



UIC College of Dentistry

Strategic Plan: 2010 and Beyond

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Executive Summary

1. VISION 2010

Since June 2001, UIC COD has pursued a path to achieve “top five” status among U.S. dental schools by the year 2010. The College’s VISION 2010 Statement articulated this aspiration:

“By 2010, UIC COD will be recognized as a world leader in:

- Patient-centered, evidence-based, clinical care founded on the preventive and public health sciences,
- Integrated educational programs based upon advanced technology, and
- Centers of research excellence that are interdisciplinary and focused on innovative research areas.”

2. MISSION STATEMENT

The mission of the University of Illinois at Chicago College of Dentistry is to promote optimum oral and general health to the people of the State of Illinois and worldwide through excellence in education, patient care, research, and service. The College identifies the following Institutional Goals to meet this mission:

1. To prepare highly qualified healthcare professionals, educators, and scientists in the basic and oral health sciences;
2. To provide patient-centered care services that are comprehensive and compassionate for a diverse population;
3. To provide student-oriented educational programs that prepare individuals for the thoughtful, ethical practice of dentistry and life-long learning;
4. To foster collaborative research and develop specialized centers for innovative research in areas of health and disease;
5. To address community and regional health care needs through outreach initiatives, educational programs, and consultative and referral services;
6. To maintain a leadership role in forming health care policy at the university, state, and national levels;
7. To be a worldwide resource for continued professional development;
8. To provide an environment for individual growth founded on mutual respect and professionalism; and
9. To value and seek diversity in students, staff, faculty, and patients.

3. SUMMARY OF PLANNING PROCESS

In response to President Joseph White’s call for strategic planning, the College Strategic Planning Committee (“SPC”) was charged with reviewing and enhancing the Vision, Mission, and Goals of the College in the context of the current environment. The SPC carried out a rigorous environmental scan, authored a “Beliefs and Behaviors” statement to enhance the VISION 2010 and MISSION statements, identified key strategic issues, and detailed an action plan to advance the College’s nine goals.

4. STRATEGIC INTENT STATEMENT

The VISION 2010 statement has now been amplified by a new Statement of Strategic Intent:

As one of two dental colleges in the State of Illinois, the UIC College of Dentistry has the distinct advantage of location in the city of Chicago, which makes the College easily accessible to its diverse population. The College’s faculty and staff are dedicated to educating future clinicians, researchers, and educators.

The College of Dentistry has and will continue to change the practice of dentistry by focusing on health promotion/disease prevention. Our graduates are expected to propose and lead the implementation of solutions to disparities in the access to oral health care in the State of Illinois and across the nation.

5. CRITICAL FACTORS INFLUENCING COLLEGE SUCCESS

1. Student tuition/fees now amount to nearly \$35,000 per year, ranking in the top five among 37 public dental schools. High tuition may eventually reduce student diversity and will compromise our graduates’ capability to care for disadvantaged patients because of high educational debt.

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2. The College facilities and equipment are outdated, compromising student learning and the research enterprise.
3. The College's Faculty Dental Plan (DSP) does not function as an effective health care resource for UIC employees.
4. UIC COD functions as the largest dental Medicaid patient care provider in Illinois and Chicago's largest oral health care safety net clinic. The low socioeconomic profile of our patients means that they cannot afford to pay for the broad range of complex treatment procedures which our dental students and dental specialty residents need to experience to achieve professional competency.

6. SUMMARY OF STRATEGIC ACTIONS AND STRETCH GOALS

UIC COD pursue the following strategic actions and stretch goals:

1. To address high tuition/costs of student dental education and provide complex treatment experiences for our students, the College will explore private practice-based dental education models for fourth year dental students.
2. To enhance clinic revenues, reduce clinical operational costs, and better serve our patients, the College will:
 - a) Seek Federally Qualified Health Center (FQHC) satellite status by partnering with local FQHC clinical facilities.
 - b) Develop evening and/or Saturday hours for the College, starting with the Department of Orthodontics and expanding as appropriate.
 - c) Seek sustainable non-state funding source(s) to support an Urgent/Emergency Care Clinic, staffed by salaried faculty dentists.
 - d) Increase the Faculty Dental Practice's capacity to provide care to University employees and then market this resource to the University community.
 - e) Partner with dental suppliers and manufacturers to substitute donated supplies/equipment for current annual purchases.
3. Pursue a \$25 million capital campaign, with \$20 million of this target to be invested in the renewal of the College's physical facilities and re-equipping of its clinics and research laboratories.
4. Continue to grow external research funding, investing the College's share of the indirect cost recovery funds in physical facilities renewal and research infrastructure.
5. Continue to grow community-based education for dental students to facilitate their development of the competency to address oral health access disparities after graduation, and provide students with more clinical experiences than can be provided in College clinics.

7. PLAN PURPOSE

Through these (and other) strategic actions, UIC COD is confident that we will reach our Vision of preeminent status among U.S. dental education institutions by the year 2010.

8. CALL TO READERS/STAKEHOLDERS FOR PARTICIPATION

The UIC COD is a valuable resource to the citizens of Illinois in spite of the state's historically low-level of fiscal support for the College (36th out of 37 public U.S. dental schools). UIC COD has offset this low support with one of the highest student tuitions among public dental schools, nearly optimal clinical revenues, indirect cost recovery from research grants and contracts, private philanthropy, and efficiency in the use of its scarce resources. We will continue to pursue these directions while advocating with our constituencies for the Illinois Bill of Health. With even modest increases in resources, we strongly believe that UIC COD will achieve and sustain preeminent excellence in service to the University and State.

