all graduate programs to ensure all CHS students receive clear and consistent information about graduate programs and policies.
● Support the university development of an advisor portal for graduate students.
A. Total faculty

The goals
Consistent with our new vision, our goals are to increase the total number of tenured/tenure-track (T/TT) faculty by eight faculty in FY22 and by an additional 10 faculty by FY24, representing a 31% increase in T/TT faculty (58 to 76). Given our successful searches for non-tenure eligible (NTE) faculty positions in FY21, the rapid growth of our online programs, and the launch of several new programs in the upcoming years, we anticipate moderate growth (total net increase of 22 NTE teaching faculty), bringing the total NTE faculty to 125 by FY24.

The current situation
Since FY18, CHS has had a decrease in its total benefits-eligible faculty by 12. Currently, 58/161 (36%) are on the tenure track or are tenured; 103/161 (64%) are NTE, including clinical (teaching) faculty, lecturers, and research faculty. In the past three years, four T/TT faculty members left the university and nine T/TT faculty were hired (net: five T/TT faculty). We anticipate adding eight T/TT faculty from FY21 searches, which would increase the T/TT faculty by 13% (60 to 68). Among the NTE, since FY18 there has been slight attrition (from 115 to 98 due to the transition of one program out of CHS (American Sign Language: net loss four NTE), as well as some vacancies due to retirement or resignation not immediately backfilled because of the COVID hiring freeze; however, we were able to successfully recruit 10 additional NTE faculty during FY21, eight of whom will be joining the faculty in August 2021, and two who started during FY21 due to urgent staffing needs.

The strategies
- For FY22, we are strategically targeting T/TT hires who will contribute to and expand our research mission with a strong focus on diversity and inclusion in order to best address the health needs and inequities in the Phoenix community and nationwide.
- We are identifying novel approaches to hiring NTE faculty who will teach across programs and are recruiting individuals who have demonstrated skills and abilities that can benefit college-wide efforts, rather than narrowly contribute to a single program whenever possible.
- We are looking to increase our clinical faculty to increase our ability to supervise students, attract more patients, interprofessional training opportunities and access to health and health care, thereby also increasing potential research participants and specific populations.

B. Underrepresented minorities (URM) representation

The goals
We continue to work toward the goal of our faculty diversity reflecting the diversity of our student body and the larger community. We recognize that this is a big undertaking, as 45.4% of our undergraduate immersion student population is URM. In the immediate future, we aspire to a 1.9% increase in the diversity of our faculty in FY22 to 10%, and to 13% (national average) by FY24. It is important to note that we value diverse voices in all aspects of intersectional identities, including
those that may not currently be captured in our URM data (e.g. LGBTQIA+, faculty with visible and invisible disabilities, etc.).

The current situation
Between FY19 and FY21 the number of faculty who are URM remained stable (13/161; 8.1%) Currently, 6.9% of T/TT faculty are URM (4 of 58), while 8.7% of NTE faculty are URM (9/103).

The strategies
- Continue to require that all search committee members receive training on unconscious bias in faculty recruitment. (https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html)
- Given the roll out of our population health programs, we are anticipating a staggered cluster hire focused on faculty positions related to vulnerable populations (e.g. indigenous health, refugee health).
- Ensure search committees reflect not only diversity in expertise, but also intersectional diversity.
- Provide training to search committee members regarding how to evaluate diversity statements including in candidate materials.
- Revise our job advertisements to more comprehensively reflect our commitment to recruiting diverse individuals from an intersectional lens.
- Increase placement of faculty job ads in settings that will be seen by diverse candidates.
- Additionally, we recognize that increasing URM representation not only means recruiting diverse faculty, but also nurturing an inclusive environment that assists in retention of such faculty members. As such, CHS has established a justice, equity, diversity and inclusion (JEDI) council with the goal of further promoting a culture of diversity and inclusion throughout the college (inclusive of faculty, staff and students). This committee is providing recommendations and strategies for promoting the success of our URM faculty and all faculty with diverse and/or marginalized identities (e.g. disability, LGBTQIA+, etc.).

