ABSTRACT

Amanda Ruth Hodges. LEGISLATOR SUPPORT FOR NEW PUBLIC HIGHER EDUCATION INITIATIVES: A CASE STUDY OF THE ESTABLISHMENT OF THE EAST CAROLINA UNIVERSITY SCHOOL OF DENTAL MEDICINE (Under the direction of Dr. Cheryl McFadden), Department of Educational Leadership, April 2014.

This study addresses the need for leaders in public higher education to possess a general knowledge of how new initiatives in public higher education gain support from state legislators to advance and implement their initiatives. This study's research question is: What is the process by which public higher education institutions receive legislative support for new initiatives? This question was explored through a qualitative, historical case study investigating the evolution of the School of Dental Medicine (SoDM) at East Carolina University (ECU) as an example of a new initiative in public higher education (four-year level institutions) that was successful during the Great Recession and a period with limited resources in the University of North Carolina System.

Through a combination of semi-structured interviews and archival documents, information was coded in an effort to analyze the evolution of the events leading to the successful creation and funding of the SoDM at ECU through the lens of Kingdon's (2003) Multiple Streams Model and Primeval Soup Concept. Analysis of the findings extracted from primary and secondary coding of informants' responses revealed data that guided recommendations of strategies/approaches for public higher education leaders to consider utilizing in order to advance new initiatives at their institutions of public higher education that rely on support from state legislative approvals and appropriations for establishment.

While Kingdon has focused on the federal level of decision making, in areas such as healthcare and transportation, this study applied his concepts to the state level of decision making in the arena of public higher education. This study went beyond establishing which

streams were most influential on the overall process of political decision making in public higher education by exploring deeper into the realms of where events of change occurred and the themes of influences that were most active with respect to advancing and challenging the initiative throughout its evolution. Strategies/approaches to advancing new initiatives of public higher education, based on this study's results, are included in the discussion of this study's results.

LEGISLATOR SUPPORT FOR NEW PUBLIC HIGHER EDUCATION INITIATIVES: A CASE STUDY OF THE ESTABLISHMENT OF THE EAST CAROLINA UNIVERSITY SCHOOL OF DENTAL MEDICINE

A Dissertation

Presented to

The Faculty of the Department of Educational Leadership

East Carolina University

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by

Amanda Ruth Hodges

April, 2014

LEGISLATOR SUPPORT FOR NEW PUBLIC HIGHER EDUCATION INITIATIVES: A CASE STUDY OF THE ESTABLISHMENT OF THE EAST CAROLINA UNIVERSITY SCHOOL OF DENTAL MEDICINE

by

Amanda Ruth Hodges

APPROVED BY:	
DIRECTOR OF DISSERTATION:	
	Cheryl McFadden
COMMITTEE MEMBER:	
	David Siegel
COMMITTEE MEMBER:	
	Carmine Scavo
COMMITTEE MEMBER:	
	Jonathan Morris
CHAIR OF THE DEPARTMENT OF EDUCATIONAL LEADERSHIP:	
	William Rouse, Jr.
DEAN OF THE GRADUATE SCHOOL:	
	Paul Gemperline

© Copyright 2014 Amanda Ruth Hodges

TABLE OF CONTENTS

LIST OF TABLES	X
LIST OF FIGURES.	xi
CHAPTER 1: INTRODUCTION	1
Higher Education as a Public Good: From Limited Access to Public Access	Ģ
Decreased State Support, Increased Competition, and Increased Personal Investment	1
Legislator Rationales, Perceptions, and Information	18
Conceptual Framework	20
School of Dental Medicine and Its Evolution within the Context of Legislative Support.	23
Significance of this Study	2
Organization of the Study	2:
Operational Definitions	2
CHAPTER 2: LITERATURE REVIEW	2
Factors of Influence	30
Political	30
Perceptions and Experiences.	3
Economic	3′
State Culture	40
Higher Education	48
Multiple Streams Model and Political Decision Making	5
Policy Primeval Soup Concept and Legislative Progress	5
Policy Windows	59

	Coupling	
	Policy Entrepreneurs	
	Survival	
	Critiques of Kingdon's Multiple Streams Model	
	Summary	
СНА	PTER 3: METHODOLOGY	
	Research Question and Conceptual Framework	
	Rationale for the Selection of a Single Historical Case Study Design and Explanation of Design	
	Data Collection.	
	Sources and Participants	
	Key Political Decision Makers	
	Interviews: Processes and Procedures	
	Consent, Confidentiality, and Security	
	Data Analysis.	
	Analytical Techniques	
	Analytical Tools	
	Summary	
CHA	PTER 4: CASE BACKGROUND	
	Previous Experiences with Establishing New Initiatives in the Evolution of East Carolina.	
	East Carolina	
	School of Medicine at East Carolina	
	The Original Campaign for a Four-Year Public Medical School and	

East Carolina University's Challenges in the State Legislature and Higher Education	118
Summary	145
CHAPTER 5: RESULTS	147
Historical Context	148
School of Dental Medicine	147
First attempt at establishing the School of Dental Medicine	147
Second attempt at establishing the School of Dental Medicine: Rebirth, revision, and success	158
Ideas emerge, windows open, and opportunities arise	158
The problem	160
Windows open to pivotal events	161
The campaign begins	165
Appropriations and legislation	193
The Study and Its Findings	226
Primary Coding	227
Secondary Coding	231
Propelling to success	234
Impediments to success	240
Summary	247
CHAPTER 6: DISCUSSION	250
Streams, Themes, and Lessons for Leaders	250
Politics	250
Competition for Resources	254

Knowledge	255
Addressing a Need	256
Coupling	257
Economic Development	258
Cooperation and Compromise	258
Exclusion of Expert Stakeholders	259
Personal Experiences and Geography	260
Timing	262
Institutional Mission	263
Political Party and Higher Education Priorities	264
Historical Trends	265
Theoretical Expansion	267
Limitations	268
Future Research	269
Summary	270
REFERENCES	276
APPENDIX A: IRB APPROVAL LETTER	297
APPENDIX B: PARTICIPANT CONSENT FORM	298
APPENDIX C: 2002 ECU SCHOOL OF DENTAL MEDICINE FEASIBILITY STUDY	299
APPENDIX D: 2006 ECU SCHOOL OF DENTAL MEDICINE FEASIBILITY STUDY	309
APPENDIX E: JOINT PLAN	321
APPENDIX F: LETTER FROM CHANCELLORS TO NCDS	332

APPENDIX G: GASTON COUNTY DENTAL SOCIETY PACKET	333
APPENDIX H: AMENDMENT TO SENATE BILL 1741	369
APPENDIX I: DENTISTS FOR FISCAL RESPONSIBILITY CAMPAIGN	371
APPENDIX J: REQUEST FOR AUTHORIZATION TO ESTABLISH DDS AT ECU	373
APPENDIX K: PACKET FOR REVIEW – UNC BOARD OF GOVERNORS COMMITTEE ON EDUCATIONAL PLANNING, POLICIES, AND PROGRAMS	452
APPENDIX L: SAMPLE OF LETTER INVITING LEGISLATORS TO INFORMATIONAL MEETING	477

LIST OF TABLES

1.	Coding of Informants	72
2.	Rubric for Primary Coding of Categories.	76
3.	Rubric for Primary Coding of Themes.	79
4.	Rubric for Secondary Coding of Emergent Themes	81

LIST OF FIGURES

1.	Percentage change in FTE enrollment and appropriations per FTE student between fiscal years 2006-2007 and 2011-2012 (nationally)
2.	State appropriations and net tuition revenue as percentages of public higher education
3.	State by state percentage change in FTE enrollment and appropriations per FTE student between fiscal years 2006-2007 and 2011-2012
4.	Percent of state expenditures (nationally) by function
5.	Percent of state expenditures by functional area during fiscal year 2010-2011 in North Carolina and the United States
6.	Annual percentage change in state expenditures (nationally) by functional area for fiscal years 2010-2011 and 2011-2012
7.	Average cost as a percentage of disposable income for attending undergraduate four-year, public higher education institutions by state, fiscal years 2000-2001, 2005-2006, and 2009-2010.
8.	Percentage change in net tuition revenue between fiscal years 2006-2007 and 2011-2012
9.	Distribution of dentists in North Carolina.
10	. Percentage of references coded for process streams
11	. Frequency of catalysts appearing in process streams and stages of decision making
12	. Overall coupling of policy process streams
13	. Influences propelling initiative to success
14	. Categories of political influences propelling initiative
15	. Influence of timing on initiative progress to success
16	. Influences impeding progress of the initiative
17	. Categories of political influences impeding initiative
18	. References to institutions in context of challenging progress of initiative

CHAPTER 1: INTRODUCTION

During a period of minimal state budget expenditures and decreases, the School of Dental Medicine (SoDM) at East Carolina University (ECU) emerged as a new initiative that was fully supported with state appropriations by the North Carolina General Assembly (NCGA). These state appropriations enabled a new public higher education initiative to evolve from an idea into the establishment of a state-of-the-art center for educating future dentists. Although it was a new public higher education initiative, the SoDM at ECU would be the second dental school within its state's four-year, public higher education system. This study seeks to utilize the experiences of this case to gain an improved understanding of the process in which legislators engage to decide whether or not to support new public higher education initiatives with state appropriations. While public higher education may be perceived as unique in its mission and services from other state-supported areas (now often referred to as state-assisted due to decreased funding from state governments) funded by taxpayers, and the factors of influence may vary among the state-supported areas, the processes in which state legislators engage as they make decisions related to public policies (including appropriation decisions) appear to be similar regardless of industry / service area.

By applying findings from semi-structured interviews of key informants and related archival documents about the progression of the SoDM at ECU to Kingdon's concepts of the Primeval Soup and the multiple streams that move initiatives through the political decision making process, this study anticipates not only offering revelations of the overall process of political decision making involved but also what streams most often join at critical junctures where key evolutionary events take place in the process described by Kingdon's concept. This study will also further Kingdon's concept by offering a single, historical case study concerning

decisions made at the state government level. Kingdon's findings supporting his concepts of the Primeval Soup and Multiple Streams Model focused on federal level health and transportation policy (Kingdon, 2003). Other researchers have utilized the Multiple Streams Model to study agenda setting / formation related to higher education and its decentralization at the state level; however, few have broadened the reach of the Multiple Streams Model to convey a more comprehensive understanding of the overall process of political decision making (Zahariadis, 2007).

Questions guiding the semi-structured interviews and categories for coding the study's findings of the interviews and archival documents collected were related to the four basic stages of the policy making process identified by Kingdon (2003): "(1) the setting of the agenda, (2) the specification of alternatives from which a choice is to be made, (3) an authoritative choice among those specified alternatives, as in a legislative vote or a presidential decision, and (4) the implementation of the decision" (pp. 2-3). Themes used in coding the findings were related to Kingdon's (2003) multiple streams of problems, policies, and politics.