Section 1: Purpose

Vision

By 2010, the University of Illinois at Chicago College of Dentistry will be recognized as a world leader in:

- patient-centered, evidence-based, clinical care founded on the preventive and public health sciences,
- integrated educational programs based upon advanced technology, and
- centers of research excellence that are interdisciplinary and focused on innovative research areas.

Mission

The mission of the University of Illinois at Chicago College of Dentistry is to promote optimum oral and general health to the people of the State of Illinois and worldwide through excellence in education, patient care, research, and service.

The College identifies the following Institutional Goals to meet this mission:

1. To prepare highly qualified healthcare professionals, educators, and scientists in the basic and oral health sciences;
2. To provide patient-centered care services that are comprehensive and compassionate for a diverse population;
3. To provide student-oriented educational programs that prepare individuals for the thoughtful, ethical practice of dentistry and life-long learning;
4. To foster collaborative research and develop specialized centers for innovative research in areas of health and disease;
5. To address community and regional health care needs through outreach initiatives, educational programs, and consultative and referral services;
6. To maintain a leadership role in forming health care policy at the university, state, and national levels;
7. To be a worldwide resource for continued professional development;
8. To provide an environment for individual growth founded on mutual respect and professionalism; and
9. To value and seek diversity in students, staff, faculty, and patients.

Beliefs and Behaviors

We value learning, respect, integrity, and excellence in all we do. As a community of people dedicated to the promotion of health and the healing of disease, we are committed to the following beliefs and aspire to the behaviors which derive from them:

Belief 1

We believe that dental education makes the world a better place in a profound way because oral health and oral health behavior are essential to the general health and well-being of all people, and educating oral health care providers and expanding the knowledge base of dentistry are the twin foundations for oral health improvement and overall quality of life.

Behavior

We comport ourselves with pride in our place in the world, tempered with a solemn appreciation for the resultant opportunities and responsibilities that we are privileged to receive.

Belief 2

We believe that the Vision and Mission of the College is more important than our individual needs, wants and desires within the College.

Behaviors

We make personal sacrifices for the good of the College.

In all our actions and decisions, we give primacy to the College's progress toward its Vision and the fulfillment of its Mission over the interests of individual departments and academic units.

As our first inclination, we seize every opportunity to collaborate and cooperate with each other.

Belief 3

We believe in "collegial education" for our students, as manifested by a supportive, humanistic, and effective learning environment for them.

Behaviors

We treat each other with mutual respect, kindness, and civility.

In interpersonal communications, we listen to each other empathetically, seeking to understand each other's points of view before espousing our own.

Belief 4

We believe that all College community members and our patients must always be treated fairly and equitably.

Behaviors

We are dedicated to the service of each other and our patients.

We behave ethically in all we do.

We embrace the rich diversity of our College community in all its manifestations.

We strive to provide universal access to the College's services for students, staff, faculty and patients from all racial, ethnic, and cultural groups and socioeconomic circumstances.

Belief 5

We believe in the constant pursuit of pre-eminent excellence in everything we do.

Behaviors

We constantly strive to perform at our highest personal level of potential for excellence.

We embrace continuous improvement toward pre-eminent excellence, and the process of constant change that is essential to the achievement of improvement. We confront the anxiety that accompanies change through open dialogue, effective communication and courageous risk-taking.

We pursue rigorous scientific inquiry and discovery in the service of humanity through improving health.

We embrace a scholarly approach to everything that we do.

We are careful stewards of the College's human, physical, and fiscal resources.

Mandates Impacting the College of Dentistry

As a UIC unit, the College of Dentistry is affected by the same mandates stated in “Access to Excellence;” that is, city codes and regulations, mandates relating to research involving human subjects or biohazards, and, of course, mandates set by the University of Illinois through its various administrative entities. Those are repeated in Appendix 1.

In addition, as a professional college, Dentistry has other patient and clinic related mandates set by governing bodies overseeing health care. Patients are informed of their rights at their first visit through informational documents. All clinical, faculty, students and appropriate clinical support staff are also informed of patient rights through the Clinic Manual and postings in the clinical area. Faculty, students, and staff are required to complete annual training sessions related to HIPPA.

Students and their supervising faculty are trained and expected to recognize the signs of a medical emergency and initiate appropriate treatment including basic life support. Positive pressure oxygen units are located throughout the clinics and are marked with prominent signs to aid in locating units in an emergency. Automated External Defibrillators are located on the first three floors where clinics are located in the College. A crash cart is kept in the Department of Oral and Maxillofacial Surgery and on each clinic floor.

The College of Dentistry complies with policies regulating the use of ionizing radiation established by the American Dental Association, American Association of Dental Schools, and the National Center for Devices and Radiological Health. They are published in the Clinic Manual.

The Infection Control and Risk Management Committee, chaired by the Director of Clinics, addresses issues related to environmental safety. Infection control training sessions are required annually as part of the OSHA standard 29 CFR 1910.1030, “Bloodborne Pathogen Standard.”

College policies comply with those established by the UIC Environmental Health and Safety Office in accordance with federal and state guidelines related to chemical, biological, and radiation hazards.

Students with direct patient care responsibilities are required to provide evidence of immunizations, required to use barrier techniques and personal protective equipment, and required to use sterilization.

Section 2: Strategy

Statement of Strategic Intent

As one of two dental colleges in the State of Illinois, the UIC College of Dentistry has the distinct advantage of location in the City of Chicago, easily accessible to its diverse population. Faculty and staff are dedicated to educating future clinicians, researchers, and educators.

The College of Dentistry has, and will continue to change the practice of dentistry by focusing on health promotion/disease prevention. Our graduates are expected to propose and lead the implementation of solutions to disparities in the access to oral health care in the State of Illinois and across the nation.