C. Student faculty/staff ratios
- Due to the relative stability of both our immersion FTE and faculty, our student faculty ratio has remained stable at 19.0 from FY19 through FY21. Growth in our online programs has resulted in an increase in student:faculty ratio of 25.4 in FY 19 to 29.7 in FY 21. Our student staff ratio decreased by .1 from 0.9 to .08 for immersion students, and 1.0 to 0.9 for online students between FY19 and FY21

JUSTICE, EQUITY, DIVERSITY AND INCLUSION

The mission of the CHS Justice, Equity, Diversity and Inclusion (JEDI) Council is to advance CHS efforts to embed diversity as a transformational force in academic excellence, professional growth through education and community outreach. As part of its vision, the JEDI Council aspires to help create and sustain a College-wide culture that understands that diversity, equity and inclusion are essential to the CHS mission and continued excellence. Through strategic initiatives and
partnerships, policy development and stewardship, innovation and education, JEDI will shape the future into one where all community members can fully realize their potential. Under the leadership of the CHS Vice Dean's Office, the JEDI Council is composed of 18 selected members representing all areas of the College. The JEDI Council will collaboratively work with hubs and areas across the College to execute the College’s JEDI strategic plan to advance these critical efforts.

As part of our process to achieve and support the goals outlined below, the CHS JEDI Council proposes new staff and faculty administrative leadership positions to help implement, coordinate and manage JEDI initiatives. JEDI leadership will be tasked with implementing the goals outlined below and developing future strategies. JEDI leadership will also provide and encourage opportunities for JEDI-related education and give information freely to foster open and inclusive work and learning environments. It will review detailed CHS-level data from the ASU climate assessment survey. In addition to these overarching recommendations, our strategic plan outlines action items in four specific domains with goals and metrics to address the needs of the College in advancing the mission and vision of justice, equity, inclusion and diversity at our College.

Recruitment and Hiring
While the College of Health Solutions has a diverse overall student body (41% of the total student population), the percentage of underrepresented minority (URM) master’s immersion students is low (23%) and even lower for the doctorate/PhD immersion programs (15%). Also, the College has a much less diverse staff and an even less diverse faculty (8% are URM). Over the next three years, the goal is to increase the percentage of URM students in all graduate programs to be equivalent to that of undergraduate programs and achieve representation among faculty to be at 13% of all faculty, which is the national average (https://nces.ed.gov/fastfacts/display.asp?id=61).

Retention
Retention of talented, valuable, and motivated employees is key to the success of CHS in order to preserve institutional knowledge, foster greater teamwork and sense of community, and provide cost-savings associated with backfilling and advertising new positions. Efforts should focus on providing existing staff and faculty tools and resources for upward mobility within the College, ensuring programs, leadership, and other areas are diverse, achieving compensation equity, and ensuring that College employees’ strengths and talents are being properly leveraged to advance the organizational mission.

Welcoming JEDI Culture
Implementing strategies and practices that ensure inclusiveness among students, faculty and staff in all aspects of the work within CHS is a priority for the JEDI Council. These include activities and events to highlight diversity, encourage use of resources supporting diversity goals, and foster a safe environment that supports inclusivity and promotes connectedness within CHS and in our engagement with the community.

Curricular Resources
As an academic College, curricular resources will be a core part of all our JEDI initiatives, including providing resources to support faculty to incorporate JEDI concepts into coursework. To do this, JEDI proposes the establishment of an Anti-Racism and Health Equity Action Lab. The lab will work to enhance health equity and inclusion curriculum for general classroom use for students, to support the creation of a JEDI-related module for CHS 101, and to provide continuing education
opportunities for both faculty and staff. Finally, for community building, JEDI Council seeks to support the creation of a diversity and inclusion focused book club and speaker series.

RESEARCH

A. Externally funded research

The goals

In support of the university’s and college’s research aspirations, the College of Health Solutions sets annual goals for research proposals, awards, expenditures and expenditures per tenured/tenure-track faculty. While the university’s performance metrics only calls for data on expenditures, we provide data here for all research categories. Because expenditures depend on proposals and awards, we can expect expenditures to rise in the coming years as proposals and awards have also risen. Currently, the college’s goals are focused on increasing the quality and quantity of the proposals in the coming years in these ways:

- Increase the number of proposals of $5 million or greater from six in FY21 to seven in FY22. Currently we have no awards at this level. Our goal is to receive five large awards in the next five years - or one large award per year.
- Increase proposal dollars by 10% each year and increase award and expenditure dollars by 6% each year, per the table below. Please note that FY21 was exceptionally good for proposals due to COVID and the projections are based on this current successful year.
- Increase the number of doctoral training grants active at any one time to five. We have four current active grants and would like to have at least one new grant every two years.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Proposals ($)</th>
<th>Awards ($)</th>
<th>Expenditures ($)</th>
<th>Expenditures per T/TT faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY22</td>
<td>$229,042,994</td>
<td>$20,308,000</td>
<td>$17,721,000</td>
<td>$268K</td>
</tr>
<tr>
<td>FY23</td>
<td>$251,947,293</td>
<td>$21,526,000</td>
<td>$18,784,000</td>
<td>$261K</td>
</tr>
<tr>
<td>FY24</td>
<td>$277,142,022</td>
<td>$22,818,000</td>
<td>$19,911,000</td>
<td>$259K</td>
</tr>
</tbody>
</table>

*Assumes 10% increase in proposals and 6% increase in awards, expenditures, and expenditures per tenured/tenure-track faculty. Tenure track faculty are estimated to increase by 31%.

