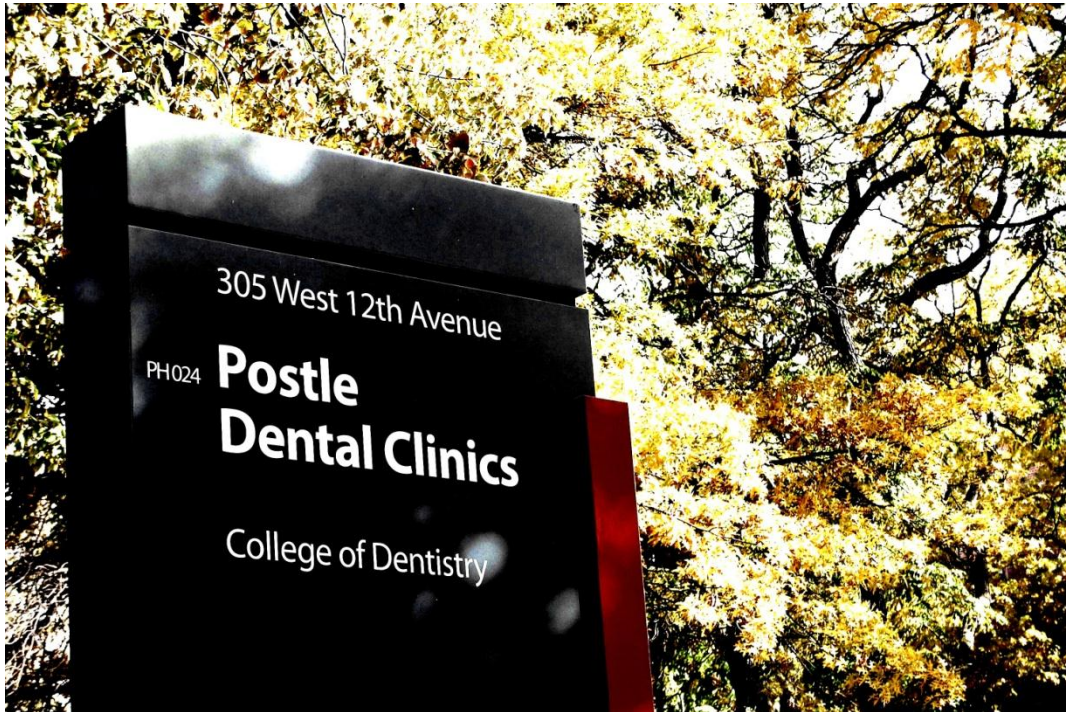




COLLEGE OF
DENTISTRY



Strategic Plan
College of Dentistry
The Ohio State University
2011-2016

Strategic Planning at The Ohio State University

Supporting Faculty, Students, and the Structures that Foster their Success

Ohio State's future will be defined and driven by an unwavering commitment to our faculty, students and the structures—physical, administrative, curricular, and financial—that will foster their success. Such a commitment is founded in the overarching principles of the institution's vision, mission, values, and core goals.

VISION

The Ohio State University is the model 21st-century public, land grant, research, urban, community engaged institution.

MISSION

The University is dedicated to:

- Creating and discovering knowledge to improve the well-being of our state, regional, national and global communities;
- Educating students through a comprehensive array of distinguished academic programs;
- Preparing a diverse student body to be leaders and engaged citizens;
- Fostering a culture of engagement and service.

We understand that diversity and inclusion are essential components of our excellence.

VALUES

Shared values are the commitments made by the University community in how we conduct our work. At The Ohio State University we value:

- Excellence
- Diversity in people and of ideas
- Inclusion
- Access and affordability
- Innovation
- Collaboration and multidisciplinary endeavor
- Integrity, transparency, and trust

CORE GOALS

Four institution-wide goals are fundamental to the University's vision, mission and future success:

Teaching and Learning: to provide an unsurpassed, student-centered learning experience led by engaged world-class faculty and staff, and enhanced by a globally diverse student body.

Research and Innovation: to create distinctive and internationally recognized contributions to the advancement of fundamental knowledge and scholarship and toward solutions of the world's most pressing problems.

Outreach and Engagement: to advance a culture of engagement and collaboration involving the exchange of knowledge and resources in a context of reciprocity with the citizens and institutions of Ohio, the nation, and the world.

Resource Stewardship: to be an affordable public university, recognized for financial sustainability, unparalleled management of human and physical resources, and operational efficiency and effectiveness.