Environmental Assessment

- **Global**

According to UIC “Access to Excellence,” the United States is expected to be the major net receiver of international migrants, with projections estimating 1.1 million annually from 2005 to 2050.

The College of Dentistry has already responded to US immigration growth by offering a two-year program designed to provide dentists who were trained outside the United States of America and Canada with the enhanced clinical skills and knowledge that are necessary to practice dentistry in the State of Illinois. Since its inception in 1994 with eleven participants, the International Dentist Program (IDP) has grown to its current class size of twenty-four. Enrollment is limited to US citizens, permanent residents, asylee, and refugees currently residing in the US and in the process of becoming citizens or permanent residents. Upon the successful completion of the program, the participant has been awarded a certificate that meets the requirements for the licensure process for the State of Illinois.

With the recent approval of the Illinois Board of Higher Education and the University of Illinois Board of Trustees, the International Dentist Program becomes a degree program beginning in May 2006. The incoming class has already been accepted, and twenty-four participants will begin their dental education with the summer 2006 semester. Upon meeting all UIC admission requirements and related financial obligations, the current first year IDP class also benefits from the newly designated degree program; all twenty-four participants transferred from the certificate to the degree program.

There are numerous certificate programs for internationally trained dentists in the United States. Approximately thirty accredited programs may accept international dental graduates with Advanced Standing; certain stipulations may apply such as space availability subject to attrition in the second year class. With the recent transition, the University of Illinois at Chicago College of Dentistry is now one of eleven offering the Doctor of Dental Surgery degree.

- **Local**

UIC College of Dentistry enjoys its urban location and a diverse population. Considered a “commuter campus,” dental students, faculty, staff, and patients have easy access with expressways passing through and near the campus, public transportation directly across the street, and major train depots a short distance away with shuttle bus service during morning and evening rush hours.

UIC College of Dentistry is one of two dental schools in the State of Illinois, the other being Southern Illinois University in Alton, Illinois, with a target class size of 48. Loyola University closed its dental school in west suburban Chicagoland in 1993; Northwestern University followed in 2001, closing its dental school in the downtown Chicago area.

- **Intellectual**

In keeping with the Research 1 status of UIC, the College of Dentistry recognizes its obligation to perform research; it is an integral part of the College Mission. With the appointment of an Associate Dean for Research in 2002, the following objectives were set to implement research goals:

- Enhancement of infrastructure
- Promotion of interdisciplinary collaborations
- Enhanced visibility
- Creation of new training opportunities
- Support of existing and new College of Dentistry researchers
- Improvement of the research facilities and environment

The College of Dentistry has attracted internationally known researchers and has increased its NIH funding rank from 21st in 2000 (\$1.8 million) to 11th in 2004 with allocations of \$6,091,699. In FY2005, the College had an increase in research expenditures to \$7 million. This growth has, in part, been attributed to the recruitment of approximately 18 new full time faculty members, most of whom arrived with existing research funding or received awards shortly after their arrival.

The student body has shifted to a stronger research focus as well. The summer research program, traditionally available to second year dental students, has been extended to incoming freshmen. The College Clinic and Research Day is a major event held annually with nearly 100 posters on display. Students continue to represent the College with research efforts at professional meetings throughout their four years of dental school.

Achieving the goal of being recognized as a world leader by 2010 is within reach. It is incumbent upon the College to remain an attractive and stimulating center for research leaders.

- **Institutional**

The College of Dentistry has significantly improved the quality of its students' education since 2000. In September 2002, the College instituted an electronic patient record using AxiUm software. This system provides opportunities for student education in the many computer software advances that are currently changing the clinical practice of dentistry.

The curriculum is being reorganized to better prepare graduates for dental practice in the future. Numerical requirements for patient care procedures were eliminated and replaced with a group practice model, headed by a Managing Partner who has primary responsibility for the delivery of patient care, oversight of student learning, and overall conduct of the practice. The group practice model provides:

- realistic instruction in principles of practice management
- real life measurement of productivity which is an important measure of student learning and progress toward clinical competency

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- excellent opportunity for students to develop capacity to accurately self-assess—another important measure of clinical competency
- sustained interaction with a core group of interdisciplinary faculty

The content and scope of the curriculum were expanded to include ethics, practice management, interpersonal skills, and multicultural competency. Extramural rotations in community-based oral health care facilities broaden the student's appreciation and understanding of oral health care as a public health issue. Through high-fidelity preclinical instruction in patient care, students are ready to begin patient care activities sooner than previously possible.

Competencies for new DDS graduates were revised from 65 to 12 broadly-stated goals. Means of assessing competency include daily interactions with faculty, portfolios, small group discussions/seminars, Objective Simulated Clinical Experience (OSCE) examinations, practical examinations, student self-assessment, written examinations, and chart reviews.

• **Fiscal**

The College's state budget allocation has decreased approximately \$2.4 million since FY2002. Based on data gathered in FY2003 by the American Dental Association, UIC College of Dentistry ranked 35th out of 37 public dental schools in state appropriations received per DDSE (DDS student equivalent). The College anticipates no increase in state funding for the foreseeable future. As a result, the College has raised dental student tuition by 43% since 2002. Approximately 88% of the tuition increases for this period have been returned to the College as part of its state budget allocation.

To offset this decrease in state support, the College has implemented several strategies including increasing clinic and tuition revenue, cutting operating costs, and working with the State of Illinois for enhanced dental Medicaid reimbursement rates. The College has also stepped up development efforts and has initiated a major campaign to renew the physical facilities using donations and Indirect Cost Recovery funds from research grants.