The current situation

According to the latest data for the fiscal year that just ended (FY21), CHS research proposals increased 60.8%, awards increased 6.5%, and expenditures increased 7.7% from FY20 to FY21. The following table shows current data in the context of recent years.
The strategies

- Increase the number of training sessions and mentors for assistant professors. We have planned four trainings and we are connecting the faculty with Knowledge Enterprise seminars as well. In addition, we connect faculty with grant mentors; encourage them to submit proposals to our grant review committee of successful faculty; encourage them to submit their writing to the scholarship group for feedback; or provide funding for grant editors to increase their success in grant writing.

- Focus on developing and supporting large grant proposals. We are developing strategies with translational teams to increase large proposal submissions. We connect them with proposal management in Knowledge Enterprise; we provide local support on more hands-on project management; and we bring faculty together to work as teams on specific areas and projects. We have offered Bouvier videos on large proposals and will continue to encourage their use.

- We have appointed a Director of Training Grants who will focus on developing and curating resources for faculty to write these grants, identify mechanisms for them to submit training grants, and encourage faculty to submit proposals in areas of strength in the college.

B. Teams, Team Science, and Implementation of Clinical and Community Translational Science Infrastructure

The goals
In order to achieve the goal of increased grant funding, it is essential to create the infrastructures needed to facilitate and enhance the ability of teams to collaborate and of scientists to conduct leading edge research. We have identified multiple goals to achieve those objectives:

1. Enhance and expand translational research
   a. Increase the number of grants that translational teams develop, and work in collaboration with others in Research Success to facilitate more grant submissions and awards – in particular large grant proposals
   b. Increase diversity of grants by fostering collaboration within and between research teams
2. Increase meaningful community engagement
   a. Increase number of community partnerships
   b. Increase diversity of partners
   c. Change the relationship with partners to CBPR-type collaboration
3. Engage students in research and experiential learning
   a. Increase number of students engaged in research or experiential learning
   b. Institute new mentorship models to improve student experience
   c. Develop infrastructure to support student engagement at scale
4. Improve team effectiveness through training and education
   a. Develop and implement team science trainings
   b. Provide teams with infrastructure to support effective team/network development
5. Increase preclinical (e.g. wet lab and animal), clinical and community-engaged research
   a. Continue to expand research in Wexford, ABC, HFC and Coor buildings
   b. Increase collaboration with KE and other ASU partners to expand research, including implementation of needed structures and functions to move ASU in the direction of eventually competing for an NIH CTSA award
   c. Increase staff to facilitate increased research implementation in multiple sites

The current situation

To achieve those goals, CHS has implemented two complementary infrastructures: (1) the Affinity Network and Translational Team (ANTT) initiative, and (2) Clinical and Community Translational Science (CCTS) initiative.

1. **Affinity Network and Translational Team (ANTT) Initiative:**

Affinity Networks (AN) focus on methods and practice in order to build capacity and expertise with a long-term goal of creating resource pools within our college. The ANs are not all research-oriented.

Translational Teams (TT) focus on a health challenge or problem with the long-term aim of improving the health of the population. They do this by improving the way new discoveries are put into practice to address complex health needs in communities. The ANTT management team works with each AN and TT in order to help them achieve their goals. At present, we have the following Affinity Networks and Translational Teams:
Translational Teams:
- Autism Spectrum Disorder
- Cancer Prevention and Control
- Child Language and Literacy
- COVID-19
- Improving Outcomes for Children with Cleft Palate
- Maternal Child Health
- Metabolic Health
- Integrative Rehabilitative Solutions for People with Movement Disorders
- Safety Net Advancement
- Interdisciplinary Approaches to Problems of Substance Use

The TTs have been quite active and successful, as indicated by the following metrics:
- 160+ faculty and staff members
- 43 active research projects
- 39 grant proposals
- $8,094,37 in awards
- 29 publications
- 97 community partners engaged
- 115 students engaged
- 17,000+ student hours
- Cross-team/network collaborations

Affinity Networks:
- Athletics
- Biomedical Informatics
- Dissemination and Implementation
- Experiential Learning
- Global Engagement
- Health Policy and Equity
- Interprofessional Education, Research and Collaborative Practice
- Research Coordination and Management
- Research Participants’ Registry
- Social Emotional Learning and Intelligence
- Simulation
- Speech Language Pathology
- Training