Table of Contents

Letter from the Dean	1
College Overview	3
Strategic Scan	
External.....	5
Internal	10
Succeeding in Our Strategic Focus Areas	17
Teaching and Learning	17
Research and Innovation	18
Outreach and Engagement	19
Resource Stewardship	19
People.....	19
Diversity	
Workplace Culture	
Leadership Continuity	
Physical Environment/Infrastructure	20
Enrollment Planning	20
Financial Sustainability.....	21
Tracking Our Performance (Excel Scorecards)	
Teaching and Learning Scorecard	23
Research and Innovation Scorecard.....	24
Outreach and Engagement Scorecard.....	25
Resource Stewardship Scorecard	26
Appendix I: Strategic Goals and Metrics	
Appendix II: Responses to Questions for Annual Performance Review	



Letter from the Dean

The College of Dentistry's Strategic Plan was created under the leadership of Dean Carole Anderson and was approved by faculty in 2009. Although it is a document designed specifically for the College of Dentistry, the Strategic Plan was crafted to conform with the goals and ideals promulgated by the university and in keeping with the principle of "One University." It has served as a framework in the past few years for programmatic decision making, as well as resource allocation.

Additional effort was expended by the college's faculty in the following two years to develop an implementation plan for these Strategic Goals:

1. Grow the resource base of the college to support and enhance college programs
2. Improve clinic operations to enhance revenues
3. Selectively grow clinic and basic science research
4. Cultivate a dynamic and productive faculty
5. Enrich the educational programs to include instruction that is efficient, effective, and consistent
6. Graduate students who possess a solid clinical and scientific foundation for clinical practice, advanced education, and academic and research careers and who are committed to finding solutions to better meet the oral health care needs of the state and country
7. Foster outreach and community-based education programs
8. Increase the diversity of faculty, staff, and students
9. Acquire a physical facility that supports the mission of the college
10. Implement recommendations from self-study and external program reviews

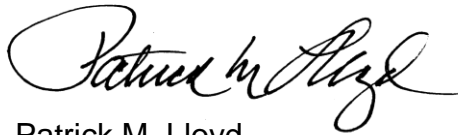
Even though it was not completed, the implementation plan was presented to me by the chair of the working committee shortly after my arrival this past fall. The document contained additional details and information about ways to meet the defined objectives for select strategies. Lacking in the document were the identification of responsible individuals and a timetable charting the course of action for each strategy. Regardless of its level of completeness, I and others in the college continue to use it in our decision-making processes and resource allocations.

Further refinement of the document was delayed until two key faculty and two senior staff members were recruited. These included the following: an Associate Dean for Clinic Administration and Patient Care; a chair for the Division of Oral Biology; and Directors for the Offices of Admissions and Student Affairs. Each of these positions

has a critical role in finalizing the ten defined Strategic Goals. Their input will be invaluable and their support of these goals will be essential.

Coinciding with these staff and faculty recruitment efforts, and of even greater significance to full institutional engagement in the implementation process of the Strategic Plan, is the development of a comprehensive communications plan for the college that re-establishes trust and confidence in the college's administration.

At present, three of the four key positions have been filled, leaving only the chair of oral biology to be recruited. Based on a new infusion of support for this final hire, we anticipate completing this search within the next few months. In regards to developing an effective communications plan, we have made significant strides. The college's students, staff, and faculty have given their attention to college publications and communications from the Office of the Dean, and their participation in school-wide informational sessions has been unprecedented. As a result of these successful efforts, the college is now positioned to take the next steps in the implementation phase of its Strategic Plan.

A handwritten signature in black ink, appearing to read "Patrick M. Lloyd".

Patrick M. Lloyd
Dean, College of Dentistry

College Overview

The College of Dentistry is the only public dental college in Ohio. It was established in 1914 as part of the Medical College. The undergraduate Dental Hygiene program was initiated in 1944. In its current configuration, the College consists of eight divisions: Dental Hygiene, Oral Biology, Pediatrics, Restorative, Endodontics, Periodontics, Orthodontics and Oral and Maxillofacial Surgery (includes Pathology and Anesthesiology).

There are 90 full- and 109 part-time faculty. Faculty are appointed on all three regular tracks as well as the auxiliary track. Given the nature of the clinical instructional programs, there is a continuing and increasing need for clinical track faculty. Currently the University Senate interpretation of the allowable percentage of clinical faculty (40% of the number of tenured faculty) means that the College is handicapped in meeting the instructional needs of our students. We have resorted to hiring larger numbers of full-time adjunct faculty but clearly being dependent on annually appointed faculty is not conducive to a high quality academic program. Some of these individuals would more appropriately belong on the clinical track.

There are five **academic programs**— B.S. Dental Hygiene, DDS, Masters, DDS/PhD and Ph.D. The undergraduate Dental Hygiene program prepares students for entry into practice, The DDS program prepares a general dentist also for entry into practice. The Masters' program prepares specialists in seven areas: Pediatrics; Restorative, Prosthodontics and Primary Care; Endodontics; Periodontics; Orthodontics; Oral Surgery, Oral Pathology and Anesthesia and the DDS/PhD program is designed to prepare dentists for academic/research careers.