The appended 5 year budget projection assumes modest increases in expenditures (3% to 3.3%) and holds tuition increases to less than 10% annually.

Competitive Benchmark Analysis

There are 56 dental schools in the United States. UIC College of Dentistry is one of two in the State of Illinois.

The major competitors for the recruitment of students are:

- Ohio State
- University of Minnesota
- University of Michigan
- University of Iowa
- Indiana University
- Southern Illinois University

Major urban area dental schools:

- New York University
- University of California, San Francisco
- University of California, Los Angeles
- University of Pennsylvania
- University of Maryland
- Indiana University

The major competitors for research funding are:

- University of California, San Francisco
- University of Washington
- University of North Carolina
- University of Michigan
- University of Maryland
- University of Florida
- University of Pennsylvania
- University of Texas, San Antonio
- University of Connecticut
- University of Minnesota

The major competitors for national stature as a peer publicly-funded dental school:

- University of Minnesota
- University of California, Los Angeles
- University of California, San Francisco
- University of Maryland
- University of Washington
- University of Texas, San Antonio

In terms of patient population, the College of Dentistry does not have any competition in the Chicagoland area.

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Competition is fierce for internationally trained dentists as well. As mentioned in the global assessment section, only eleven dental schools award the Doctor of Dental Surgery degree (or Doctor of Dental Medicine). In previous years, UIC College of Dentistry lost several top applicants to degreed programs. The first incoming class of the International Dental Degree Program (Fall 2006) has already been accepted, but UIC College of Dentistry will continue to compete with the following schools for internationally trained dentists:

- University of California, Los Angeles (DDS)
- University of California, San Francisco (DDS)
- University of Southern California (DDS)
- Loma Linda University (DDS)
- University of the Pacific (DDS)
- University of Colorado (DDS)
- Tufts University (DMD)
- University of Michigan (DDS)
- University of Medicine and Dentistry New Jersey (DMD)
- New York University (DDS)
- Temple University (DMD)

At this time, the following dental schools offer certificate of completion programs for internationally trained dentists:

- University of Florida (certificate)
- University of Rochester Eastman Dental Center (certificate)

Strengths, Weaknesses, Opportunities, and Threats Analysis

Strengths

- Located in a world class city of Chicago
- Name Brand (University of Illinois)
- Abundant and diversified patient pool
- Convenient location (easy access to public transportation)
- Enthusiastic faculty and staff
- World-class faculty members –respected leaders in various fields
- Active and supportive alumni
- Strong private donations
- Articulated vision of future
- Excellent postgraduate education programs
- MS/PhD Programs
- Adequate physical facilities space
- The only Illinois dental school associated with a major medical center and research university
- Highly productive clinics with an emphasis on comprehensive oral health care
- College involvement in underserved local communities
- Recognition by Chicago Dental Society, e.g., by endowed professorship gifts
- Students--highly qualified committed to serving society
- Active research program
- Collaborative relationship with Kennedy King College Dental Hygiene Program
- Designation as DEMRT Center (Disaster Emergency Medicine Readiness Training)

Weaknesses

- Predoctoral student performance scores on national licensure examinations are only “average”
- Surrounding neighborhood perceived as dangerous by alumni and other visitors to the College
- No evening clinic hours
- No weekend clinic hours
- Limited same day urgent care treatment
- Occasional tension between departmental interests and College goals
- Admission of non-resident dental students may lead to fewer dentists being retained in the state of Illinois
- Aging infrastructure
 - Lack of modern clinical equipment and facilities for patient care
 - Lack of office space
 - Inadequately functioning HVAC system
 - Inadequate IT interconnectivity with UIH
 - Unreliable elevators for patients and members of the College
 - Continuously deferred general maintenance
- Tension between patient care and educational program needs
- Lack of faculty recognition that today’s student is tomorrow’s alumni
- Insufficient level of translational/clinical research
 - Clinical faculty has little incentive and no time allocation for scholarly activities
- Under-funded, under-resourced operating and capital needs
- Resistance to change from “educational model” to “business model” of dental education
- Inability to serve some population groups due to lack of a GPR program
- Union/civil service rules make hiring desirable staff difficult; difficult and time consuming processes to discipline employees or terminate employment
- University’s inadequate Human Resources/Payroll functions compromise operation of College
- COD does not accept third party payments for patients in the predoctoral clinics, which may exclude some patients from the pool
- Rapidly changing predoctoral curriculum does not facilitate outcomes assessment
- Faculty are “traditional teachers” not “innovative educators”
- Minimal faculty development in usage of new educational technology
- Patient population unable to afford complex treatment options
- Large patient population expects College to be “Safety Net” clinic
- Pre-1990 grads often have negative memories of their dental education
- MS Oral Sciences program curriculum needs to be strengthened
- Perception by some faculty/staff of “morale problem,” primarily due to operating budget reductions

Opportunities

- To establish a more economically diverse patient base that seeks comprehensive oral health care
- To promote our excellent dental implant treatment opportunities to the Chicago area
- Recent U-24 grant award is enabling infrastructure improvements in College research
- Recent Chicago Dental Society's gift to College for clinical faculty salary endowment
- College's unique position in a world renowned urban setting educating highly qualified dentists for the State of Illinois
 - Continuing growth of relationships with the University of Illinois Medical Center at Chicago through student and resident patient care opportunities
- Highly qualified and educated undergraduate student population who apply to the College of Dentistry
- Clinically-based, "hands on" continuing education programs for Illinois dentists and alumni
- Clinical research efforts shift from NIH funding to private sector funding
- Faculty turnover/retirements provides opportunity for faculty renewal
- Interest by corporate partners in College
- Alumni interest in College is strong
- New faculty and staff bring renewed energy/expertise to the College
- Illinois Bill of Health
- New DDS Curriculum
- External Community Partners
- Dental Assisting Program Partnerships
- Faculty Dental Practice
- Faculty development to improve educational methodology
- Continuing communication, opportunities for involvement of alumni with College
- Upcoming Capital Campaign
- Expansion of patient care hours into one or more evenings or Saturdays
- Involve students' families and friends in grass root advocacy efforts