Variables such as stakeholders and relationships among them, societal needs, legislator and stakeholder perceptions, economic conditions, and other elements in this case were anticipated to emerge as catalysts at the critical junctures of the process where significant events take place. These events, which unfolded along the way, were also anticipated to be variables acting as catalysts to future events. Given that Kingdon's concepts of the Primeval Soup and Multiple Streams Model are fluid in nature, there were no clear dependent and independent variables expected to emerge as one variable had the potential to take on both roles in different events / interactions occurring throughout the process.

In order to achieve these results, this study was guided by the following central research question: What is the process by which public higher education institutions receive legislative support for new initiatives? Although there are other revenue sources often used for supporting new initiatives of public higher education, such as endowments and donations from non-governmental sources that provide various degrees of support through funding, these sources are unpredictable and vulnerable to the economic climate. Therefore, for the purposes of this study, state legislative support for new initiatives was the focus.

It is essential that leaders in higher education fully understand the political process, especially concerning how legislators make decisions related to financially supporting new initiatives of public higher education (Lane, 2007; Marshall, Mitchell, & Wirt, 1985; Shakespeare, 2007; Tandberg, 2009). The ramification of a decline in financial support for public higher education from state legislatures poses threats to the quality and access of public higher education. Decreased state support of public higher education with state appropriations has been found to lead to decreased public access to quality higher education, decreased quality of public higher education learning environments, and decreased public higher education program offerings among other decreases in essential components of quality public higher education (Courtright, Moss, & Phillips, 2011; Ehrenberg 2006; McLendon, Hearn, & Mokher, 2009; Stancill, 2011; University of North Carolina at Chapel Hill, 2011; Weerts & Ronca, 2006). One might extend these findings to also include decreased development and implementation of new initiatives in public higher education that would benefit not only those directly immersed in them but also those in the communities served by the recipients of the new initiatives. New initiatives enable public higher education institutions to respond to an ever-changing, global

market of higher education as well as to the ever-changing needs of the public citizenry, which may be difficult to achieve by remaining at the status quo with minimal funding.

While leaders in public higher education have been communicating with legislators about the need for state funding, the national trend of state appropriations to fund public institutions of higher education and their initiatives (new and current) has been continuing to demonstrate low percentages of support from state appropriations while enrollment continues to increase (State Higher Education Executive Officers [SHEEO], 2013). Over the five-year period between fiscal years 2006-2007 and 2011-2012, there was an average decrease (nationally) of 23.1% in state appropriations per full-time equivalent (FTE) enrolled student while the average number of FTE students increased 15.6% overall nationally (see Figure 1). Meanwhile, tuition accounted for nearly one-half (47%) of public higher education revenue in the United States during fiscal year 2011-2012, an increase of 4.3% from the previous fiscal year, 10.6% from fiscal year 2006-2007, and 16.8% (see Figure 2) between fiscal years 2001-2002 and 2011-2012 (SHEEO, 2013). Upon examining data for each of the 50 states, all but one state (North Dakota) experienced decreases in state appropriations per FTE student while FTE student enrollment experienced growth (SHEEO, 2013). North Dakota was unique in that both state appropriations per FTE student and FTE student enrollment increased during the period between fiscal years 2006-2007 and 2011-2012 (see Figure 3).

Fiscal year 2012-2013 did introduce increases in state appropriations for public higher education in twelve of the fifty states; however, the long-term effects of the previous years' budget cuts continue to threaten the public higher education sector and yield an overall negative economic outlook for this sector (including institutions within those states experiencing increases

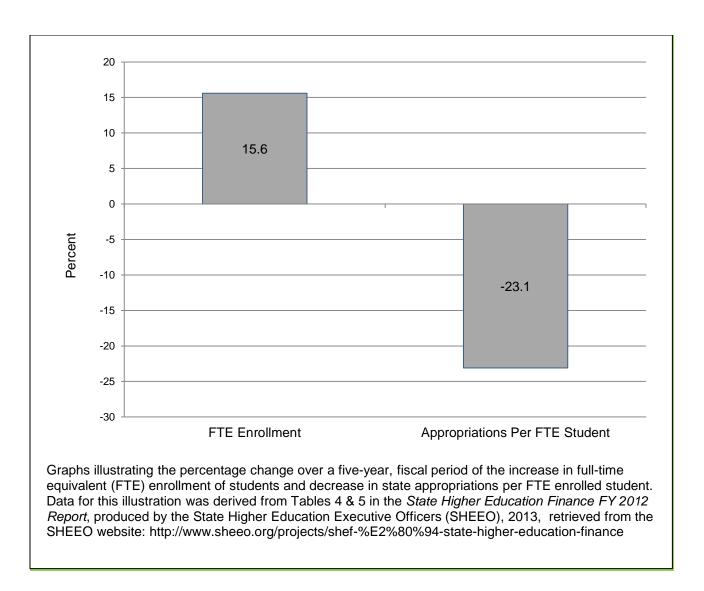
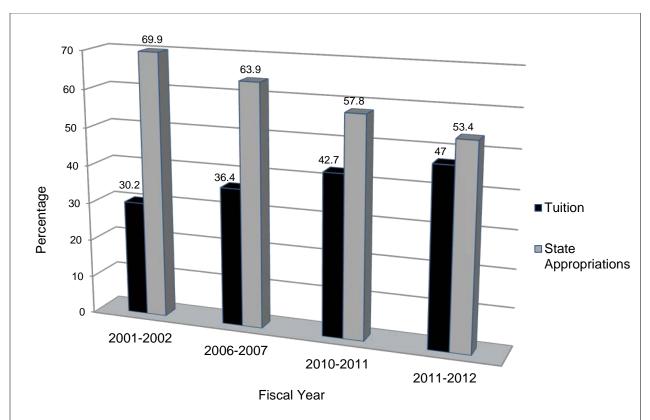


Figure 1. Percentage change in FTE enrollment and appropriations per FTE student between fiscal years 2006-2007 and 2011-2012 (nationally).



Graphs illustrating the contributions of state appropriations and net tuititon revenue as percentages of the overall public higher education revenue in the United States, demonstrating that public higher education has become more of a personal investment than a state investment. Data for this illustration was derived from Tables 2 & 3 of the *State Higher Education Finance FY 2012 Report*, produced by the State Higher Education Executive Officers (SHEEO), 2013, retrived from the SHEEO website: http://www.sheeo.org/projects/shef-%E2%80%94-state-higher-education-finance

Figure 2. State appropriations and net tuition revenue as percentages of public higher education revenue (nationally).

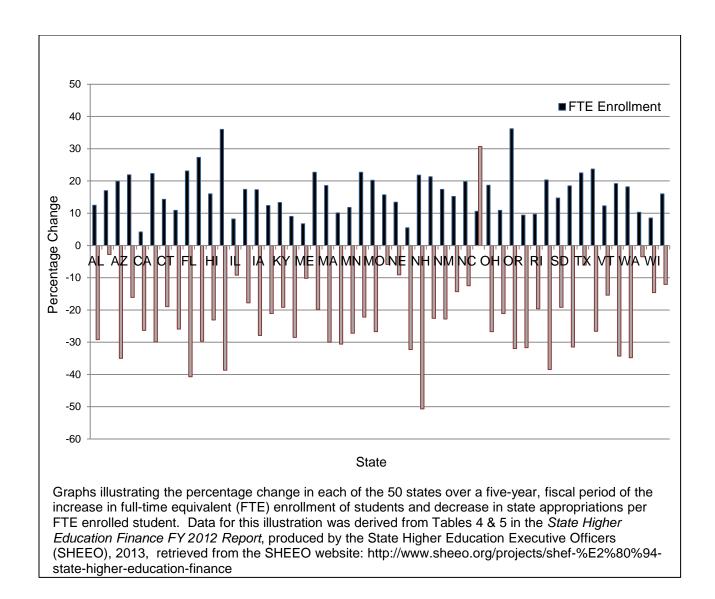


Figure 3. State by state percentage change in FTE enrollment and appropriations per FTE student between fiscal years 2006-2007 and 2011-2012.

in appropriations) in the coming year (Bogaty & Nelson, 2013; Center for the Study of Education Policy [CSEP], 2013a). As a result of such reductions, quality of and access to public higher education have been, and continue to be, negatively impacted (Courtright, Moss, & Phillips, 2011; Ehrenberg 2006; McLendon, Hearn, & Mokher, 2009; Stancill, 2011; University of North Carolina at Chapel Hill, 2011; Weerts & Ronca, 2006). Economic demands being placed on institutions of public higher education (as these institutions seek to continue to provide quality and accessible educational opportunities while also growing with new initiatives) negatively impact not only those institutions and their initiatives, current and new, but also the public served by them. Thus, it is critical for leaders of this sector to effectively maneuver through the political decision making process as related to support for public higher education initiatives.

Findings discussed in this qualitative study should provide leaders in public higher education with strategies and information to apply to the process involved in successfully advancing new public higher education initiatives, requiring legislative support for implementation, by responding to the central research question mentioned earlier. This study seeks to not only reveal insight related to the overall process of political decision making as it relates to new initiatives of public higher education, but it also seeks to identify critical junctures at which change occurs throughout this process. In doing so, leaders in public higher education might identify how and when to best invest their time and influence.

In addition to the investment of time and influence, this study aimed to convey information about how knowledge and framing the new initiative to stakeholders and decision makers, especially to those who are legislators, influences the advancement of a new initiative in public higher education. These messages may need to be conveyed effectively among all stakeholders concerned, including those who are external to the institution such as alumni,

institutional boards of trustees' members, higher education governing boards, lobbyists, and constituents on behalf of leaders within public higher education. As such, it is vital for those expressing the need of public higher education to political decision makers to fully understand the entire political process guiding legislators' decisions from the inception of an idea expressed to them to the concrete shape that idea takes when supported by state legislators and survives. By understanding this process in the light of initiatives at public institutions of higher education that were successfully funded during a period of economic downturn, leaders in public higher education might equip them with the necessary knowledge for framing needs of public higher education in ways that will be fully supported by state legislators.

Being able to convey the message in a successful manner that will achieve state funding for public higher education will benefit the public good of higher education in offering citizens of all income brackets the opportunity to take advantage of a quality education. Based on the past experiences of public higher education institutions receiving decreased state funding each year, access and quality may continue to decline unless a change occurs in legislators' decisions to appropriate funding to public higher education.