Enrollment in the College for 2011-12 was 94 (64 regular and 30 degree completion students) undergraduates, 428 DDS students, 68 Masters students and 12 DDS/PhD and Ph.D. students. The quality of the students in all of the programs is exceptionally high. All programs have very large applicant pools from which to select and are therefore in a position to attract the best students. For example, the average GPA of the incoming DDS freshman class is 3.7. The applications to the specialty programs far exceed the small number of positions available in each specialty program and the dental hygiene undergraduate program is also quite selective.

Points of Pride

- 3rd largest dental school in the nation
- Only public dental school in Ohio
- 89+ full-time and 139 part-time faculty
- 128,970 patient encounters in 2010-11
- 420 enrolled in DDS program – 84% are residents from Ohio

- Educates 62% of Ohio dentists
- Over 11,000 living alumni
- Receives \$3.9 million in external support for research – biomaterials, immunology, neuroscience and bone biology
- Sponsors 7 ADA-recognized specialties, dental anesthesiology and general practice residencies
- Ohio's only dental school-based dental hygiene program and only dental hygiene program offering EDFA training

Strategic Vision of the College of Dentistry

The vision of the College of Dentistry is to be among the nation's leaders in research, scholarship, education, service, patient care and advocacy in the field of oral health care.

Strategic Mission of the College of Dentistry

The mission of the College of Dentistry is to produce dental professionals who are prepared for entry into practice, advanced education, or specialized practice. Graduates are prepared to meet the oral health care needs of the citizens of Ohio and the nation, to conduct research that will expand the scientific base upon which dentistry is practiced and to provide service to the profession.

Strategic Scan

The External Environment

The following are the main external factors that are or have the potential to influence the decision making and future of the College of Dentistry. Descriptions of each provide the appropriated background information, rationale on how to deal with factors, and the associated challenges and opportunities presented.

Access to oral health care is a challenge for many in Ohio

According to a 2011 report by the Ohio Department of Health, “dental care remains the single most common unmet health care need for nearly 157,400 children in Ohio.” More than 340,000 children in Ohio have never seen a dentist, and more than 16 of the state’s 88 counties are designated as Federally Underserved areas that have less than one dentist for every 4,186 residents.

Oral health care is also the most needed health care service by the poor, disenfranchised, homeless, and vulnerable in Ohio. With some of the highest rates of tooth decay, periodontal disease, and oral cancer, many Ohioans are also burdened with advanced levels of diabetes, hypertension, and obesity, making the provision of their oral health care complex and protracted.

It is a fact that less than one third of Ohio’s dentists provide care to those who are Medicaid eligible. This decision on the part of dental practitioners is a result of low rates of reimbursement, excessive (but necessary) administrative bureaucracies required for participation in the program, a high incidence of concurrent medical and psychological conditions, and personal/social issues that complicate predictable patient scheduling. All these factors combined mean that approximately 1,960 dentists must care for more than 2,000,000 Medicaid eligible people in Ohio.

Although there is a network of public dental clinics in Ohio, they are few in number and they are not geographically distributed to best serve those who are most in need. This is particularly true in the underserved sectors of Ohio’s largest cities and in the Appalachian counties where many of the state’s least educated and poor live.

To help mitigate this situation, the College of Dentistry has long provided emergent and routine care to those in need throughout Ohio. This past year, the college was the single largest provider of oral health care to Medicaid eligible Ohioans. In our emergency clinic alone, we treated more than 3,400 patients. At more than twenty statewide outreach clinics, our senior DDS students spend more than ten weeks providing dental care to thousands of children and adults. And, hundreds of medically compromised Ohioans are treated each year in operating rooms at the Wexner Medical Center by our General Practice and Oral Surgery residents and

faculty. In this regard, we are an ever-growing resource for those who have limited access to oral health care services.

Almost weekly, the College of Dentistry is approached by groups throughout Ohio who ask if our dental students can “help” in their clinics. Communities from all parts of the state contact us regularly to see how they might attract one of our graduates to their town or neighborhood to “be their dentist.” Because we are the only state-supported dental school in Ohio, and because we educate more than 60% of Ohio’s dental workforce, the opportunities for our college and our graduates will continue to grow. The only factor that prevents us from making a greater contribution toward dealing with this statewide social inequity is the size and layout of our facility.

Advances in digital technology

Dentistry is the most costly entry-level health science professional education program on campus. Low faculty to student ratios and a high dependency on technology are the primary reasons why this program has such substantial operational expenses. Unlike medicine, our graduates are able to secure a license to practice dentistry without a residency program. Therefore, our faculty must educate dental students to be competent in the diagnostic and surgical aspects of the profession upon graduation.

Developments in the use of advanced digital technology to educate dental students and care for patients are revolutionizing almost every aspect of the dental profession. Online course work, in a synchronous or asynchronous format, has the potential to allow our faculty to better use their classroom time with students. Material that was once presented as a traditional lecture can now be viewed by students on the web, thereby reducing direct faculty-to-student contact hours to those occasions when it has the greatest yield. Those interactions include answering questions about complex topics or discussing topics that require immediate and personal feedback, such as the application of ethical decision-making principles in clinical practice.