Threats

- Inadequate funding of projects that are necessary
- Stresses of the rapidly changing curriculum
 - Faculty assignments and responsibilities exceeding overload capacity, stressing the ability of the departments to fulfill the mission and vision of the College
- Level of intra-college research with other medical center colleges is minimal
- Necessity of increased tuition and increased dependence on out-of-state tuition or international program fees
 - Continued State inability to provide necessary higher education funding needs
 - Failure of the University and College to make the transition from “State-Assisted” to “State in Name only” operation by increasing non-state revenue
- Accepting an increased percent of international dentists to the International Dental Degree Program (IDDP) and out-of-state applicants for the predoctoral program may possibly create a negative opinion of the COD by alumni, Illinois residents or Illinois legislators
- High percent of public aid recipients (instead of self pay patients), and low public aid reimbursements for treatments reduces potential clinic revenue
- Increasing costs (salaries, supplies, construction)
- Increase in tuition may eventually decrease diversity of dental students
- Cost of malpractice coverage
- Shortage of future faculty members
- Salaries not keeping up with cost of living

Key Strategic Issues Facing the Organization

1. Our College's dental student tuition is too high. High tuition may eventually reduce student diversity and compromise our graduates' capability to redress oral health care disparities because of high educational debt.
2. The cost to the University of educating dental students and postgraduate specialty residents is too high.
3. The College's clinical patient population cannot afford to pay for the complex treatment procedures which our dental students need to provide to achieve professional competency.
4. The College facilities and equipment are outdated, compromising student learning.
5. The College's Faculty Dental Practice (DSP) does not function as an effective health care resource for UIC employees.
6. Faculty/staff values are sometimes in conflict with the College's goals.

College of Dentistry Goals and Action Plan

The College of Dentistry's Mission Statement serves as a summary of our goals, set and approved by the faculty in June 2001. As we near completion of our accreditation self-study and prepare for a site visit in November 2006, these goals have allowed us to measure what we have achieved and what remains to be achieved. An action plan was devised using these goals as a starting point. The Institutional Effectiveness Assessment table, found in Appendix A, allows the leadership team to assess the progress of College efforts as we move forward.

Goal 1

To prepare highly qualified healthcare professionals, educators, and scientists in the basic and oral health sciences.

- To address high tuition/costs of student dental education and provide complex treatment experiences for our students, the College will explore private practice-based dental education models for fourth year dental students by investigating programs at our dental schools.
- To promote, provide, and facilitate faculty development and training in research and scholarly activity.
 - Develop and facilitate research mentoring programs for faculty within the college or in collaboration with UIC mentoring program.
 - Identify specific research training programs either by UIC or federal government, appropriate for faculty. (K30 SPH; K-series training awards by NIH, etc).
 - Work closely with faculty unit head to identify mentoring and training needs and opportunities.
 - Encourage and emphasize “lifelong learning” for clinical faculty through special continued educational research and training programs.
 - Expand research mentoring and training programs for under-represented faculty.
 - Encourage use of and provide training in new technologies to enhance teaching effectiveness.
- To develop dental students into scientists and educators.
 - Enhance and create opportunities and support for dental students' participation in research and scholarly activities mentored by experienced faculty mentors.
 - Encourage and emphasize “lifelong learning” and strive to provide intellectually stimulating research experience for students.
 - Foster awareness of research and training opportunities in academic dentistry.
 - Partnership with private and professional sectors to provide research training/apprenticeship for students.
 - Provide and encourage student participation in organized dental research societies including professional organizations, ADA, and others.
 - Support college wide student research group research and training activities. These include research training, travel awards to professional meetings, stipends for research, etc.
 - Encourage participation in university-wide research and education programs.

- Provide opportunities for the participation of graduate students in dental education.
- To provide research training opportunities for graduate and post-graduate students.
 - Evaluate, strengthen, and redesign oral sciences Master degree program for DDS, and post-graduate students.
 - Implement the newly approved COD Ph.D., DDS/Ph.D., and post-doctoral research training program.
 - Actively identify and recruit qualified candidates including new incoming students.
 - Seek internal and federally supported student training programs for resources.
 - Provide training in basic, translational and clinical research and foster interdisciplinary collaboration in training among faculty mentors.
 - Establish evaluation criteria to assess progress of mentors and students.
- Complete the redesign and revision of current DDS curriculum to include and promote the integration of research and education.
 - Incorporate both problem-based and evidence-based approaches in teaching and research.
 - Provide adequate time during curriculum for research participation.
 - Engage and retain research faculty serving as mentors for students.
 - Include community service in curriculum.
 - Connect research and scholarly excellence to classroom teaching.
- Recruit the most highly qualified students to the College DDS, PhD and postgraduate programs.
 - Increase the marketing of the College's degree granting programs to high school and undergraduate institutions.
 - Invite high school visits to identify promising candidates with an interest in dental school.
 - Initiate summer internship programs for potential high school candidates.
 - Emphasize career opportunities in dentistry and oral health science research.

Goal 2

To provide patient-centered care services that are comprehensive and compassionate for a diverse population.