Higher Education as a Public Good: From Limited Access to Public Access

Historically, public institutions of higher education in the United States served to prepare their citizenry to lead their local communities, states, and the nation. One of the original colonial commitments was "to the liberal education of future leaders" (Thelin, 2004, p. 4). The traditional liberal arts curriculum, especially the curriculum used in the United States, was "designed to perpetuate a class of educated gentlemen" (Goodchild & Wechesler, 2008, p. 260). Wealthy settlers of the colonies looked to higher education to shape their sons into knowledgeable and responsible members of society (Huxley, 1868). The education of future

leaders and clergy had begun in Europe and carried over with the settlement of the colonies in what would become the United States of America. At one point, colonial colleges even attempted to expand their mission of shaping future leaders to the leaders of the American Indian tribes (Thelin, 2004). Generally, higher education was accessible primarily to those identified as members of the families found in higher income brackets of American society, known to some as the landed gentry class, until the creation of public higher education, such as the first of its kind created with the University of North Carolina (Snider, 1992).

At the core of this newly created type of higher education was a (newly created) method of maintaining and funding this new public good for its citizens mandated in its state constitution (N.C. Const. art. IX, § 8-9). With the creation of America's first public university, knowledge would be accessible to members of all social classes, offering those of limited wealth the same knowledge and skill base as peers of the wealthiest means. Other states within the United States would follow the lead of North Carolina with their own institutions of public higher education offering accessible, quality higher education to its citizenry.

Leaders, especially those of North Carolina, Arizona, and Wyoming who included mandated provisions in their state constitutions to ensure funding for public higher education, seemed to view education as a top priority and a necessity for the governance of the state (Ariz. Const. art. XI, § 6; N.C. Const. art. IX, § 9; Wyo. Const. art. VII, § 16). In creating their state constitutions, leaders of Wyoming and North Carolina specified the establishment and government of public higher education as a matter of the public good. Wyoming's State Constitution provides for higher education to the degree to which "claims of humanity and the public good require" (Wyo. Const. art. VII, § 18). The State Constitution of North Carolina recognizes the value of education by identifying knowledge as "being necessary to good

government...and the means of education shall forever be encouraged" (N.C. Const. art. IX, § 1). All state governments across the United States have not provided for the funding of public higher education to as complete a degree as that of the state legislatures of North Carolina, Wyoming, or Arizona. However, the existence of public higher education, where some percentage of state funding is to be appropriated to educating its citizenry, implies higher education serves to the betterment of the public good.

Decreased State Support, Increased Competition, and Increased Personal Investment

With missions to offer accessible, quality higher education to citizens of all income brackets and social standings, institutions of public higher education have historically relied on state appropriations. However, decreased support in funding from state legislatures to their systems of public higher education has made it more difficult for those of less fortunate financial backgrounds to attend state-supported institutions. Across the United States, "state appropriations for higher education have declined 40% since 1978" (Weerts & Ronca, 2006, p. 935). Between fiscal years 2007-2008 and 2012-2013, state appropriations declined nearly 11% nationally with the lowest dollars in state appropriations being allocated in fiscal year 2012-2013 (CSEP, 2013a, 2013b).

Regardless of mandated provisions in state constitutions, declines in state appropriations have impacted even states such as North Carolina, Wyoming, and Arizona where their state constitutions specify that the state legislature is expected to offer as much funding as possible to public higher education in its state. North Carolina, whose constitution may have the most extensive wording related to funding public higher education, requires the NCGA to provide its citizens with an expense-free public higher education as is "practicable" for the state (N.C. Const. art. IX, § 9). Even so, the decline in state appropriations for public higher education in

this state has totaled over one billion dollars since 2006 with a continual decline since 2007 (Courtright et al., 2011).

While specific dollar amounts may seem rather large, and a significant decline in dollars budgeted has been a reality for institutions of public higher education across the United States, it should be noted that the national trend of state spending for public higher education has not experienced quite as great of a decline overall. The national average percentage of the gross domestic product (GDP) appropriated for operating expenses for public higher education stabilized at 0.52% during the years between 2005 and 2010, declining from 0.57% in 2000 (just prior to the first contemporary recession in the United States). In the ten-year period between fiscal years 2001 and 2010, some states did increase appropriations (as a percentage of GDP) for their public higher education institutions during this period while other state legislatures continued to decrease appropriations for public higher education operating expenses as a percentage of GDP (National Science Foundation [NSF], 2012). In the recent publication of the *Grapevine Report* (2013b), changes in appropriations between fiscal years 2007-2008 and 2012-2013 ranged from a decline of almost 37% in Arizona to an increase of just over 32% in Wyoming with the other states along the spectrum of percent changes.

Even with the increases in state appropriations experienced by some states, there remains a negative economic outlook for the higher education sector in all states across the nation (Bogaty & Nelson, 2013). This negative outlook is projected to continue for the next twelve to eighteen months as a result of "diminished student demand," "increased price sensitivity," strained "non-tuition revenue sources," and "weak returns" on endowments (Bogaty & Nelson, 2013, para. 5-7). Not only are these tangible sources of economic support negatively impacting higher education in the United States, but also the public's loss of confidence in the value of

attaining a college degree has negative implications for support of higher education in the United States (Bogaty & Nelson, 2013). Regardless of the degree to which there may be a loss in the public's confidence in the value of higher education, increasing FTE enrollment (see Figure 1 and 3) is a reflection that the public still values public higher education (SHEEO, 2013).

Comparisons of spending across fiscal years have indicated that in times of recession, state budget reductions tend to affect higher education immensely. During the most recent and lengthy national recession since the early 1990s, which occurred between 2008 and 2010, tuition increased from about 36% to 41% of the total public higher education revenue in the United States, requiring individuals to put forth more of a personal investment and allowing state governments to spend less on public higher education (SHEEO, 2013). The decline in public funding may be traced back to the transfer of oversight of certain programs from the federal government to state and local governments along with reductions in funding from the federal government for state and local governments. Additionally, higher education must compete with programs such as elementary and secondary education, healthcare, corrections, and social services, programs viewed as being more necessary than higher education (McLendon et al., 2009; Weerts & Ronca, 2006).

This shift in funding supports categorizing public higher education as more of a personal investment than that of a public, state investment (National Conference of State Legislatures Fiscal Affairs Program [NCSL], 2010; Quinterno & Orozco, 2012). As revealed by the *State Higher Education Finance Fiscal Year 2012 Report* and illustrated in Figure 2 of this study, state appropriations have decreased such that nearly one-half of the total public higher education revenue was attributable to revenue gained from tuition in fiscal year 2011-2012 whereas tuition accounted for only about one-third of this revenue five years earlier (SHEEO, 2013). The shift

of responsibility for supporting public higher education from the taxpayers through state appropriations to parents and students in the form of increased tuition, fees, and / or "user charges" has been referred to as cost-sharing (Johnstone, 2004, pp. 403-404). The most sound arguments in support of cost-sharing to fund public higher education is the reality of decreased public revenue and increased competition for the limited revenue from areas such as those mentioned above including "elementary and secondary education, public health, housing, public infrastructure, and welfare" (Johnstone, 2004, p. 408).

Ehrenberg (2006) refers to the dilemma being experienced by four-year, public institutions of higher education as the "perfect storm." With the pressures to fund other areas of the state budget during strained economic times leading to decreased appropriations for higher education, stresses are equally (if not more so) applied to the ability of four-year, public institutions of higher education to continue to provide an accessible, quality education (Ehrenberg, 2006). Although public higher education institutions have been making efforts to become less dependent on state appropriations for funding sources by seeking support from nongovernmental entities, state appropriations have traditionally been the revenue stream upon which these institutions have depended on for support each year. This study recognizes that nongovernmental sources of support for funding are becoming a greater source of revenue for public higher education intuitions; however, for the purposes of this study, support for new initiatives of public higher education will be studied as it relates to state government. As such, it is essential for leaders to understand how to go about framing their needs in such a way that education, especially higher education in this case, is viewed as being worthy of the state's investment. By framing the need for funding public higher education as an answer to alleviating the needs in other areas such as healthcare, transportation, social services, and corrections that require quite a

bit of funding from the state as well, a solid case begins to be built in support of funding higher education (Tandberg, 2009).

In evaluating the worth of investing in public higher education, especially that of four-year institutions, state legislatures and their budgets are influenced by their business cycles, state age demographics, and state appropriations to Medicaid (Tandberg, 2008). However, before leaders in higher education might frame the need for funding public higher education, it is crucial to fully understand the political process of decision making by legislators. Marshall et al. (1985) note that "the interaction and beliefs of policy actors are key to understanding their social construction of the reality in which they live, and their way of coming to the point of policy choice" (p. 114). Therefore, it is important for leaders in higher education to understand how to ensure that necessary priorities related to the quality of public higher education, such as state funding for four-year, public higher education institutions, get to that point of policy choice.

Although there has, historically, been a social construct of four-year, public higher education in the United States being a necessary public good in which the state should invest for its future, it appears to now be viewed by state legislators as more of a personal investment. As an example among the state governing bodies across the United States, the NCGA passed one of the deepest reductions in state history of funding to its four-year, public higher education system (the UNC System), for the fiscal year 2011-2012 budget (Courtright et al., 2011). While fiscal year 2011-2012 was viewed as being a year of great economic decline for public higher education in North Carolina, this state was one of twelve states in the nation to have experienced an overall increase of just under 7% in state appropriations for public higher education over the five-year period between fiscal years 2007-2008 and 2012-2013 (CSEP, 2013b).

State appropriations for higher education in North Carolina had been continually declining between fiscal years 2007-2008 and 2011-2012 and totaling over \$1 billion in the fiveyear period between fiscal years 2006-2007 and 2011-2012 (Courtright, et al., 2011). The budget for the 2011-2012 year resulted in a \$414 million reduction in state funding to the UNC system, which ranged from an 8.4% budget reduction at the North Carolina School of Science and Mathematics (NCSSM) to a 17.9% budget reduction at the system's flagship institution, UNC-Chapel Hill (Stancill, 2011). As mandated by the NCGA, budget reductions were based on need rather than across the board, which could have resulted in a 15.6% reduction in funding at each of the UNC System's 17 institutions across the state (Stancill, 2011). Although the budget reductions had the potential of being worse at some institutions if they had been distributed equally across the 17 institutions, the reality remains that these reductions throughout the UNC System "threaten the ability to educate the next generation of leaders. Across [each] campus, more programs will be eliminated, students will see larger class sizes and fewer course sections, and there will be additional layoffs" (University of North Carolina at Chapel Hill [UNC-CH], 2011, para. 3).

This shift of investment (experienced not only in North Carolina but across the United States) from the state government to an increasingly personal investment is an example of what Quinterno calls "the great cost shift" to reference "how a pattern of disinvestment is leading to stagnant graduation rates and skyrocketing levels of student debt" (Demos, 2012, para. 1). Essentially, state legislatures have chosen to provide higher education to their constituents by increasing the personal investment of citizens with increasing tuition and fees, which allows the state to decrease its public investment of state appropriations for public higher education (Demos, 2012).