In the area of simulation technology, recent breakthroughs now allow students to refine their hand-eye coordination and practice dental procedures on lifelike mannequins with little or no supervision. Computer tracking devices attached to the mannequins and the instruments students use to drill teeth will capture every hand movement and provide visual and numerical feedback that can be viewed in real time or stored for future faculty assessment. This technology allows students to work at their own pace and on their own time. The numbers of faculty required per class can be reduced because there are no longer any peak demand times.

Significant advances in the technology used to care for patients are equally impressive. The defined benefits include greater access to and accuracy of demographic and clinical information, enhanced precision in all phases of treatment,

increased operational efficiency, and improved dependability at all levels. An example of this is the electronic dental record that stores a variety of health-related information, including medical histories, prescribed medications, radiographs, clinical images, and more. This technology can interface with patients' medical records to share information among providers, and it has the potential to facilitate inter-professional clinical research. Another example of advanced technology is the availability of clinical production data that, combined with financial reports, allows for an assessment of performance and a determination of best practices.

More complete and precise clinical information gathering is another major benefit of new technology. Using optical scanning devices, we can now capture a wealth of information about a patient's oral health in a fraction of the time it used to take. Three-dimensional radiographs allow the creation of life-sized plastic models of the jaws so that surgeries can be planned and proper dental implant placement can be identified before an operation is actually performed. This results in the best use of time, and patient outcomes are more predictable. Combining these technologies with the use of CAD-CAM (computer aided design and manufactured) instruments allows tooth restorations to be created on-site and at a level of consistent precision and expediency that the profession has never seen before.

The opportunities these technologies offer dental education and patient care will continue to drastically change the profession. The factors that limit their full utilization in our college are that we need faculty who are able to adapt to a new model of education, and we need the financial resources to acquire the technology. Overcoming these obstacles will create an environment that attracts innovative educators and forward-thinking students. Both of these are critical in ensuring a steady flow of patients so we can meet our education and service missions, while also providing an increased revenue base that supports the operations of the college.

Corporate dental partners in Ohio

The state is home to three dental corporations that manufacture and distribute dental and oral health care products: Procter & Gamble, Midmark, Inc., and Abrasive Technologies. With combined sales of more than four million dollars per year, these companies have greater potential to partner with the college than has been demonstrated in the past several years. Along with university officials, I've visited each company's headquarters to meet with decision makers and discuss current and future collaborations. These visits included discussions about support for basic research, such as biofilms, and support for clinical research that includes determinants of patient compliance, ergonomic products developed for dental care providers, and efficiencies in tooth drilling, as well as support for student internships, faculty endowments, and facility improvements.

Another of our corporate partners is the Delta Dental Foundation. Based in Michigan and covering a five-state region, this organization has been a consistent supporter of the college. The organization provides substantial recurring funds that subsidize our mobile dental coach, without which we could not offer the services we currently provide to elementary children throughout Columbus. Other funding comes to the college through the small grant program the foundation supports. This has been an excellent source of revenue for our faculty to initiate pilot projects and collect preliminary data used to submit more substantial grant proposals to such agencies as the NIH, the NSF, and others. In meetings similar to those with the aforementioned corporations, our discussions with key personnel at the Delta Dental Foundation have indicated their willingness to expand our partnership.

The Ohio Dental Association

Dentistry has one of the highest rates of professional organization membership in the state with 82% of Ohio's dentists belonging to the Ohio Dental Association (ODA). This membership represents 5,300 practicing dentists, 62% of whom are graduates of Ohio State. As a group, they are extremely well organized and highly legislatively connected. In addition, they have a senior executive staff with superior management and administrative credentials that helps keep the organization focused and strategically oriented.

The College of Dentistry has benefited from the strength of the ODA in many regards. Lobbying efforts by the ODA to sustain state support for adult dental care through Medicaid has allowed the college to continue providing care for these patients at its campus clinic and many outreach facilities around the state. The ODA leadership has been active in helping to create a loan forgiveness program funded by an assessment of licensed Ohio dentists that makes it possible for some of our graduates to take positions in public health clinics and underserved areas of the state. Seed grants for student and faculty projects are another way the ODA has contributed to the mission of the college.

The potential for the ODA to have an even greater role in supporting the college is evident from initial meetings with their officers and executive staff. This includes working together to develop a statewide plan to address the challenge many Ohioans face in gaining access to oral health care. Working with the state legislature to create additional loan forgiveness programs to help students manage their unprecedented education debt is another cooperative effort planned for the future. Most important though, is the ODA's willingness to use its legislative connections to advocate for a new dental facility when the time is right. Their senior leadership sees this initiative as a significant contributor in addressing the access to oral health care problem in Ohio.

