

**ADEA Allied Director's Conference**  
**June 2009**  
**Panel Discussion**

Indiana University School of Dentistry is a public dental school. We have an entry level Associate Degree Dental Hygiene Program, a BS degree completion Program in Public Health, a one-year Certificate Campus-based Dental Assisting Program and a one-year Certificate Distance-learning Dental Assisting Program.

**2008-2009 Budgets**

IUSD gets around 28% of the budget in state appropriations. Student fees accounts for around 36% of our budget.

Student tuition increased 10% in 2008-2009. University salaries for academic, professional and staff increased an average of 3.8%. Benefits increased 6.73%.

The only new IUSD budget items were:

1. Capital Investment Fund for equipment over \$5000
2. \$700 Faculty Travel Fund for each full-time faculty

**2009-2010 Budgets**

1. 1% cut in current budget for 2009-2010  
We are anticipating a 3-5% decrease each year for the next two years.
2. Slow down in non-faculty hiring
3. Frozen salaries for around 400 of IU's senior administrators; some of which are at the dental school.
4. Salaries are a 1.0% increase for cost of living and an additional 1.0% increase for merit. But the merit increase can be offered only for exceptional performance.

**Cost Savings Measures at IUSD**

1. Reallocation of Salary Savings from existing vacant positions which means that budgeted money is put back into the general fund.
2. Renovation of the Periodontic Clinic came from 1 million dollars in Planned Gifts over the next 5 years. The current policy at IUSD is for any building renovations funding needs to be from donations and not from the school's budget.
3. Use of 175 volunteer faculty for clinical supervision for a saving of \$17,150 to \$44,800 for one clinic session depending on the rank of the volunteer.

**Cost Saving for the Distance-learning Dental Assisting Program**

1. I reduced my long distance budget for the distance-learning program and use my personal cell phone to make long distance calls. My secretary uses the budget item to make any long distance calls she needs to make for the program.
2. My copying budget was reduced for the distance-learning program. It is an online program, so everything as far as syllabi, schedules, competencies and assignments are available online for students. If students want a printed copy of any of those items, they

are required to print the item themselves. I use the copying budget for written exams and lab competencies performed at the school.

3. We have a medical supplies budget for dental materials and preclinical courses. I make sure students do not waste materials by only dispensing the appropriate amount of the material. We get some expired materials from the clinics at the dental school to use for student lab practice. If we have dental materials that will expire during the semester, we exchange those with the clinics for a material with a longer expiration date. The dental clinics use materials faster than we do for lab sessions.
4. At Indiana University School of Dentistry dental students are required to do 45 credits of intramural credit for a variety of tasks such as facilitating problem-based learning and student teaching with lab courses. We have our dental materials and expanded restorative function courses enrolled in the program, so dental students get 45 intramural credits for student teaching in those lab courses. This allows us to keep our student to faculty ratio low (one faculty to eight students) without having to hire additional faculty for lab courses.
5. Have students pay a dental materials fee to cover costs.

#### **Cost Saving for the Campus Dental Assisting Program**

1. Try to go paperless as much as possible to reduce printing costs.
  - Make electronic folders for students and keep important e-mails by student in folders.
  - Make electronic folders for committees and only print documents that are necessary.
  - Use my laptop during meetings so I don't have to print documents, see if faculty can use theirs or checkout laptops from technology for meetings to reduce printing costs.
  - Print manuals for students to purchase for courses that contain all course documents your course that students will need and have them buy in the bookstore.

#### **Cost savings for the Dental Hygiene Program**

1. A concerted effort is made on the part of all course directors to post handouts and reading materials on-line through the university's online course support system for all dental hygiene courses. This cost saving measure has reduced our printing costs by nearly half over the past several years.
2. So far, we have been fortunate to retain our current faculty FTE's to support the clinical program and to support the new local anesthesia course. We benefit from the generosity of other departments in the dental school who provide full-time dental faculty to provide course directorship of the general pathology, oral pathology, medical and dental emergencies, local anesthesia, and radiology courses without charging their services to our budget.
3. Reduction in the range of OHI aids that can be distributed to patients free of charge. The DH clinic is not allowed to charge patients for selected OHI aids, so we used to keep a selection of aids from which students to choose for their patients. Certain auxiliary aids

may need to be cut from the clinical operations budget and patients will have to purchase them on their own.

4. Faculty provides voluntarily some of their own office supplies and instructional supplies rather than charge them to the program budget. Faculty frequently donates money to support student-related social functions within the program, e.g. refreshments and supplies for admissions orientation, graduation recognition event.

### **Cost Balancing within the Dental Hygiene Program**

1. The Dental Hygiene Program has increased tuition income through the creation of new courses for freshmen pre-dental hygiene students at the university, as well as a new 2 credit local anesthesia course for professional students. This additional tuition has helped to offset some of the pressure to reduce budgets for the coming year.
2. Certain instructional and clinical instruments/equipment that would have been provided by the program for student use are now being considered as student purchase items, e.g. ultrasonic scaling units, alternate/specialized instruments for hand scaling, audience response pads for classroom use.

### **Dental Hygiene: Continuing Budgetary Challenges**

The budget reductions make it necessary to operate on a “do more with less” plan. For example:

1. Clinical equipment is fastidiously maintained and repaired whenever possible to avoid replacement costs. Donations for equipment are sought whenever available. Some clinical equipment can only be afforded by using development funds (alumni gifts) rather than general operating budgets.
2. The clinic budget cannot afford to provide students with state of the art and new technology due to cost, e.g. intra-oral cameras, new ultrasonic technology. Students learn about them, but do not get to experience them first-hand.
3. The program has sought for a decrease in class size from 50 to 45 for several years due to the difficulty in securing adequate clinic space to support the appointment needs of two full classes of students (N = 100) and the difficulty of securing enough “difficult” patients with periodontal involvement within the dental school patient pool. The school is at maximum clinical space capacity and the 20 chair dental hygiene clinic is inadequate for the current class size. As a result, we must request clinic utilization of other clinics, based on their availability, to provide enough clinic space to meet student needs. Under the current fiscal conditions, the loss of tuition resulting from decreasing class size is a significant factor in these decisions.
4. Faculty salaries continue to lose ground in terms of parity with those earned in clinical practice, making it difficult to attract and retain both full-time and part-time faculty as positions become available
5. It is increasingly difficult to secure part-time dental faculty to provide clinical supervision based on the part-time salary levels being offered. It is almost impossible to secure volunteer dentists for the clinic and for providing legal supervision in external charitable clinics where students are assigned for special clinic experiences.
6. There is no additional money for investing in updated educational technology, e.g. DVD's, simulators, audience response systems, patient education systems, within the program budget, although the program does benefit from technologies adopted by the dental school as a whole.