It is suggested that public higher education's role to contribute to the public good is shifting from being driven by its contributions to the betterment of society to being economic and market-driven, leading to higher education being seen as more commercialized and privatized (Kezar, 2004). Such a shift would support the movement of state governments' disinvestment in public higher education. In contrast to those areas that are appropriately market-driven with a clearly defined product, traditional higher education's primary areas of responsibility (teaching, research, and service) are more complex and less clearly defined (Brady, 2013). Subsequently, applying a market-driven approach to higher education could be detrimental to higher education's future, especially with respect to its aspect of service to society and contributions to the public good.

However, Howarth (1991) puts forth that higher education is naturally shaped by market forces and when "properly activated, market forces are effective tools for improving the match between the services provided by the higher education system and the needs of its users and funders" (p. 5). Higher education is a market in itself and those things that influence it are market forces. The four markets within which institutions of higher education may be active include: customers (students); trading of services (student preparation and expertise of research and consultants to be utilized by society); markets within the institution (recruitment of staff and allocation of resources); and political markets when seeking / receiving public funding (Howarth, 1991). Of these four markets suggested by Howarth (1991), the market of student demand most closely relates to the debate on public higher education being an individual or public good. He argues that there are individual benefits in addition to the collective benefits; therefore, public funds should only be a portion of the support for higher education with the remaining amount coming from parents and students. As such, student loans emerge as a capital investment in the

student's potential earnings that will result from the acquiring of knowledge. The collective benefit for the public in Howarth's (1991) argument is that which results from highly qualified individuals contributing to the economy.

This cost shift is significant to consider as it impacts not only the "middle class" of America, but also the "Millenials," a generation of Americans who have been viewed as "much larger in size, much more racially and ethnically diverse, and more apt to enroll in college than the generation that came of age in the 1990s" (Quinterno & Orozco, 2012, para. 3). This group of students is, and will be, the immediate workforce and leadership of their states and nation; as such, the state's return on investment, or one might say disinvestment, will depend on the preparation of this current generation of students.

Legislator Rationales, Perceptions, and Information

As state appropriations are determined by the state legislators serving on related committees in the legislature, it is essential to understand the rationale of these legislators behind their decisions related to appropriating funding to the state's system of four-year, public higher education institutions in order to communicate (to legislators) accurate and persuasive information, "a key ingredient in the policy-making process" regarding the System's needs (Shakespeare, 2007, p. 876). To do so successfully, leaders need to be aware of legislators' viewpoints and prepared to break through barriers of perception.

Public perception, including perceptions held by legislators, results from the information they receive, often from the press and is not always accurate; therefore, it is crucial for leaders in the profession of higher education to educate legislators with accurate information rather than have the information come from alternative sources, which primarily involves the press and how an issue is spun (Lane, 2007). In studying mechanisms of influence on government oversight of

higher education in Illinois, Lane (2007) noted that "depending on their disposition, according to participant comments, the news editors of both newspapers and television news can structure the general public perception of these institutions through the ability to inform and influence the general public and legislators" (p. 630). Administrators of the University of Illinois expressed concern that the press conveyed a negative perception of the institution while a Pennsylvania state representative communicated that state legislators "react to what they hear and see in the press" (Lane, 2007, p. 630). In addition to the media, key players of information dispersion to legislators include interest groups and lobbyists. The worlds of those working for interest groups and as lobbyists revolve around influencing government decisions through the information they provide to legislators given that "their basic strategy [regardless of which side of the argument they are on] is the same – try to convince government officials that they are correct" (Nownes, 2012, p. 450).

If not by the media, interest groups, and lobbyists, then legislators are often informed by other stakeholders such as students and parents who have had a negative experience with an institution or interpreted a situation incorrectly given they were not fully aware of what was taking place behind the scenes at the higher education institution, reinforcing the idea that "information flow between the partners [public institutions of higher education and legislators] is critical" (Lane, 2007, p. 615). Thus, understanding the process through which information flows and those sources external from legislators that have an impact on political decision making, particularly in relation to decisions impacting public higher education initiatives, is crucial to successfully bringing those public higher education initiatives to life. As Tandberg (2009) notes, "You have got to know the system to beat the system...institutional leaders must take the time to

understand the political system and be engaged in the political process if they wish to adequately compete for state resources" (p. 768).

Conceptual Framework

The process of political decision making is detailed in John Kingdon's (2003) concept of the Policy Primeval Soup, which is a modification of the Garbage Can Model (of organizational choice) that was developed by Michael Cohen, James March, and Johan Olsen (1972). The idea of the Policy Primeval Soup was borrowed from a biological idea of how molecules bounce around in a soupy matter with some bonding and creating life while others fade away. Kingdon (2003) substitutes ideas for the biological molecules in his Policy Primeval Soup variation.

Within his concept, Kingdon (2003) guides the reader through this complicated process beginning with the inception of an idea(s), progressing through phases impacted by various stakeholder groups, and finally ending with the survival of some form of the initial idea(s) in the process. One might sum up the process of political decision making described by the Policy Primeval Soup Concept as evidence-based (data-driven) rationality that propels an idea into the pipeline of political rationality (floating and amending the idea), transforming the idea from an abstract form to a concrete form.

This concept of a policy primeval soup offers a unique perspective as to the ways in which the streams of politics, problems, and solutions / policies come together at various points in the decision-making process to enact change or a turn of events. The streams refer to the events taking place and impacting the progression of an idea toward implementation. Each of these categories (problems, policies / solutions, and politics) is independent of one another until they come together when a timely opportunity (policy window) brings at least two of the streams together (coupling). As mentioned above, it is when these streams join that progress / change

takes place. These critical junctures at which the streams join are significant components of the political decision making process that should be more fully understood. Furthermore, much attention has been given to political aspects, leading one to infer that the political stream might be the most influential of the three streams Kingdon has put forth. This study will shed light on which streams occur most often at critical junctures of progress, providing evidentiary support for which stream(s) are most influential in the success of new initiatives gaining support from state legislators. These concepts will be described in detail in Chapter Two.

Improved understanding how these events, taking place at critical junctures in the political decision-making / policy process is at the core of this study's purpose. In order to create positive change effectively, and maintain four-year public institutions of higher education at the highest level of quality while still being financially accessible to the state's citizens, leaders of higher education should fully understand how to maneuver through the political process involved in influencing state legislators to fund new, public higher education initiatives. Decreased appropriations impact not only accessibility for the public, but also quality of classroom instruction, program offerings, and other intangibles that are necessary for public institutions of higher education to compete with its private counterparts, which ultimately impacts the quality of contributions these institutions may offer society and the public good.

With declining state funding sources for public higher education, and public higher education institutions' desires to remain competitive, public higher education institutions are collaborating with private funding sources in order to move forward with new initiatives; however, an initiative of public higher education that did come to fruition beyond the idea stage without depending on private donations and gaining full support of state appropriations was the School of Dental Medicine (SoDM) at East Carolina University (ECU) within the University of

North Carolina System. Although the University of North Carolina at Chapel Hill (UNC-CH) houses a nationally renowned School of Dentistry, the creation of a second school at ECU progressed through the political decision making process successfully while state legislators decreased appropriations to its home institution and broader system of public higher education. While there have been private donations to capital projects and in the form of scholarships for students, this initiative was appropriated funding by the NCGA and was not dependent upon private funding.

In order to contribute to creating this increased level of understanding among leaders in the field of higher education, this study conducted an in-depth investigation, utilizing single, historical, case study research of the SoDM at ECU, an example of a successfully funded (through state appropriations) initiative within the UNC System during a period of economic downturn. North Carolina and an initiative of its four-year, public higher education system were selected for this study given UNC's significance in the history of public higher education in the United States. This particular school is the second of its kind in the state four-year, public higher education system, offering an education program that is already offered at a nationally renowned program established within the UNC System. Furthermore, legislative support for the initiative was gained over a period of historic levels of reductions in state appropriations for North Carolina four-year, public higher education system.

It is the goal of this study to not only shed light on the reasoning behind funding the initiative and the way in which it came about, but to also communicate valuable lessons from this experience to leaders in public higher education that will assist them in understanding how to best proceed when trying to influence state legislators to support new initiatives of public higher education, especially as it relates to critical junctures in the overall process. Beyond the value of

this study to higher education administrative practitioners, this study anticipates expanding Kingdon's concepts of the Primeval Soup and Multiple Streams Model from what has most often been applied to federal level policy to policy decisions at the state level.

School of Dental Medicine and Its Evolution within the Context of Legislative Support

The School of Dental Medicine (SoDM) at East Carolina University (ECU) was funded during a time of economic downturn while state appropriations to four-year, public institutions of higher education were being largely reduced. While there are several cases across the country that might be utilized for the purposes of this study, this case is unique in that it is one of the few new, four-year, public higher education initiatives to receive state appropriations for the specific use of funding this initiative and making it such that the initiative is not dependent on private funding in order to survive. Additionally, there already existed a well-established, highly ranked School of Dentistry within the University of North Carolina (UNC) System meaning that the NCGA, which is the group of decision makers at the heart of this investigation, was not ultimately discouraged from appropriating funding for something that essentially already existed and was being funded on the UNC-Chapel Hill campus.

This study is unique within the sector of higher education in that it delves into a political process in order to more fully understand legislative decisions that affect public institutions of higher education. Much of the literature currently available addresses the factors impacting political decision making; however, the literature lacks research that goes beyond the factors influencing political decision making, especially as the process relates to state legislators in their decisions to appropriate funding to initiatives of public higher education. The literature available that does address the process of decision making, in general, using Kingdon's Multiple Streams Model, lacks focus on his concept of the Policy Primeval Soup with the influence of multiple

streams, which addresses the points at which the streams come together to enact change. Thus, this study will contribute to the literature and the field of Higher Education by studying support for new higher education initiatives within a conceptual framework that focuses not only on the origination of the policy idea, but also on the junctures at which progress occurs.

Significance of this Study

This qualitative study is significant with respect to anticipated contributions to the literature as well as providing insight for practitioners to utilize. As will be discussed in Chapter Two, most of the current literature related to the decision making process for legislators concerning support for public higher education focuses on the various factors that influence these political decisions of appropriations. However, there is a lack of research that offers a comprehensive view of the essential aspects to the political decision making process related to supporting new initiatives of public higher education, especially concerning the critical junctures at which catalytic events occur to move new initiatives closer to implementation. Findings from this study will contribute to building a body of knowledge within higher education research that looks beyond surface factors to the processes involved in legislators arriving at decisions affecting higher education.

