C. Trend of Capital Outlay

1. ANNUAL CAPITAL EXPENDITURES

One new school was started and two major additions and four minor additions to existing schools have been made in the period 1946–65. Capital outlay for these totals $1,302,000, an average of $65,100 per annum. The new school anticipates additional outlay of more than $2,250,000.

(*a*) The need for more podiatrists, the lack of space to accept many qualified applicants, the improvement in the quality of the education, the increasing amount of new knowledge, the demands for more and better service, and obsolescence and deterioration of facilities, dictate a more rapidly accelerating trend in rehabilitation and renovation, major expansion of present facilities, and construction of new ones. The present five schools all have plans for rehabilitation, renovation, and expansion in the next 2 to 5 years, totaling $10 to $12 million.

The lack of support from public funds and the inability to acquire sufficient support from private resources have delayed and prevented a much needed greater capital outlay prior to this time.

2. DISTRIBUTION BY SPENDING UNITS

To date, all capital outlay for podiatry schools has been by private nonprofit organizations.

3. SOURCES OF FINANCING

The source of these capital outlays has been from gifts, bequests, donations, fund raising drives, and borrowing. Information is not available as to the percentage distribution.

D. Needs and Prospective Capital Outlays

CAPITAL REQUIREMENTS

The capital requirements for podiatry school facilities for the decade 1966–75 are—

	Millions
Backlog of unmet needs as of June 30, 1965	$21. 0
Total additional requirements through June 30, 1975	27. 0
Total estimated need	48. 0

(*a*) Available trends in podiatry student-population ratios have been utilized in estimating the current backlog. Future needs have been estimated using the professional-population ratios plus economic growth factors in an effort to allow, somewhat, for increases in level of demand for these professional services. Deficits, current and future requirements were converted into first-year student places and then the number of places needed was converted into project costs. These methods of estimating do not imply a high degree of precision and must be viewed in proper context; however, the results are believed to be conservative in that per capita demand is increasing steadily and new health programs may be expected to accelerate this trend.