Impact of the national economy on dental practice

Although oral health care makes up only 5% of the nation's health care expenditures, its funding is vulnerable during times of economic downturn. Fundamental to this finding is the fact that the vast majority of oral health care is perceived to be elective and, therefore, not an essential health care service. This is true for all patient groups – fee for service, insured, or government supported.

Ohioans with sufficient economic wherewithal have consistently been the major consumer of oral health care services. Following closely are those with dental insurance. However, during times of economic uncertainty and instability, these individuals are predictably cautious about spending their discretionary income. Even those with dental insurance are hesitant to make substantial financial outlays for elective dental care, such as tooth whitening and implants.

For those whose dental care is fully or partially supported by federal or state programs, there is always the risk of losing coverage. Since adult dental care through the Medicaid system is not a mandated service, states across the country are reducing the number of covered services, and in select cases, coverage is limited to tooth extractions. Thanks to the lobbying efforts of faculty and students from the College of Dentistry and members of the Ohio Dental Association, Ohio's legislature has preserved its benefit set for adults.

The College of Dentistry is well positioned to help Ohioans whose financial situation has been negatively affected by the economy. On average, our student clinic fees are 50% of those charged in private offices and 70% in our resident clinics. In addition, we accept all forms of Medicaid coverage, making us the largest provider of care to this group of patients in the state. The increased service we could provide patients, under these circumstances, would help compensate for the loss we would experience in the other patient groups.

Given that clinic revenue accounts for 30% of the college's financial resources, fluctuations in patient volumes have the potential to significantly impact our budget. To mitigate these revenue shortfalls, we continue to promote our clinic operations, especially to groups most in need and to communities with low dentist to population ratios. Regardless of the direction the economy takes, the College of Dentistry should be able to respond in a way that minimizes variation in our financial bottom line.

The Internal Environment

The following are judged to be the most important internal factors within the College of Dentistry that are, or are likely to affect the future of the college. For each factor a description is presented that defines its importance, steps taken to address it, and how the opportunity or challenge could be dealt with in the future.

Inter-professional activities among health sciences colleges

The Ohio State University offers more terminal degrees in health science education than any other university in the country. This includes the disciplines of dentistry, medicine, nursing, optometry, pharmacy, public health, and veterinary medicine. Having all these programs on one campus creates an inter-professional health science environment where faculty and students can collaborate in research and education, while also learning effective and efficient methods of patient care. This is accomplished by utilizing the special expertise of health care providers from each discipline to maximize skill sets and the use of resources.

Other opportunities for collaboration include basic, clinical, and translational research. The college of dentistry has four areas of research for which it is recognized nationally – psychoneuroimmunology, bone biology, biofilms, and oral cancer. For each of these there is already meaningful inter-professional research activity occurring on our campus, with potential for significant growth in the years ahead.

With the advent of the Affordability Care Act, new models of health care delivery will be needed. These will be inter-professional in nature and outcome-based. Nowhere can such models be developed and evaluated better than at universities like ours. Here, each discipline can demonstrate its level of contribution, its collaboration with others, and its impact on patient outcomes, such as improved access to convenient and timely care, fewer days of school/work missed, reduced health care costs, etc. Dentistry is uniquely positioned in this regard, given the growing connections between oral health and general health, and the fact that it is the most unmet health care need for children in the state.

Due to planned retirements and unexpected professional transitions for some faculty, the College of Dentistry anticipates recruiting 7 to 10 new faculty each year. These members of the college community will have the potential to enhance our partnerships with other health science colleges. They may take the form of joint hires, shared costs for start-up packages, combined lab space, or intercollegiate teaching assignments. In time, each will add value to the college, as well as the collective of health science colleges.

Faculty recruitment

Of the 90 full-time faculty in the College of Dentistry, 22 will be eligible to retire in the next five years. More than half of these are tenure track faculty, and five are research-intensive faculty in the college. With the number of new dental schools being built and opened, and their need to hire faculty, the competition may never be greater.

The challenges of recruiting faculty for the college differ, depending on whether the position is for a tenure track or clinical track faculty member. For research intensive junior faculty, we need to offer competitive start-up packages, state-of-the-art research facilities, opportunities to collaborate, and appropriate mentoring. Senior researchers, especially those with significant funding, will expect proportionately more in the way of support, as well as competitive base salaries.

New clinical track faculty, on the other hand, will desire the latest in educational technology for classroom instruction so they can most effectively use their time with students and create educational experiences that address students' varied learning styles. For their clinical teaching, these faculty will expect the level of technology used by practicing dentists – electronic health record, digital radiography, and 3-D optical scanners. Although at a much lower level, these faculty will also need a start-up package to ensure they have the necessary equipment and instrumentation to prepare new course materials.

The College of Dentistry has recruited two full-time faculty since my arrival. Five additional faculty searches are underway, and two more are planned before the year's end. Our approach to these has been to engage full college representation in the process. Students, staff, and faculty are appointed to each search committee. This allows candidates to appreciate the strong community environment being built in the college. We are also making special efforts to identify applicants who, in addition to meeting all the position prerequisites, have demonstrated an ability to work in teams, to collaborate with others, and to be effective communicators. With such an approach, we plan to populate our ranks with faculty who can contribute to a common mission and fully appreciate the "One University" philosophy for advancing Ohio State.