- To better address patient services, the College will improve efficiency with regards to patient registration, assessment of patient needs, assignment to appropriate students, and will expedite timely treatment.
 - Registration and admission for emergency care will be streamlined by the institution of an "emergency" clinic.
 - An informational brochure and/or video for patients will be developed. This information will be a consistent, current method of informing of the services available at the COD.
 - Student:faculty ratio will be improved so that efficiency during appointments will be improved, more treatment procedures can be completed during one appointment, shortening the overall time for completion of the treatment plan.

- The College will explore expanding hours for patient care to give access to patients who can not be available for weekday, daytime appointments.
 - Clinic hours to possibly include a Saturday or a weeknight clinic.
 - Evening hours may be offered to UIC employees who may not have a flexible work schedule.
- The College will improve communication with non-English speaking patients.
 - The College will provide interpreters who are readily available.
 - Training in languages will be offered to COD employees.
 - Signage and written materials will be available in multiple languages to reflect the ever-changing patient population who seek dental care at the College.
- The College will provide for a patient friendly environment to address the ability for patients to receive care at the College of Dentistry.
 - Patients will have access to a lounge area, outside of the clinical areas, equipped with vending machines and public telephones, information and entertainment monitors.
 - The College will initiate a “child friendly” area for family monitored child activities.
 - The College will provide consultation to the patient of his/her financial responsibility prior to acceptance into the College care system.

Goal 3

To provide student-oriented educational programs that prepare individuals for the thoughtful, ethical practice of dentistry and life-long learning.

- To address high tuition/costs of student dental education and provide complex treatment experiences for our students, the College will explore private practice-based dental education models for fourth year dental students by investigating programs at other dental schools.
 - The College will insure that the extramural site rotations must meet student’s educational needs.
 - Managing Partners/Clinical Faculty will evaluate the extramural site’s facility and experiences available to students.
- Consider establishment of an Advanced Education General Dentistry (AEGD) program within the College of Dentistry.
- Faculty input regarding the curriculum will be solicited in a timely fashion so that faculty concerns can be addressed and changes implemented.
- Students will receive instruction/guidance regarding management of patient’s behavioral issues.
 - Student faculty ratio will be improved to allow time to mentor students.
- Student participation in Special Patient Care will be facilitated by rotations during the junior and senior clinical years at the University of Illinois Hospital and its clinics.

Goal 4

To foster collaborative research and develop specialized centers for innovative research in areas of health and disease.

- Re-assess and re-evaluate needs, and continue building of the College's research infrastructure.
 - Establish plans to centralize research laboratories to the top two floors of the college to facilitate communication and collaboration among investigators.
 - Expand, upgrade, and renovate research facilities within COD to provide modern, open, and accessible environment to support research.
 - Develop a managed College core research facility to provide equipment and services necessary to conduct state-of-the-art research.
 - Leverage existing federal grant funding to apply for NIH large equipment grants which will benefit College researchers.
 - Enhance and maintain collaborations with the Campus Research Resources Center to promote cutting-edge technologies through training seminars.
 - Continue to pursue innovative funding mechanism for remodeling and building research facilities to accommodate both basic and clinical research.
 - Seek alternative ways and develop new strategies for funding and resources to achieve self-sustained growth in research.
- Promote clinical and translational research through interdisciplinary and collaborative approaches with UIC health sciences, other colleges and with other institutions including the private sectors.
 - Build and foster growth of clinical and translational research at the College of Dentistry.
 - Seek College's resources to provide infrastructure for the establishment of clinical and translational research development.
 - Actively participate and collaborate with UIC General Clinical Research Center (GCRC) on clinical and translational research projects.
 - Establish and strengthen collaboration with Campus clinical research training program (e.g. K30 program at SPH) to facilitate training and mentoring of COD faculty.
 - Establish College of Dentistry as an integral partner of the planned campus clinical and translational science program.
 - Increase communication and interaction between clinical and research faculty through interdisciplinary CE programs, discussion groups and joint appointments of faculty in clinical and research departments.
- Continue to build a critical mass of nationally and internationally recognized basic, translational and clinical researchers.
 - Continue to build research focus areas in cancer biology, tissue engineering, wound healing and oral health disparities in which the College has its greatest strengths.
 - Recruit established magnet researchers to provide leadership in research focus areas.
 - Establish structured mentoring programs for junior and unfunded research faculty.

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- Establish expectations of research faculty for grant funding and publication comparable to that of the top-ten rated dentistry schools.
- Provide incentives for bringing in research dollars to the College including salary bonuses, ICR return, increased laboratory space and reduction in teaching responsibilities.
- Increase external grant funding, faculty publications in high impact journals, and presentations of research at national and international conferences.
- Maintain a reserve College fund to provide bridging support for research faculty with an established funding track record who have a gap in their funding.
- Continue and encourage interdisciplinary research projects/programs in areas of research strengths.
 - Provide incentives to increase the number of collaborative research projects within the College and with other Colleges at UIC.
 - Encourage scientific exchange and discussion among researchers through internal and external seminars and conferences.
 - Encourage co-mentoring of research students among faculty collaborators.
 - Build alliances among health sciences colleges within and outside Chicago to facilitate interdisciplinary research efforts.
 - Partnership with the private/corporate sector to enhance revenue for research support and technology transfer.
 - Increase the visibility of the College's research programs and their uniqueness through marketing to attract potential individual and corporate donors.
 - Exploit the unique biotechnological resources, corporations, patient population, and health science practitioners and researchers in Chicago to forge a strong interdisciplinary basic, translational and clinical research enterprise.

Goal 5

To address community and regional health care needs through outreach initiatives, educational programs, and consultative and referral services.