The ANs have been very active and have been important core services in CHS, as indicated by the following metrics:
- 161 staff and faculty members
- 5 grant submissions
- $232,000 in awards
- 21 publications
- 1 academic program in development
2. Clinical and Community Translational Science (CCTS) Initiative

CHS researchers have been active across the translational spectrum for many years, but there was minimal coordination of that research in order to improve quality, quantity and to foster increased collaboration within and outside of CHS. With the opening of two new research infrastructures (Wexford and HFC), and the KE-led process that recommended expansion of ASU’s clinical research infrastructure, CHS has significantly expanded the preclinical, clinical and community research capacity.

Staff. Included in the staffing infrastructure is a Executive Director, Medical Director, Advanced Practice Professional (Nurse Practitioner being hired), Research Manager, Lab Coordinator, Senior Director for Community and Clinical Translational Science, clinical research staff with a wide range of expertise (e.g. phlebotomy, sonography, etc.) to implement preclinical, clinical and community research. Several of these staff provide core research services as part of Recharge Centers. With the significant expansion of research capacity as a result of the Wexford and HFC Buildings, additional staff are needed to assure effective implementation of current and future research.

Core Clinical and Lab Services. Multiple recharge infrastructures have been created and implemented in coordination with KE. These resources include the Clinical and Translational Research Recharge Center (which includes a wide array of clinical research support services) (https://chs.asu.edu/hlrc), a biostatistics core (including data management expertise in REDCap and Qualtrics) (https://chs.asu.edu/biostatistics), Biochemistry and Molecular Laboratory (https://chs.asu.edu/hlrc), two Metabolic Kitchens (https://chs.asu.edu/hlrc), and an informatics core (https://chs.asu.edu/chir). These cores offer a wide variety of Testing Services (e.g. Bone Density Assessment (DXA), Biochemical Sample Analysis, Cardiopulmonary/ECG Exercise Testing, Cardiovascular Ultrasound Assessment, Musculoskeletal Ultrasound, Nutrition Analysis, Blood collection and vital signs monitoring, and other services (https://chs.asu.edu/hlrc). KE has recently agreed to support CHS obtaining CLIA certification for the Wexford wet labs, which would allow lab studies to link directly with clinical care (i.e. meet HIPAA guidelines).

The strategies

1. Research: Develop a plan to increase probability for grant submission.
   a. Optimize use of Research Success infrastructure and offerings.
      i. Establish and publicize linkages with other Research Success partners.
      ii. Develop desktop flyer of resources.
   b. Work with TT’s to develop junior faculty (mentorship).

2. Student Engagement: Facilitate the process of increased student engagement.
   a. Build out experiential and citizen science offerings.
   b. Broaden student engagement opportunity types.
      i. Work with teams on coordination/administration.
         ● Utilize UG TA's, paid Grads.
ii. Work with teams on research/experiential offerings.
   ● Utilize UG/G RA's.

   a. Work with KE and other ASU partners to expand ANTT and CCTS linkages and collaboration with community partners (inc health care systems).
   b. Implement community advisory board for CCTS.

4. Training and Education: Develop and implement training and educational opportunities via:
   a. Team Science Trainings and Evaluation
   b. Mentorship Training and Support
   c. Annual Conference
   d. Citizen Science
   e. Regulatory Science (for preclinical, clinical and community research)

5. Communication: Increase visibility, access, and engagement across the three major domains (research, community engagement, student engagement).
   a. Initiative level
      i. Revised, upgraded website
      ii. TRiP Talks
      iii. Conference
      iv. Newsletters, Forums,
      v. ComPaRE database
   b. Team and networks
      i. Individual webpages
      ii. Symposia
      iii. TRiP Talks

6. Increase communication and coordination with KE and ASU partners (eg Edson, BioDesign, Watts, Psychology, Engineering, etc) to facilitate the expansion of the CCTS as recommended by KE consultants. Seek Center or Institute status for CCTS, which would both reflect this organization as a major ASU resource, and which would create additional opportunities for growth and funding support.

DEVELOPMENT

A. New Gifts and Commitments

The Current Situation / FY21 Accomplishments:

● CHS exceeded fundraising goals for FY21, with $2,091,785 raised of a $1,500,000 goal (139% of new gifts and commitments goal).
● A new Director of Development was hired in September 2020, and an Assistant Director of Development was hired in April 2021.
● The development team has worked closely with the marketing and communications team to begin building a culture of philanthropy among CHS audiences and stakeholders.
**FY22 Goals:**

With a Director of Development and Assistant Director of Development in place for FY22, the new gifts and commitments goal has increased to $1.75M.