Research funding

The College of Dentistry ranked 19th among U.S. dental schools in funding it received from the National Institutes of Health in 2009, the last year these rankings were reported. Our college's support from the National Institute of Dental and Craniofacial Research (NIDCR) in 2011 placed us 30th in the country, but this is seven position points below where we were three years ago. Corporate funding for research has been relatively steady during the past several years at approximately \$200,000 per year. (There is no national ranking.)

Although our NIDCR funding is currently below that of recent years, the support the college has secured is remarkable, given the increased competition within the research community. This achievement is in spite of the fact that percentiles for funding are at all-time lows and funding cycles are protracted well beyond what researchers have previously experienced.

To increase its funding, the college will aggressively recruit basic science and clinical scholar faculty in the years ahead. At present, we are searching for a Division of Oral Biology chair and three tenure track faculty in our clinical divisions. The chair position is for a senior investigator who will bring funding to complement one of our existing areas of oral biology research – psychoneuroimmunology, bone biology, biofilms, and oral cancer. The faculty positions in other divisions will involve more clinically-oriented research with the potential to gain funding from both federal and industrial sources.

With five senior research faculty members eligible to retire in the next five years, additional opportunities will be presented to recruit new faculty. Ours will be a mixed approach to filling these positions. A significantly larger proportion will be recruited as midlevel to senior faculty ranks, and these will be faculty with a track record of sustained funding. The remainder will be junior faculty, some educated at Ohio State, and others from peer institutions. They will also represent a mix of junior and senior faculty.

Pending the Board of Trustees' approval for the University's Faculty Senate vote in favor of a rule change in the percentage of faculty in a college who can hold non-tenure track appointments, our college will continue employing an adequate base of clinical track faculty whose contributions allow tenure track faculty the necessary time to conduct research. This critical decision will afford us greater opportunities to support our tenure track faculty, not only with increased protected time, but also with additional resources.

Depending on how our partnerships with Ohio industry can be enhanced, additional industrial support for research may be realized. Of particular import will be the development of a "clinical research program." This will provide an opportunity to engage clinical track faculty in scholarship, while also capitalizing on our clinic patient pool of 20,000, in addition to the current population of students, staff, and faculty at Ohio State.

Student tuition rates and level of debt

During the last seven years, the tuition for dental students at Ohio State has risen at a rate similar to that of other health science colleges on campus. From an absolute dollar perspective, it grew from \$20,094 to \$44,500, making it the most costly tuition on campus. While this is not the highest dental school tuition among the seven Big Ten dental schools, it is in the upper half of schools.

Escalating rates of dental school tuition, combined with a growing increase in the cost of living, has produced levels of student debt unimaginable just a few years ago. For the dentistry class of 2011, the mean debt of our graduates was \$187,000. This amount rose by more than \$15,000 in 2009, and it represents a total of \$35,000 more than the debt of the medical student class of 2011.

The consequences of these debt levels are well documented in health professional publications, and the impact includes the following: reduced opportunities to enroll in advanced education programs; a reluctance to take lower-paying positions in public health clinics; and a lowered capacity for providing care to underserved populations. Although not as well documented, there is anecdotal evidence that high debt levels intimidate college students who come from financially disadvantaged families. These trends have the potential to negatively impact efforts to diversify our dental workforce and, therefore, reduce its capacity to serve the total needs of a growing segment of our population.

In an effort to slow the growth of dental student debt, the College of Dentistry is working with students in ways that include discussions about enhancing revenues from student clinics by increasing the hours and days the clinics are in session. Other related efforts include steps to conserve clinic resources and more effective use of clinic time.

Regarding debt levels upon graduation, the college plans to host a series of seminars for dental school applicants and pre-dental students that provide advice about options for financing a dental school education, as well as information on responsible borrowing practices. Special emphasis will be placed on alternative funding strategies, such as state and federal loan forgiveness programs and military or public health careers. In addition, the college will pursue initiatives designed to reduce the level of student borrowing, such as increasing scholarship funds or creating new awards.

Taking this step will demonstrate the seriousness of our commitment to this issue, and it will heighten awareness among our students, staff, faculty, and alumni of the debt burden facing our graduates. I believe it also will motivate all the members of our college community to work toward a common goal – debt reduction. We will closely monitor the outcome of these efforts, and there will be consistent reporting of results to students and faculty. It is anticipated that this broad-based approach will yield demonstrable results relatively quickly, thereby reinforcing its value.