This study also provides knowledge for practitioners of public higher education to use in navigating the political realm of decision making. With this investigation of the cycle of events that led to a state legislature successfully funding a new, public higher education initiative during one of the most difficult economic times in the history of state appropriations to four-year public higher education in that state, leaders in public higher education might utilize the findings to understand how to effectively move forward with new initiatives of public higher education during periods of economic challenges. As administrators in public higher education institutions,

especially those in senior roles of leadership at these institutions, it will be vital to their institutions' educational quality and service level to be able to secure funding through state appropriations in order to continue growing with new initiatives that respond to needs not only on local and state levels but also on a global level. This study's focus on not simply an overall process of political decision making, but also the critical junctures in the process where progress is made to ultimately achieve implementation, offers leaders in public higher education an essential piece of knowledge to apply to their strategic designs for gaining legislative support that will enable their institutions to thrive in a competitive and ever-changing global market. This knowledge equips leaders in the field of public higher education with the tools to strategize and frame a powerful and effective message for those with the ultimate decision to support funding new initiatives of public higher education.

Although the focus of this study is on a single case in a specific state system of public higher education, it offers an initial point of understanding on which other institutions of public higher education and their state systems might build and grow. Furthermore, it expands Kingdon's concept of multiple streams to the state level of political decision making as it relates to an area (public higher education) beyond those areas of his initial studies (federal health and transportation policies) and reveals themes of occurrences that propelled and impeded the evolution of a new initiative of public higher education requiring state appropriations.

Organization of the Study

A review of the current literature relating to political decision making and how it impacts higher education will follow in Chapter Two of this dissertation. It also includes a description of the Policy Primeval Soup Concept in order to give the reader an understanding of the conceptual framework within which the study's research results will be analyzed. While this study seeks to

go beyond the current literature available and arrive at the core of what moves legislators to support certain initiatives and not support others, this literature review will set the political context within which these decisions are made. Chapter Three of this dissertation will provide the reader with the plan for this study, its methodology. Details of how this study will address this question are included in Chapter Three.

Answers to this question will be sought through a single, historical case study. The rationale for this type of study is that it will represent how abstract ideas of higher education initiatives become concrete, higher education initiatives funded by state legislators (representative rationale). Within the context of four-year, public higher education initiatives in North Carolina, the unit of analysis will be the School of Dental Medicine at East Carolina University.

After providing details of the case background in order to familiarize readers with previous experiences of establishing new initiatives at East Carolina, cited by informants to have influenced the evolution of this case's initiative (SoDM at ECU), Chapters Five and Six of this dissertation will build on Chapter Three by bringing to life the plan described in the methodology section. Chapter Five will describe findings that emerged in the study using the application of Kingdon's Policy Primeval Soup Concept to the information gathered while conducting this case study. Chapter Six will conclude the dissertation with a discussion of the findings that emerged and what revelations and implications emerged for leaders in higher education to apply in their quests for successfully impacting political decision making related to funding four-year, public higher education initiatives.

Operational Definitions

In order to provide a common understanding and context within which to interpret the information contained within these chapters, it is essential to define key terms for standardization. As such, the following key terms are to be interpreted within the confines of this study as follows:

Agenda / Governmental Agenda: This term, when used within the context of this study, refers to the "list of subjects or problems to which governmental officials, and people outside government closely associated with those officials, are paying some serious attention at any given time" (Kingdon, 2003, p. 3).

Agenda setting: This phrase, when used within the context of this study, refers to the process that "narrows the set of conceivable subjects to the set that actually becomes the focus of attention" (Kingdon, 2003, p. 3).

Alternatives: This term, when used within the context of this study, refers to a set of subjects or problems "apart from the set of subjects or problems that are on the agenda...for governmental action...seriously considered by governmental officials and those closely associated with them" (Kingdon, 2003, p. 4).

Decision agenda: This phrase, when used within the context of this study, refers to the "list of subjects within the governmental agenda that are up for an active decision" (Kingdon, 2003, p. 4).

Inside government: This phrase, when used within the context of this study, refers to the "people in governmental positions [who] have formal authority granted by statute and by the constitution" (Kingdon, 2003, p. 45).

Policy communities: This term, when used within the context of this study, refers to a group of "specialists in a given policy area" (Kingdon, 2003, p. 117).

Policy entrepreneurs: This phrase, when used within the context of this study, refers to "people willing to invest their resources in return for future policies they favor" (Kingdon, 2003, p. 204).

Policy window: This phrase, when used within the context of this study, refers to the "opportunity for advocates of proposals to push their pet solutions, or to push attention to their special problems" (Kingdon, 2003, p. 165). Essentially, it is an "opportunity for action on given initiatives" (Kingdon, 2003, p. 166).

CHAPTER 2: LITERATURE REVIEW

Chapter One described the societal and historical context for the need of this study.

Chapter Two will expand upon this introduction with details regarding current research available as it relates to legislators' decisions surrounding appropriations for funding public higher education. Not only will this chapter discuss current research available, but it will also provide detailed explanations of the conceptual framework selected for this study, as well as other conceptual frameworks that have impacted current literature discussed and the framework utilized for this study. An understanding of these frameworks is necessary in order to build foundational knowledge for understanding the analyses and discussions offered in Chapters Five and Six of this dissertation.

Much of the available current literature addressing political decision making has focused on factors influencing legislators' decisions to appropriate funding to public higher education initiatives more so than on a comprehensive investigation of the process at work in creating policy, especially concerning public higher education appropriations of state funding. Those studies that have shifted focus to the process rather than general factors of influence in political decision making and policy development have utilized Kingdon's (2003) Multiple Streams Model, also (at times) referred to as the Garbage Can Model, in order to attempt to explain how alternatives are selected for policy construction and how decisions are made in the political arena, concentrating on the agenda-setting process. However, little focus has been given to the Policy Primeval Soup Concept developed by Kingdon (2003) as a modification to his Multiple Streams Model. As such, this study will expand the literature related to the process of state legislators' political decision making process as it relates to appropriating funding for new initiatives at four-year institutions of public higher education by concentrating on Kingdon's

(2003) Policy Primeval Soup Concept to investigate not only the origination of the policy idea, but also the junctures at which progress occurs as it relates to appropriations of state funding for public higher education initiatives.

Factors of Influence

Political

A state's political culture has a great influence over legislators' political decision making. Kingdon expresses that the politics stream in his Multiple Streams Model "exerts the most influence" on policy development and decision making (Ness, 2010, p. 36). In a case study surrounding policy making in North Carolina (related to out-of-state enrollments), Frost, Hearn, and Marine (1997) noted that "state-level decision making inevitably involves attention to political reasoning, bureaucratic structures, time constraints, and the nature of pressing public concerns" (pp. 388-389). This emphasizes the idea that decisions impacting how institutions of public higher education will proceed are ultimately made by those outside of the institution and/or public higher education. Political reasoning and bureaucratic structures (governmental institutions / organizations guided by certain rules and regulations) are key aspects to the decisions affecting public higher education. Additionally, public concerns will weigh heavily in comparison to what those within public higher education might express. Within the informal and formal rules of legislatures, there is never a guarantee that certain policies will survive or fail as their outcomes are dependent on not only established processes but also a variety of personalities (Canfield-Davis & Jain, 2010).

Issues may be continuously in play, and even relatively new reforms may be continually subject to shifts in the salience of issues to the public, the ambient event context (or what people perceive or know to be happening contemporaneously), emergent or embedded

ideologies, political dynamics, and other contingencies. (Leslie & Novak, 2003, pp. 99-100)

Generally speaking, legislators constantly rely on the institutional beliefs (as created by political ideologies within parties, shared values among policymakers within the legislature, etc.) within their state legislatures as well as personal heuristics as they make decisions about legislation based on values, expertise, and friendships / relationships as well as the influence of referent groups with which legislators interact (Canfield-Davis & Jain, 2010). These aspects of the political culture are reflected in research conducted within the Advocacy Coalition Framework of Sabatier and Jenkins-Smith, which addresses the ways in which belief systems and policy actors influence the policy process (Ness, 2010).

Those policy actors, related to decisions surrounding higher education, with the most influence are part of the "higher education regime", which is comprised of state government officials who are "directly responsible for policy decisions and are gatekeepers of policy reform or inaction" (Gittell & Kleiman, 2000, p. 1,059). This group of influential individuals within the sphere of higher education policy typically includes the Governor and/or Lieutenant Governor, key state legislative leaders, and system heads of major four-year college systems. The college system heads are typically not as influential over policy making but are integral in the implementation of policy (Gittell & Kleiman, 2000).

The greatest impact on higher education policy comes from those elected to office rather than leaders in higher education. Among those elected to office, the most influential legislative leaders include the highest ranking members of the state House of Representatives and Senate as well as chairs of legislative education committees and chairs of appropriations committees.

Leaders of minority and majority parties within the state legislature are also an integral part of

this decision-making regime, referring to those individuals identified as most influential in higher education policy decisions (Gittell & Kleiman, 2000). Expressing the crucial role held by House and Senate leaders, a respondent in this study revealed, "Anything that has approval of leaders of both houses of legislature passes and if one of them is opposed, it doesn't pass – it's that simple" (Gittell & Kleiman, 2000, p. 1,065). There is also evidence that the larger proportion of "legislative-appropriations committee members" in existence, the greater the appropriations are for four-year, public institutions of higher education (McLendon, Mokher, & Doyle, 2009, p. 397).

North Carolina's governor is considered one of the weakest in gubernatorial powers among the 50 governors in the United States. In a study of United States governors, North Carolina was found to be one of the seven weakest governors in the country (Beyle & Ferguson, 2008, pp. 213-214). Regardless of the degree of formal power the governor of a state has, he or she is "widely viewed as the most important higher education actor" (Gittell & Kleiman, 2000, p. 1,065). Those governors having "strong budgetary powers" tend to support funding of other areas supported by the state government rather than higher education in an effort to assist their preferred objectives (Tandberg, 2008, p. 9). With more budgetary powers from their positions, governors have increased opportunities to negotiate and make trades with state legislators in order to accomplish objectives governors wish to use to define their terms in office. In some instances these objectives may include public higher education; however, these governors are most often members of the Democratic Party. Governors of the Republican Party have not tended to support appropriations for higher education to the degree their Democratic colleagues have in the past (Tandberg, 2008).

Policy makers exist in a unique world of "distinctive cultures" that vary from state to state in which they are "socialized...and share understandings about what is right and proper" (Marshall, Mitchell, & Wirt, 1985, p. 90). Marshall et al. (1985) note that "the interaction and beliefs of policy actors are key to understanding their social construction of the reality in which they live, and their way of coming to the point of policy choice" (p. 114). Political ideology is a key aspect to political culture given that the social interactions among policy actors in shared environments have ingrained in these individuals certain actions, interactions, and choices deemed appropriate, ultimately impacting policy making (Marshall et al., 1985). For example, Democratically controlled legislatures tend to be more supportive of funding public higher education than when controlled by the Republican Party as studies have shown the Republican Party tends to suppress funding for higher education (McLendon, Hearn, & Mokher, 2009). When political ideologies serve as polarizing forces in legislatures, disagreements among the ideologies weighing in may challenge support for funding public higher education (Dar, 2012).