- Partner with UIC Hospital to create a hospital based General Practice Residency (GPR) program to serve compromised patients that cannot be treated within the undergrad clinics.
- Serve as a referral destination for adjunct faculty and extramural clinics and provided expedited registration/assignment/treatment for their patients.
- Community-based education should be incorporated in the curriculum at each class level culminating in DADM325 and the community-based service-learning rotations.
- Seek Federally Qualified Health Center (FQHC) satellite status by partnering with appropriate and local FQHC clinical facilities.

Goal 6

To maintain a leadership role in forming health care policy at the university, state, and national levels.

- Encourage greater faculty, student and student chapter involvement with pertinent organizations concerning the practice of dentistry and oral health advocacy (as examples, ADA, CDS, ISDS, among others).
- Form relationships with local and regional political representatives, particularly those in whose districts students engage in service-learning.
- Offer expertise and information resources to community representative regarding oral health conditions, services, needs and disparities.

Goal 7

To be a worldwide resource for continued professional development.

- Establish COD as a leader in professional development in the oral health research community.
- Establish COD as the regional center for resources, communication, exchange, and transfer of scientific discoveries and technologies in oral health research.
- Highlight research and scholarly activities of COD faculty within UIC, the community, and nationwide.

Goal 8

To provide an environment for individual growth founded on mutual respect and professionalism.

- The Student Code of Conduct and the Faculty Code of Professionalism will serve as the guidelines for the College of Dentistry.
 - Providing annual review of the professional goals of the students, faculty and staff.

Goal 9

To value and seek diversity in students, staff, faculty, and patients.

- Create and maintain an institutional climate that supports the diversity of our students, faculty and staff.
 - Continue to support the College's Diversity Advisory Committee.
 - Provide ongoing diversity and cultural competency training and awareness activities for all of the college's students, faculty and staff.
 - Support curriculum and clinical initiatives that prepare our students, faculty and staff to better serve the needs of our patients.
 - To better utilize the diversity resources within our college community such as the International Dental Degree Program, the Urban Health Program as well as our talented knowledgeable faculty and staff.
- Recruit and retain a diverse group of students, faculty and staff that represent the diversity of our State.
 - Continue to participate in university and campus wide diversity initiatives such as the Urban Health Program and Rural Health Professions program.
 - Continue to participate in the diversity initiatives of the American Dental Education Association and other professional and/or educational entities.
 - Provide faculty and staff development resources to support the recruitment and development of populations group traditionally underrepresented in dental education such as women or minorities.
- Provide clinical and educational resources that address the diversity needs of our patients.
 - Continue to provide interpreter services for patients and their families.
 - Continue to update the college facility and services to better accommodate patients with disabilities.
 - Continue to develop patient information resources that are appropriate for a wide range of audiences.
 - Continue to evaluate patient satisfaction and solicit patient feedback.

Stretch Goals

1. To provide dental care to underserved communities by partnering with local and statewide health service organization and changes in the dental curriculum to maintain and increase the predoctoral dental students' role in the community and also by energizing general dentists in the community to support our legislative initiatives for underserved communities.

We can ensure that dental students understand the critical health shortages in the underserved populations globally and specifically in Illinois. The State of Illinois can give incentives to graduates and recent graduates in the form of tuition waiver/student loan forgiveness for dedication to serving in underrepresented minority areas.

Maintaining permanent communications with the City of Chicago public health efforts and those parallel efforts by the State of Illinois to insure that oral health programs are effective and accepted by the general dental community. In addition, the College of Dentistry can initiate strategies in the form of legislative suggestion on how to stimulate current community dentists to welcome Medicaid recipients to their practices so as to insure adequate clinic availability for underserved populations to obtain dental care.

2. Develop evening and/or Saturday hours for the College starting with the Department of Orthodontics and expanding as needed.
3. Explore new and innovative ways in which the College can partner with corporations to support the Mission and Goals.
4. The College will search for sustainable non-state funding source(s) to support an Urgent/Emergency Care Clinic, staffed by salaried faculty dentists.
5. To receive encounter-basis reimbursement for providing to eligible patients, the College will seek Satellite Clinic status with FQHC clinic partners in Chicago.
6. The College will explore a joint partnership with the SIU School of Dental Medicine in co-sponsoring dental student curricular offerings.
7. Utilize a grass roots campaign—involving students, their families and friends in the Illinois Bill of Health initiative.
8. There have been many local and statewide attempts to decrease the exposure of the public to unhealthy substances. The direct relation between sugar sweetened carbonated beverages and tooth decay has been validated repeatedly by research. Programs to eliminate the availability of these beverages in schools across the state have been a goal of many dental societies and legislators. With help from legislators on all levels, taxes on the production and/or consumption of carbonated beverages can be enacted. A tax of only 3 cents per 12 oz can produced can yield (at current Illinois consumption rates) \$133 million dollars per year. These funds can be used to augment the State of Illinois Medicaid Dental Program and raise the dental fee reimbursement level. In addition, funds raised and used in this way could be matched by federal funds. A portion

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of the beverage tax could also be used to expand the treatment of indigent patients at the UIC College of Dentistry. Funds raised by the above methods could accomplish the following:

- a) Raise awareness of the role that sugar-sweetened carbonated beverages play in dental caries
- b) Provide substantial funds for the State Medicaid Dental Program to help expand the procedures provided and increase the remuneration per procedure to the level that may entice dental providers to embrace Medicaid recipients and alleviate the lack of access to dental care that this group currently has.
- c) Needed funds to provide services through the College of Dentistry to the metropolitan Chicago area would be obtained
- d) Provide a springboard for the elimination of these beverages from the American diet.