College alumni

The College of Dentistry has three main groups of alumni – dental hygienists, dentists, and dental specialists. In total, they are approximately 10,609 in number, with 3,067 dental hygienists, 6,903 dentists, and 1,090 dental speciality alumni. Although our graduates find opportunities all around the world, the majority – 6,341 -

- practice or live in Ohio. As such, we have large numbers of alumni who stay closely connected to the college and have strong allegiances to the state.

Over the past several years, the college has received an average of \$4.2 million per year in support from alumni and friends, but considering the number of our alumni and their earning potential, there appears to be a greater capacity for giving than the college has yet experienced.

Of particular note in the history of the College of Dentistry is a period from the early 70's into the mid 80's when there was a national push to increase the dental workforce. In response, the college doubled its enrollment from 115 to 230 students per class, and it reduced the length of the DDS program from 4 years to 3. Now, forty years later, we have a bolus of alumni in the latter stages of their careers who express an interest in "giving back" to the college for the education they received at OSU and the lifestyle that dentistry has provided them and their families.

Also worthy of mention is the enthusiastic support I have received from our alumni during my first year as dean. They have invited me to address groups all around the state. They want to know why I accepted the deanship at OSU and what I have discovered about the College of Dentistry since my arrival. There is also great interest in our student body – their numbers, gender distribution, academic performance, and levels of educational debt. Although they are not at all critical of the college's previous administration, the alumni group has expressed great pleasure that once again there is a dentist at the helm as dean. Along with my newness in the position, this sentiment has won me great favor among our alumni.

With plans underway to hire a chief advancement officer (CAO) for the College of Dentistry, the opportunities to expand our engagement with alumni are projected to be substantial. We have long had effective development, alumni, and communications operations within the college, but the coordination of these units has been suboptimal. The CAO appointment in the college is anticipated to increase synergy among these operations, thereby resulting in enhanced efficiencies, more substantive and frequent contacts with alumni, and improved stewardship. In preparation, we have already organized a capital campaign committee and we have identified a host of fund-raising initiatives that include additional endowments for professorships and chairs, for education, research, and service projects, and for scholarships, in addition to a new facility for the college.

1. Teaching and Learning:

- a. Recruit the most academically qualified and socially conscientious Ohioans who aspire to be dental hygienists and dental residents;
- b. Recruit a cadre of non-resident students and residents who have the capacity to transform the cultural thinking and sensitivity of the class;

- c. Provide an educational experience that capitalizes on the uniqueness of the individual and offers an approach to learning that matches the varied learning styles of students;
- d. Exploit the opportunities presented by the use of digital technologies to offer learning modules that can be accessed anytime and anywhere;
- e. Offer an interprofessional education that encourages disciplines to work together to meet the complex and varied needs of patients;
- f. Use an evidence-based approach to clinical instruction;
- g. Educate students and residents to provide state-of-the-art care to all patients regardless of age, gender, ethnic origin, socioeconomic stature, or health condition; and
- h. Graduate students and residents who value the benefits of life-long learning;

2. Research and Innovation:

- a. Provide research experiences for all interested students and residents that will prepare them to be more knowledgeable consumers of the published literature;
- b. Develop a clinical research program that strives to address oral health care issues facing Ohioans;
- c. Increase the number of successfully submitted grants for external funding to the NIH, NSF, dental industry, and private philanthropy;
- d. Recruit senior, mid-level, and junior research intensive faculty with interest in areas that the college is recognized;
- e. Collaborate with other colleges on campus and institutions around the world in conducting research;
- f. Increase the quality and number of faculty publications in recognized journals; and
- g. Grow the number of patents and licenses for faculty discoveries.

3. Outreach and Engagement:

- a. Extend the reach of college affiliations to areas of the state with significant problems in accessing oral health care;
- b. Provide each student and resident with meaningful off-campus clinical rotations to experience culturally different patient populations and community settings;
- c. Increase the cultural sensitivity of students and residents;

- d. Allow students and residents to appreciate a model of practice that attempts to respond to the unique challenges underserved populations experience when they access oral health care; and
- e. Graduate greater numbers of students and residents who pursue public health careers.

4. Resource Stewardship:

- a. Acknowledge institutional gratefulness for the support the college receives from alumni, friends, corporate partners, and others;
- b. Leverage gifts to the college so that greater opportunities can be supported for a broader group of beneficiaries;
- c. Develop a school-wide conservative philosophy in how best to use limited and scarce resources;
- d. Maximize the use of college controlled facilities to ensure the greatest outcomes;
- e. Provide personnel opportunities for professional growth and development.

Succeeding in Our Strategic Focus Areas

Teaching and Learning

- Advising
 - Throughout the curriculum, faculty provide insight and information to students. Within the description of each course offering there are identified means for students to gain access to faculty. This can include information on how to contact faculty, a list of reasons why such contacts would be made, and the expected outcome of making contact.

- Technology enhanced learning
 - Systems are in place to assist faculty in utilizing technology to enhance student learning. As a result, the college has seen growth each year in the number of web-based educational programs for students.
 - The dental hygiene division offers an online degree completion program, graduating approximately 12 students per year. Experiences from this program are being used by other faculty to advance their online offerings.