Additionally, when both the House and Senate are controlled by the same party, funding for public higher education tends to decrease while funding for K-12 public education increases (Tandberg, 2008, 2009). Strong attitudes based in certain political ideologies may even lead some legislators to ignore messages that do not agree with their beliefs; however, deliberation, whether it is within oneself, in a small group, or in public forums, has been shown to shift ideologically based attitudes (Gastil, Black, & Moscovitz, 2008). In addition to political ideologies defined by political party affiliation, some states' legislatures are defined by close ties to the business sector, making decisions more in line with a business perspective. Governors in North Carolina were successful in creating such ventures as the Research Triangle Park (RTP), the North Carolina Community College System, and the consolidation of the individual four-year

institutions of public higher education into the University of North Carolina System by utilizing an economic base to their arguments to persuade legislators and the public to support such new and costly initiatives in the state (and some being the first of its kind in the nation). The key piece of their arguments for supporting such new initiatives was the contribution they would make to the economic development of the state. As such, when deciding to support higher education, those legislators tied to this sector (business and industry) may scrutinize public higher education and desire to see a connection between higher education and contributions to the states' economic development (Gittell & Kleiman, 2000).

Lobbyists and interest groups are also key players in the political culture and should be embraced by public higher education it its pursuit of legislative support (Cook, 1998). As mentioned earlier, these political actors play a major role in influencing legislators' decisions about appropriations for public higher education by professional design (Nownes, 2012). However, due to the highly respected status in society that has traditionally been held by public higher education as a public good, lobbyists for higher education should be careful not to be seen as just another lobbyist in the funding game. Without active and competitive lobbying, though, higher education may be seen as a low priority and have difficulty positioning itself on the public agenda. Unfortunately, the decreased public confidence in higher education and the public view of higher education being greedy, privileged, and elitist during the 1980s and 1990s made the lobby effort more difficult as legislators were more critical of higher education in response to their constituents' views (Cook, 1998).

Increased spending on higher education is impacted by the degree to which an institution lobbies its state legislature (Tandberg, 2009). When the lobbying and interest group pool for higher education is larger and stronger in comparison to the rest of the lobbying powers in the

state, then public higher education is treated more favorably when decisions about state appropriations are made (Black, 2008; Tandberg, 2009). A proposed result of stronger lobbying has been the effect it has had on state legislatures under term limits. When term limits exist in state governments, funding for public higher education tends to increase, and it is suspected that newer legislators often yield to the pressures of such lobbying (McLendon, Hearn, & Mokher, 2009). Additionally, the geographical location of institutions of public higher education have in relation to the state capital impact the effect lobbying for public higher education has on legislators. The closer in proximity the institution is to the capital, the larger appropriations tend to be for the institution in comparison to peer institutions at a greater distance (McLendon, Mokher, & Doyle, 2009).

Another influence of political decision-making by state legislators that is closely aligned with the political culture is the degree to which a state legislature is professionalized.

Essentially, the more a state legislature reflects the United States Congress with its staffing, pay, and session length, the more likely that state legislature is to support higher education with state funding (Gastil et al., 2008; McLendon et al., 2009; Tandberg, 2009). More professionalized state legislatures have been observed to possess many of the attributes that are indicative of increased state funding of public higher education including having more members who are well educated.

Citizen participation has also been shown to influence state appropriations for higher education with increased participation of a state's citizens in the political process yielding increased appropriations for public higher education (Weerts, Sanford, & Reinert, 2012). Citizen participation is not exclusive of lobbyists and interest groups when stakeholders such as campuses of public higher education, interest groups, community and business leaders, and

citizens join together, such a coalition of groups "have effectively provided colleges and universities with a base of power to garner state support for higher education... [and] keep higher education... on a state's agenda" (Weerts et al., 2012, p. 6).

Perceptions and Experiences

Speaking to this specialized culture, mentioned above, that shapes policy makers' perceptions, Cambridge (2011) emphasizes the importance in knowing one's audience. In this case the audience is the government official. She observes that "advocates at the federal level bring to visits with legislative staff and with legislators uninformed assumptions about their audience...They neglect to consider the conflictual context of the political setting" (Cambridge, 2011, p. 140). This reiterates the importance of understanding legislators' perceptions shaped by their personal experiences and political culture when seeking support for higher education.

Educational background is an aspect of legislators' personal experiences that impacts their decisions related to funding public higher education. Legislatures with higher percentages of legislators with degrees from postsecondary institutions tend to offer increased support for higher education. Furthermore, higher percentages of legislators possessing postsecondary credentials from public higher education institutions lead to increased support for public higher education institutions, regardless of whether the legislator graduated within the state they serve or if they graduated from a public institution outside the state they serve (Thiele, Shorette, & Bolzendahl, 2012).

Mumper extends this emphasis in understanding one's audience by noting that one must comprehend how "policymakers understand the causes of the problem" (Mumper, 2001, p. 44). In his interviews with key policymakers (in 11 states) about their perceptions of the causes of college tuition inflation, Mumper found no cause that was significantly more important than

another. However, the five themes that seemed to emerge as perceived causes of tuition inflation included: the state's economic condition; other areas requiring state funding are of higher priority than higher education; inflation is a necessary evil in continuing to maintain quality; college leaders mismanage funds; and tuition inflation is not a problem given enrollments continue to grow despite tuition increases. The trend of Mumper's findings seemed to be that policymakers viewed tuition inflation as something out beyond their control for which they were not particularly responsible or had no other choices than those they had made. By understanding what policymakers view as the primary cause for concern to which there should be an appropriate response, one will be able to anticipate how legislators will move forward. At the same time, by thoroughly understanding the cause(s) of the problem(s), policymakers may better comprehend the impact their policy choices / remedies might have on public higher education and constituents (Mumper, 2001).

Economic

Mumper's study, as well as other research, indicated that decreased appropriations and increased tuition costs have been attributed to various economic factors. The business cycle has an especially strong influence on the state's budget that impacts state appropriations for public higher education. There is a decrease of \$3.80 per capita in state appropriations for every 1% increase in the unemployment rate as well as a 1.4% change in state appropriations per full-time equivalent student for every 1% change in per capita income (Tandberg, 2008). On average, the most recent national trend has demonstrated spending of \$5.42 per \$1,000 of personal income and \$229.72 per capita population (CSEP, 2013c). Legislators consider how funding public higher education will contribute to the tax base of their state and the degree to which the institutions being funded will supply the state with workers skilled for the state's industries

(Weerts et al., 2012). If a state is more focused on technical training, then two-year community colleges may receive more of the benefits of state appropriations than their four-year counterparts. Not only are four-year institutions in competition with two-year institutions to gain legislators' support, but they are also competing with other arenas such as healthcare, transportation, social services, and corrections for scarce funding from their state legislatures as legislators consider how best to spend taxpayer dollars (Tandberg, 2009).

Figure 4 illustrates the variations (on average nationally) in appropriations among these areas during state fiscal year 2010-2011, reporting percentages of total state expenditures allotted to the various areas. Accordingly, higher education was in the middle of state expenditures, ranking fourth out of seven functional areas supported by taxpayers. States spent more funds on functional areas not specifically listed in Figure 4 but grouped together, Medicaid, and elementary and secondary education, respectively (National Association of State Budget Officers, 2012).

Given that this study utilizes a case specific to North Carolina to study state legislator support for new initiatives of public higher education, Figure 5 offers some perspective in contextualizing the percent of state expenditures allocated across the seven function areas funded by taxpayers in North Carolina (NC) as they compare with state trends across the United States. Figure 6 offers another visual aid in understanding the variations in state expenditures among the functional areas competing for public funding. This figure illustrates the percentage change in states' expenditures to support the seven service areas during fiscal years 2010-2011 and 2011-2012. In doing so, it communicates which areas experienced increases and decreases in funding during fiscal years 2010-2011 and 2011-2012.

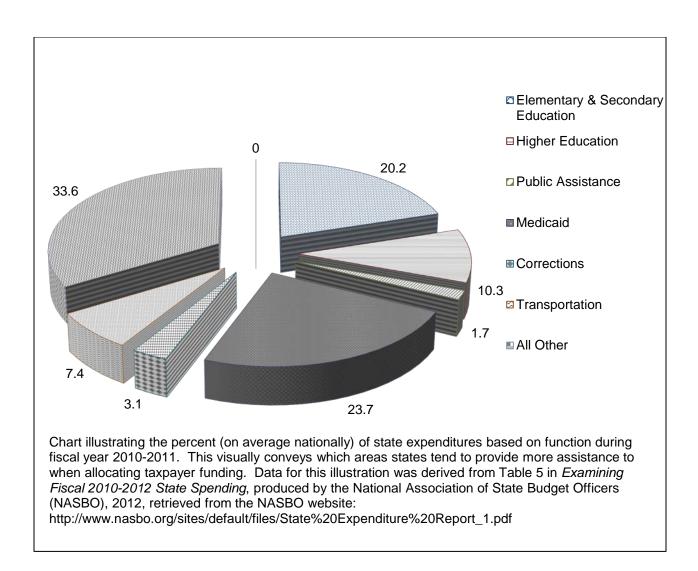


Figure 4. Percent of state expenditures (nationally) by function.

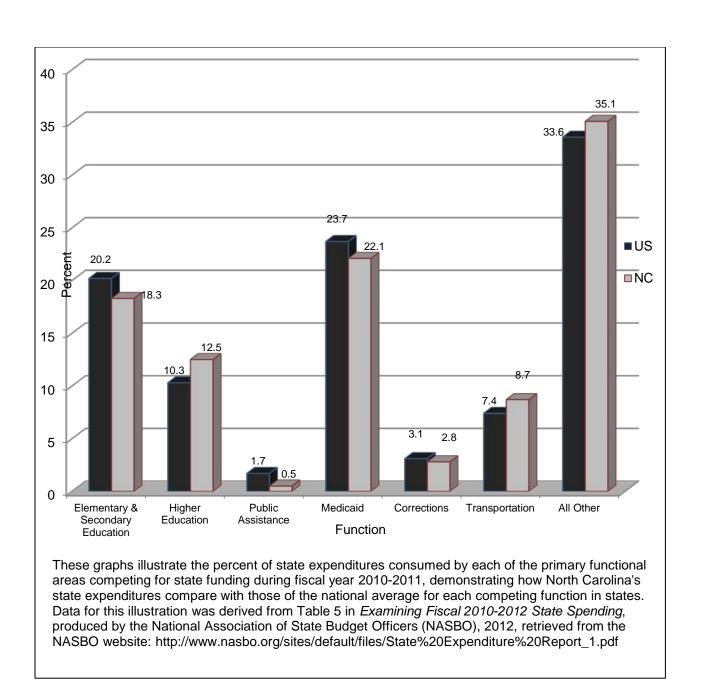
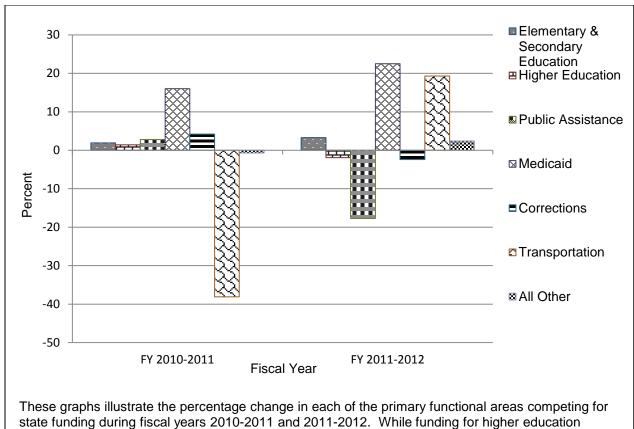


Figure 5. Percent of state expenditures by functional area during fiscal year 2010-2011 in North Carolina and the United States.