To accomplish this, a radical change in the way the public and legislators think about sugar-sweetened carbonated beverages would have to occur. Initiatives have already been undertaken by local and state dental organizations to raise the public level of awareness concerning these beverages. The general public climate to enact legislation that would benefit dentistry is right as evidenced by the passing of numerous bills that ban smoking in public places and similar taxes enacted to discourage the use of gasoline. This is a doable stretch goal.

- 9. Establish a Bachelor of Science degree completion program for dental hygiene students.
- 10. Establish a Masters degree in research program oriented for the dental hygienist.

Section 3: Resources Plan for Achieving Strategic Goals

Since adopting our Vision in 2001, the College has been faced with budgetary reductions that have challenged its progress towards achieving the Vision. Dentistry's state budget allocation has decreased approximately \$2.4 million since FY2002. Based on data gathered in FY2003 by the American Dental Association, UIC College of Dentistry ranked 36th out of 37 public dental schools in state appropriations received per DDSE (DDS student equivalent). The College anticipates little or no increase in state funding for the foreseeable future. To offset this decrease in state support, the College has implemented several strategies including increasing clinic and tuition revenue, cutting operating costs, and working with the State of Illinois for enhanced dental Medicaid reimbursement rates.

To offset the decline in state support and balance the College's budget, the College's leadership prepared, and the Provost subsequently approved, a five-year fiscal plan that re-establishes a balanced annual operating budget and provides for the annual incremental reduction of the College's accumulated deficit. In addition, the College Strategic Planning Committee considered means to achieve College strategic goals while, at the same time, maintaining fiscal solvency.

Resources are critical to solve the problems of recruitment of a high quality, diverse student body. High tuition and repeated tuition hikes can have a deleterious effect in several ways. Student loan amounts will get larger, inhibiting students from going into research or teaching because clinical practice allows them to earn more money so that they can repay their educational debt. A high tuition might also steer promising students into other less costly careers. High tuition also inhibits diversity by discouraging students from financially disadvantaged background from considering a career in dentistry. High dental tuition would also drive the better qualified students to other less costly dental schools.

The College's five-year fiscal plan holds tuition increases to less than 10% annually. Additional revenue sources may come from increasing out-of-state student admissions, from basically zero to six. Also, as mentioned above, the clinical revenues must increase. Higher productivity of all levels of clinical care is important. Improving the College's collection rates is also a priority. Higher reimbursement rates from Medicaid have been promised by the Department of Public Aid commencing FY07. Stretch ideas include initiating evening and Saturday clinic hours to accommodate working families.

Another key strategic issue facing the organization is that the cost of educating dental and specialty student is too high. One element of this cost is the malpractice insurance for the College. There is a huge disparity between what UIC College of Dentistry pays for malpractice insurance and what other colleges of dentistry pay for similar coverage. The University is currently exploring the feasibility of reducing this cost.

A stretch idea might include a grass roots effort of students, their immediate family and friends to lobby their state law makers as to the importance of Illinois Bill of Health, not only to dentistry but all health fields. Their voices could prove to be powerful.

Alumni support is key to the College's fiscal well-being. The College is about to embark on a capital campaign to raise funds to renovate our aging infrastructure and endow student scholarships and faculty positions. The College facilities and equipment are outdated and compromise student learning. City and state building codes must be met such as fire sprinkler systems throughout the building.

A thriving faculty practice would add to the revenue stream, but the College's Faculty Dental Practice (DSP) does not function as an effective health care resource for UIC employees. A stretch goal includes the designation of the faculty dental practice as the preferred provider for UIC's own dental insurance plan. An influx of potential patients might encourage more junior faculty members to join the practice.

The College's clinical patient population cannot afford to pay for the complex treatment procedures which our dental students need to provide in order to achieve professional competency. By partnering with dental suppliers and manufacturers, some of the more costly supplies and materials could be donated to the College. An example is the Endodontic Department that gets donated supplies from several endodontic manufacturers and suppliers to equip continuing education courses, thereby decreasing the cost of putting on such programs and keeping more net revenue in the department.

The College has made great strides in its research programs, increasing external funding from NIH and NIDCR. Part of the fiscal plan of the College focuses on research. The Associate Dean of Research set a goal of a 10% increase in grant proposals and a 10% increase in grants received in each of the next five years. These funding level increases will yield more indirect cost recovery funding for the College.

In conclusion, as reflected in the UIC Strategic Plan, the College of Dentistry will look for resources in the same general areas:

- State and general revenue funds
- Tuition and fees
- Indirect cost recovery from research grants and contracts
- Private philanthropy
- Self supporting clinics
- Efficiency in the use of current resources

The College will also be creative and aggressive in identifying new and innovative opportunities to increase revenues, share costs, and otherwise attract resources. As new opportunities emerge or are created, the College will address each in the spirit of 'entrepreneurship' to determine the feasibility of resource enhancement.

Section 4: Monitoring/Evaluation of Plan Implementation and Results

- **Implementation Timetable with Milestones**

By 2010, the University of Illinois at Chicago College of Dentistry will be recognized as a world leader in:

- patient-centered, evidence-based, clinical care founded on the preventive and public health sciences,
- integrated educational programs based upon advanced technology, and
- centers of research excellence that are interdisciplinary and focused on innovative research areas.

- **Performance Metrics and Results**

The Institutional Effectiveness Assessment table found in Appendix A summarizes the strategy measures and targets related to the College of Dentistry's Mission. The Institutional Effectiveness Assessment has proven to be a valuable tool as we prepare for an accreditation site visit in November 2006. Collection of this data has been ongoing, and results are carefully and frequently analyzed so that the College of Dentistry not only meets but exceeds its goals for 2010 and beyond.