- International opportunities
 - Students have opportunities to volunteer to participate in international mission trips. Week-long visits to Honduras and Uganda have been available for many years. Faculty members traveling to these locations with students provide the necessary professional supervision.
 - The Health Science Deans Cluster has committed to creating an inter-professional experience in Ethiopia for all our collective students. The deans will conduct a site visit later this year to determine best opportunities for affiliations.

- Service learning and internships
 - All students spend time providing care at one of the college's twenty-plus outreach clinics. Distributed throughout the state, these clinic operations expose students to the unique oral health care needs of different populations in the state. These

experiences also provide students with insights into career opportunities in public health and communities with low dentist to population ratios.

- Student life outcomes
 - Student groups in the college provide opportunities to serve the public, gain leadership experience, and learn about new developments in the profession.
 - Inter-professional student groups offer students a chance to learn and to work together.
- Career planning and preparation
 - A well-developed practice management curriculum provides relevant information for students that prepare them for careers in dental practice.
 - Outreach experiences offer students exposure to career options in varied clinical settings.

Research and Innovation

- International efforts
 - Faculty exchanges occur annually with dental institutions outside the U.S. While these have been primarily for clinical experiences/instruction, they have led to discussions on developing research partnerships.
 - The college recently signed affiliation agreements with the China Medical University School of Dentistry in Taichung, Taiwan; another partner is the Seoul National University School of Dentistry in Seoul, Korea. It is expected that these agreements will result in research collaborations with faculty at these institutions.
- Interdisciplinary/transinstitutional efforts
 - Select faculty within the college are engaged in interdisciplinary research. Programs in psychoneuroimmunology, biofilms, and oral cancer are our most successful.
 - The college's NIH training grant is, by design, an interdisciplinary effort. Faculty and graduate students from

across the health sciences participate in and contribute to this initiative.

- New research-intensive faculty will be recruited based on their ability to partner across disciplines.

Outreach and Engagement

- Distance and eLearning
 - Future affiliations with outreach clinic operations will be required to have facilities and equipment so the CoD can stay connected to students, offering online course work and real time contacts with faculty in the college.
 - A revitalized continuing education office within the college will expand offerings in both traditional formats and an online versions.
- International efforts
 - Students have opportunities to volunteer to participate in international mission trips. Week-long visits to Honduras and Uganda have been available for many years. Faculty traveling to these locations with students provide the necessary professional supervision.
 - The Health Science Deans Cluster has committed to creating an inter-professional experience in Ethiopia for all our collective students. The deans will conduct a site visit later this year to determine best opportunities for affiliations.

Resource Stewardship

People

- Diversity – working with the Office of Diversity and Inclusion, the College of Dentistry will achieve a student body, staff, and faculty composition that reflects the make-up of the communities in Ohio.
 - Hired new director of admissions with experience in recruiting underrepresented minorities to professional schools
 - Monitoring closely the mix of staff to ensure equal representation and opportunities for advancement

- Increased the participation of the college's human resources office in faculty searches to promote a more inclusive approach to promoting opportunities to broad-based groups of potential applicants
- Workplace culture (efforts supported by the Office of Human Resources)
 - Will provide cultural awareness education experiences for students, staff, and faculty to ensure appropriate interaction with each other and with patients receiving care in college clinics or at affiliated sites
 - Will provide continuous monitoring of the college's culture to determine levels of cultural competency
- Leadership continuity/ succession planning
 - Developed a college-wide engagement approach to recruit faculty
 - Successfully recruited female faculty into senior leadership roles
 - Will address strategies to recruit greater numbers of faculty in the years ahead due to expected increases in faculty retirements

Physical environment/infrastructure

- Working with university and health science facility planners to help prioritize new or replacement structures that increase inter-professional experiences and maximize the use of shared space
- Working with the Offices of Facilities Operations and Development to determine the level of infrastructure investments made in Postle Hall

Enrollment planning

- Increased dental student class size to support workforce needs in the state
- Calculated additional growth in class size to further address access to oral health care challenges in Ohio
- Develop a student admissions protocol that identifies applicants with academic abilities and characteristics that predict their contributions to improving the health of Ohioans in counties that are most in need

Financial stability

- Recruiting a chief advancement officer to coordinate activities of the college's alumni, development, communications, and continuing education offices to maximize gifting from external supporters
- Restructuring communications office to ensure comprehensive and consistent messaging to the broad constituent groups of the college
- Expanding corporate partners to support education, research, and service missions of the college
- Streamline and improve the efficiencies and effectiveness of the college's clinical operations to increase revenue
- Recruit new faculty and support existing faculty who can secure external funding for research

Tracking Our Performance

Completed Excel scorecards (provided by the Office of Institutional Research and Planning) for Teaching and Learning; Research and Innovation; Outreach and Engagement; and Resource Stewardship.