These graphs illustrate the percentage change in each of the primary functional areas competing for state funding during fiscal years 2010-2011 and 2011-2012. While funding for higher education increased slightly during the fiscal year 2010-2011, there was a decrease in higher education funding during the fiscal year 2011-2012. Medicaid and elementary and secondary education were the only functional areas receiving increases during both fiscal years with the increase being greater during the previous fiscal year than in the subsequent fiscal year. Data for this illustration was derived from Table 2 in *Examining Fiscal 2010-2012 State Spending*, produced by the National Association of State Budget Officers (NASBO), 2012, retrieved from the NASBO website: http://www.nasbo.org/sites/default/files/State%20Expenditure%20Report 1.pdf

Figure 6. Annual Percentage Change in State Expenditures (Nationally) by Functional Area for Fiscal Years 2010-2011.

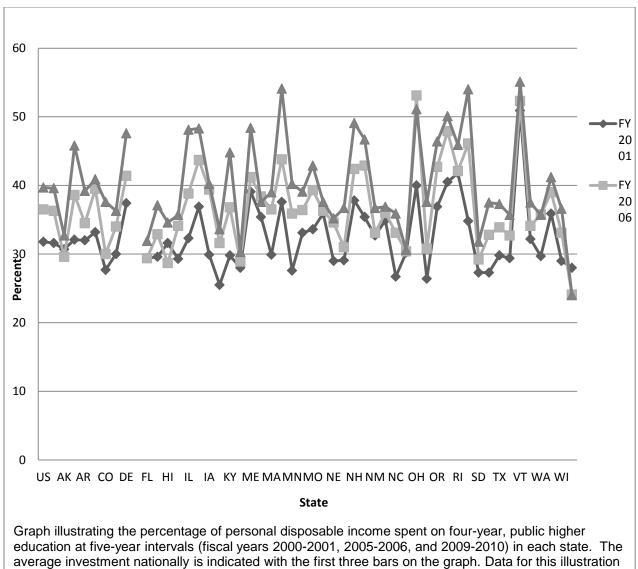
In the competitive arena of state funding, state legislators view tuition as a resource for institutions of public higher education to draw from in order to compensate for the loss of stateappropriated funds that may result during the balancing of the budget and determination of appropriations for state-supported programs. This resource of tuition revenue is unique to the public higher education sector as no other state funded area has such a consistent revenue source. In some instances, the other sectors such as transportation enact similar revenue through toll roads and other fees; however, public higher education institutions consistently add fees to students' charges as a means of increasing revenue and funding. The monetary costs associated with increasing tuition to cover the loss of state funds trickles down to the citizens of the state, requiring them to pay individually from personal funds (typically obtained via loans from the federal government or banks). In addition to tuition, institutions of public higher education also enact fees such as those to cover costs associated with technology, activities, parking, health services, student services, graduation, and other auxiliary services that may not have been covered with state funding without options to not participate in these services. For example, since 2010, Worcester State University in Massachusetts has been charging students a \$72 annual "parking / pedestrian access fee" in order to cover costs of maintaining walkways to cover its decline in state funding ("Students Object," 2013).

Economic conditions of the state are sometimes viewed as out of the control of the policymakers who are simply doing the best they can with balancing the budget (Mumper, 2001). Legislators perceive colleges and universities as having financial sources beyond that which is appropriated by the state thereby assuming that someone or something else will take care of the decrease in funding (Baird, 2006; Gastil et al., 2008; Tandberg, 2009). Given that public higher education is viewed by legislators as an area of the state budget that does have options for

supplemental funding with non-governmental sources of revenue, being seen as an area where state support may be decreased in trying to balance limited state budgets, movements toward being less reliant on state appropriations are occurring across institutions of public higher education in the United States.

Non-governmental donations, holding individuals responsible for securing tuition funds, increasing user fees, revenue from auxiliary sources, privatization, and support for research from funding sources other than state appropriations have all contributed to public institutions of higher education being considered as public assisted rather than public supported. Such actions lead legislators to believe that public higher education institutions will become efficient only when state appropriations are decreased (Koch, 2008). This response of shifting costs from the public to the individual / private sector is characteristic of the economic reality that has been developing since the 1980s and 1990s and began taking shape as we know it today in the 2000s (Dennison, 2003).

Figure 7 illustrates this shift by displaying the change in percentage of disposable personal income public higher education has consumed in each of the 50 states as well as the national average of personal investment for fiscal years 2000-2001, 2005-2006, and 2009-2010 (NSF, 2012). This shift from public to personal investment is also displayed in Figure 8, utilizing the percentage change in public higher education net tuition revenue per FTE increasing in all but two of the 50 states to demonstrate such a shift (SHEEO, 2013). This shift's reflection of the changing view of public higher education is addressed by Kezar (2004), who references the mission of public higher education being to serve the public good as a charter between higher education and society traditionally where it (higher education) reaches nearly every perspective of society including democratic functions, arts and humanities; partnering with and supporting



Graph illustrating the percentage of personal disposable income spent on four-year, public higher education at five-year intervals (fiscal years 2000-2001, 2005-2006, and 2009-2010) in each state. The average investment nationally is indicated with the first three bars on the graph. Data for this illustration was derived from Table 8-26 of "Chapter 8: State Indicators" in *Science and Engineering Indicators 2012*, produced by the National Science Foundation (NSF), 2012, retrieved from the NSF website: http://www.nsf.gov/statistics/seind12/pdf/c08.pdf.

Figure 7. Average cost as a percentage of disposable income for attending undergraduate four-year, public higher education.

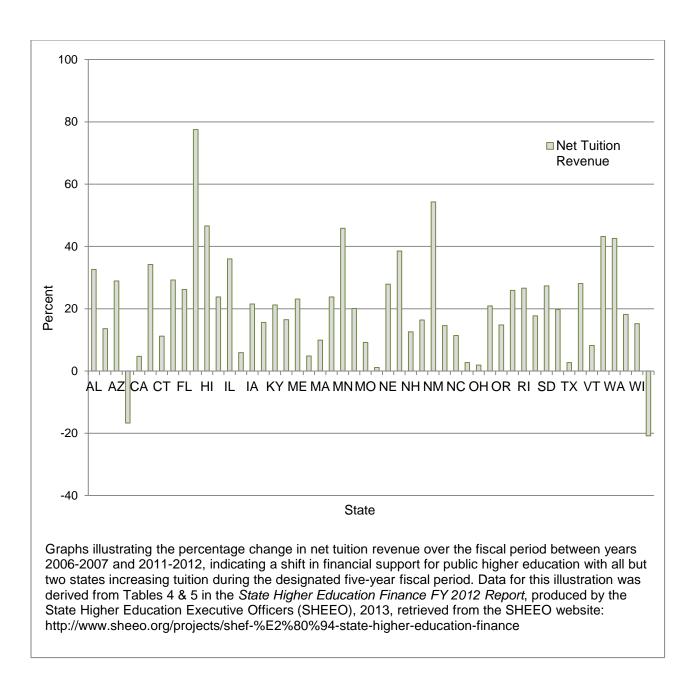


Figure 8. Percentage change in net tuition revenue between fiscal years 2006-2007 and 2011-2012.

other public services (healthcare, government, etc.); and teaching values that are essential to a positively functioning society.

Unemployment rate is a factor that might be considered both an economic factor as well as part of state culture when considering categories of factors influencing state appropriations for public higher education. As public higher education is considered more of a personal investment, with more of the costs being shifted to the citizen from the State through institutional fees, increases in unemployment negatively impact full-time equivalent (FTE) enrollment. For those institutions funded according to FTE enrollment, this would yield decreased state appropriations.

State Culture

One of the more influential aspects of a state's culture relates to the unemployment rate. Research has shown that for every one percentage point increase in a state's unemployment rate, there is a decrease of seven percentage points in appropriations for full-time enrollment, linking state appropriations for public higher education to a state's economic strength. States with stronger economies, resulting in larger appropriations for public higher education, tend to have "more diversified representation of industrial sectors and a greater ability to sustain investment in higher education" (Weerts et al., 2012, p. 7).

Sustaining investment in higher education by arriving on a state's agenda and gaining legislative support for public higher education funding may result from the culture of a state involving "regional values, history, and symbols" (Weerts et al., 2012, p. 7). States that have historically offered strong support to public higher education with state appropriations will be less likely to decrease funding as it also tends to reflect the state's values in making public higher education a priority in that state (Weerts et al., 2012). The priority for state appropriations that a

legislature gives to its institutions of public higher education results from aspects such as attitudes related to how public higher education benefits the state. For example, if a state's economy is based more on having a workforce that does not require a four-year degree, then that state's legislature may be more hesitant to appropriate funding for its system of four-year, public higher education. In contrast, states with a more liberal culture tend to support public higher education with state appropriations in comparison with more conservative state legislatures that tend to withhold appropriations for public higher education (Weerts et al., 2012). Thus, if economic development / growth has been the argument upon which a state has historically based its need for public higher education, indicating that the state values and feels the need to invest in economic development / growth, then legislators' support would be influenced by their perceptions of public higher education's contributions to this valued area (Gittell & Kleiman, 2000).

Age demographics of a state also contribute to its economic strength, especially as it concerns the ability to contribute to the tax base. If a large percentage of a state's population is college age, then legislators tend to withhold funding for public higher education. Students enrolled full-time in institutions of higher education are not vital contributors to a state's tax base, which limits the amount of financial resources available to the state for appropriations (Tandberg, 2009). At the opposite end of the age demographic spectrum, states with a larger proportion of the population being older (at or near retirement age) would have fewer funds appropriated to public higher education than their counterparts with younger populations. State appropriations have been found to decrease by seven percent as a state's population increases its proportion of citizens age 65 or older by 10 percentage points (Weerts et al., 2012). States with larger portions of the population being in the age range (or close to it) receiving Medicaid

benefits are more concerned with supporting this aspect of healthcare rather than investing in public higher education which may not be of the greatest benefit to the state's tax base.