For FY23 and FY24, the new gifts and commitments goal will be determined in collaboration with ASUF leadership based on FY22 dollars raised, donor pipeline and the fundraising team in place.

**FY22 Strategies:**

- FY22 will be a discovery year for CHS, particularly for individual donor prospects. Discovery strategies to include:
  - Face to face meetings with health sector leaders.
  - Community introductions by CHS Dean’s Circle members and friends of the College.
  - The CHS development team is working in collaboration with the ASUF research team to identify high capacity prospects that have affinity and/or potential interest.
- In FY21 most funding came from corporations and foundations, most notably a $1M gift from Rockefeller Foundation. In FY22, CHS will continue to identify funding opportunities with corporations and foundations that are relevant to our work.
- In collaboration with the alumni coordinator and the Student Success Hub, the development team has initiated a family engagement strategy to create a culture of philanthropy among students, alumni and families as they begin their journey with CHS.

*Note: 12 opportunities over $25K+ have been identified as discovery in the first 2 weeks of FY22*

**B. High-Impact Contacts**

**The Current Situation / FY21 Accomplishments:**

- The Director of Development achieved 124% of the high-impact contact goal. (The goal was 85 contacts; actual was 106 contacts).
- The Assistant Director of Development completed 57 high-impact contacts in the first three months of employment.

**FY22 Goals**

- With a Director of Development and Assistant Director of Development in place, the FY22 high-impact contact goal is 210.

**C. Opportunities (over $10,000)**

**The Current Situation / FY21 Accomplishments:**

- 28 opportunities submitted over $10K, of which 19 were over $25K
● 17 opportunities over $10K were close funded, 13 of which were over $25K
● Submitted opportunity goal was 10 $25K+ (190% of opportunity goal, plus 9 additional opportunities submitted $10K-$25K)

FY22 Goals

● With a Director of Development and Assistant Director of Development in place, the FY22 $25K+ submitted opportunity goal is 25. Additional proposals in the $10K-$25K range will be submitted as well.

C. Undergraduate Alumni Giving

The Current Situation / FY21 Accomplishments:

● Based on the Salesforce Constituent Dashboard, 26 CHS Alumni and 128 Other ASU Alumni made a gift in FY21 totaling $26,284. This was higher than FY20 ($16,132), but significantly lower than FY19 ($78,598).

FY22 Goals

● With a Director of Development and Assistant Director of Development in place, as well as an Alumni Coordinator, the FY22 undergraduate alumni giving goal is approximately 400 donors and $75K+ in new gifts and commitments.

REVENUES

The goals
Our goal is to increase program fee, sales and services, gift, and indirect cost recovery revenue by approximately 28% from FY22 to FY24.

The current situation
Growth in online enrollment is the main driver of our revenue increase, in both program and college fees and online SCH funding received. A new Director of Development was hired in September 2020, and an Assistant Director of Development was hired in April 2021. The development team has worked closely with the marketing and communications team to create a culture of philanthropy among CHS audiences and stakeholders. Sales and services decreased in FY21 due to COVID, however operations are expected to return to pre-pandemic levels by the end of FY22.

The strategies
➢ Program fee revenue is directly correlated with enrollment; therefore, our strategy for increasing program fees aligns with our enrollment strategy (renaming degrees, expanding online offerings, and expanding offerings to Poly and West campuses).
Changing the name of the undergraduate Science of Health Care Delivery to Health Care Administration and Policy is projected to increase enrollment significantly for both on-campus and online.

➢ The majority of the sales and services revenue is derived from our recharge centers. Our plan to increase the capacity and utilization of our recharge centers will equate into increased revenue.
  ○ Restructuring CHiR - with the hire of a new Director, we anticipate generating additional revenue and decreasing the amount of subsidy from the college
  ○ Leveraging CCTS infrastructure for pharmaceutical trials
  ○ Reorganizing the biostatistics recharge center based on the hiring of new Executive Director and his directive will generate substantial revenue by FY24
  ○ Increase corporate engagement opportunities (e.g., Amazon, Mountainside Fitness, Marriott, etc.)

➢ Our Director and Assistant Director of Development will increase the amount of gift revenue to the college by working in collaboration with the ASUF research team to identify high capacity prospects that have affinity and/or potential interest in CHS and will continue to identify funding opportunities with corporations and foundations that are relevant to our work.

➢ Indirect Cost Recovery revenue is directly correlated to research expenditures; therefore, our strategy for increasing Indirect Cost Recovery revenue aligns with our strategies to increase research.