Higher Education

Just as a college-aged population may be a hindrance to public higher education institutions receiving state appropriations, literature confirms that the higher education sector may also be critical to receiving state appropriations. Institutional logic, or the "belief systems and associated practices that predominate in an organizational field," has offered insight into factors influencing policy making decisions surrounding higher education from the organizational perspective of the institution of higher education governing boards (Bastedo, 2009, p. 211). Similar to the ways in which ideologies and experiences of state legislators impact how these policymakers consider issues and make decisions, institutional beliefs / logics, those common ways of interpreting what is taking place in the organization / institution and how to respond to it, provide a framework for creating and implementing policy within institutions of public higher education (Bastedo, 2009). This could feed into the way in which institutions allot state appropriations, which is considered to be inefficient by some state legislators that affects public higher education.

Core logics emerging in past studies have included "mission differentiation, student opportunity, system development, and managerialism" (Bastedo, 2009, p. 216). In a study of Governing Boards of Higher Education in Massachusetts, it was found that when a policy involved more than one of these logics, it was more successful in being embraced. The idea of convergent logics, institutional beliefs according to which multiple institutional stakeholders act, extended from Governing Boards to policy makers in the Massachusetts State Legislature (Bastedo, 2009).

Mission differentiation refers to clearly defining the mission of a campus within a system of public higher education having various campuses specializing in certain areas and attracting various levels of students to the campus appropriately matched with the students' skill level. The three primary levels within most systems of public higher education could be segmented into three different focuses of achievement: research with baccalaureate, master, and doctoral level degrees; teaching and baccalaureate and master level degrees; and vocational training with baccalaureate degree transfer preparation. This form of segmentation is viewed as an approach to efficiency. Within the logic of mission differentiation, there are three subsets of this logic that include vertical, horizontal, and internal differentiations. The vertical differentiation of mission differentiation involves policies that ensure students are placed on campuses best suited to their academic abilities as well as preventing "mission creep," referring to situations where campuses might venture to awarding degrees that are outside the designated mission of the institution. Horizontal differentiation addresses institutions responding to needs of the local communities in which they reside and serve, identifying institutional priorities that are unique to that institution's campus and different from sister institutions. Rather than concerning system-level differentiations (vertical and horizontal), internal differentiation refers to a formal hierarchy established among students, faculty, and academic programs within a particular institution, providing formal distinctions among each of these groups.

In addition to mission differentiation, student opportunity, system development, and managerialism are additional core logics found to be influential in policy making using institutional beliefs. Student opportunity was found to be the core logic most important among the four cited. This logic refers to policies that promote access and opportunity to achieving baccalaureate degrees, typically involving financial aid policies and transfer policies between the

two-year and four-year institutions. The system development logic combines the logics of mission differentiation and student opportunity to give policy development a comprehensive sense of the institutions working together to strengthen the overall system as well as each other. The fourth logic, managerialism, refers to those in the highest administrative positions (President, Chancellor, etc.) having power and authority to create change but also taking responsibility for the results of actions taken (Bastedo, 2009).

Building on the idea of logics and heuristics of policy makers, the higher education sector influences outcomes of state appropriations based on various demographics of enrollment, which includes the enrollment of students at private colleges and universities in the state. When enrollments at private institutions of higher education increase, state support of public higher education also tends to increase. Enrollments at two-year, public higher education institutions also impact state funding of four-year, public higher education. When enrollments increase at two-year public higher education institutions, then legislators tend to decrease appropriations to four-year institutions of public higher education (Tandberg, 2009).

Also, the usage of a funding formula in appropriating state funds for public higher education tends to lead to increased appropriations for public higher education while decreased appropriations to public higher education result when tuition increases at four-year public institutions of higher education (Tandberg, 2009). During the five-year period between fiscal years 2005-2006 and 2010-2011, average state appropriations decreased from about 63% of the total tuition revenue per full-time equivalent (FTE) enrollment student to about 57% of the revenue per FTE across the nation (State Higher Education Executive Officers [SHEEO], 2012). This last factor (increasing tuition at four-year public institutions of higher education) may be a

result of a cycle where appropriations are decreased and in response to the decrease, there is an increase in tuition and fees at four-year public institutions of higher education (Tandberg, 2009).

Multiple Streams Model and Political Decision Making

Beyond general factors influencing state legislators in their decisions to appropriate funding to initiatives of public higher education institutions, current literature has also addressed the process of political decision making and policy making by viewing it through the lens of the Multiple Streams Model, also referred to as the Garbage Can Model (Kingdon, 2003). Kingdon designed his version of the Garbage Can Model for Organizational Choice, initially put forth by Michael Cohen, James March, and Johan Olsen, to reflect the public policy process and simply refers to it as the Garbage Can Model (Kingdon, 2003). Literature making reference to the Multiple Streams Model does so utilizing Kingdon's Garbage Can Model rather than that designed by Cohen et al.

Ness and Mistretta (2009) note that Kingdon's Multiple Streams Model / Garbage Can Model offers "the greatest explanatory power of the criteria determination process with elements of the advocacy coalition framework and electoral connection also relevant" (p. 491). The Advocacy Coalition Framework, as designed by Sabatier and Jenkins-Smith, provides a context for mostly policy subsystems and stakeholder actions while the Electoral Connection Framework of Mayhew focuses attention on the political influences of voters as legislators are being considered for election (Mayhew, 2004; Ness & Mistretta, 2009; Ness, 2010). The Electoral Connection Framework posits that "the policy process can be explained simply by elected officials' reelection interests" (Ness, 2010 p. 36).

Typically, studies investigating the agenda-setting aspect to the political decision making process utilize Kingdon's Multiple Streams Model. Ness (2008) expanded upon not only

Kingdon's Multiple Streams Model but also McLendon's Policy Streams Model of Decentralization Agenda Setting with a focus on the 'contextual conditions' aspect to agenda setting to explain the process of agenda setting that includes "organizational structures and policy trends both within and external to the state" (Ness & Mistretta, 2009, p. 492). Ness and Mistretta (2009) found that political culture, structure, and maneuvering were influences of passing the education lottery, which would partly fund higher education in North Carolina. Internal expertise, North Carolina roots, and political influence related to gubernatorial preferences emerged as influential in passing the bill.

Most of the message publicized in support of the lottery in North Carolina related to its contributions to the economy of the state. Linking initiatives related to higher education to the economy in the State of North Carolina have traditionally proven successful, which was the case with this piece of legislation. During legislative testimony, experts selected to testify to the benefits of the lottery on higher education were selected from premier universities in North Carolina (internal), and everyone else selected to testify had roots in North Carolina. No one on record of testifying was from outside of the state. The Speaker of the House and governor were seen as two of the most influential policy actors in this event, utilizing the influence of their positions to lobby for the passage of the lottery. The governor, especially, was viewed as carefully crafting a message that would resonate with North Carolinians in gaining support for this agenda item of his that he envisioned would support his educational programs on his agenda (Ness & Mistretta, 2009).

Also, passage of the lottery bill was the result of political strategy in the North Carolina Senate and House. A key strategy used by leaders among the Democratic senators was to mislead the opposition in believing there were not enough votes to pass the piece of legislation

and they (Republicans) would not fight as much against the legislation, which ended with the lieutenant governor breaking the tie. Although they were misled in the Senate, Republican representatives did refrain from pairing votes, which would have prevented the legislation from passing. Another serendipitous event that happened in the decisive House vote was two representatives who would have voted against the legislation decided to vote for it while two who were going to vote for the legislation decided to vote against it. These actions happened 30 minutes prior to the vote. Ness and Mistretta's (2009) case study research, grounded in a revised Multiple Streams Model, supported the importance of timing and how unpredictable and uncertain the process proved to be, reflective of the role policy windows play in advancing new initiatives. This finding of the importance of timing in the political decision making process was reiterated in the study of Canfield-Davis and Jain (2010) where one of their respondents' interviews expressed that "in this world, timing is everything" (p. 618).

In evaluating findings of their study, Ness and Mistretta's (2009) revised Multiple

Streams Model revealed the greatest influences of political decision making and policy
development to be "state governmental structure, related intra-state policy trends, policy
entrepreneurs, and the timing of policy windows" (p. 509). Within the governmental structure,
referent power based on political position with the governors and others using bully pulpits
afforded to them by their positions. The link between passage of the lottery and its benefits to
the state's economy was the primary intra-state policy trend. Policy entrepreneurs and timing of
policy windows worked in tangent with one another. The serendipity of the timing of events that
led to the passage of the legislation and policy entrepreneurs taking advantage of these
opportunities to move their agendas forward was continuously emphasized throughout this case
study (Ness & Mistretta, 2009).

Rather than focusing solely on the Multiple Streams Model, Ness (2010) utilized it along with the Advocacy Coalition Framework and Electoral Connection Framework to explain the process of policymaking within a bounded system. As in other studies, findings indicated that two of the greatest influences in policy success were "serendipitous timing" and "policy entrepreneurs" (Ness, 2010, p. 55). The ambiguity of policy making, though, does hinder the process.

A key trait of the Multiple Streams Model is that it "characterizes the policymaking process as ambiguous and multifaceted" (Ness, 2010, p. 35). The properties by which Cohen, March, and Olsen (1972) set about to understand organizations as "organized anarchies" and from which Kingdon (2003) extends to understand politics and public policy are "problematic preferences, unclear technology, and fluid participation" (Cohen et al., 1972, p. 1).

The concept of problematic preferences refers to the idea that there are no set preferences or goals that dictate subsequent actions and the direction in which actions move. Instead, the actions taken by concerned individuals / throughout the organization uncover to the observer what the preferences are for those involved (Cohen et al., 1972).

The idea that unclear technology occurs throughout organized anarchies by its members refers to the members' understanding, or lack thereof, of processes directing the organization. Cohen et al. propose that members within organized anarchies are well aware of their individual positions and their roles within the organization; however, they do not understand the specifics or full implications of their roles as they contribute to the entirety of the processes of the organization (Kingdon, 2003). Members' understandings are "fragmented and rudimentary...of why they are doing what they are doing and how their jobs fit into a more general picture of the organization" (Kingdon, 2003, p. 84). This lack of thorough understanding leads to members'

methods of "trial-and-error procedures, the residue of learning from the accidents of past experience, and pragmatic inventions of necessity" (Cohen et al., 1972, p. 1).

The third major characteristic of the Garbage Can Model presented by Cohen et al. is fluid participation. The concept of fluid participation refers to the idea that members of organizations may come and go in various efforts of decision making. Certain members may be involved in particular efforts of the organization while excluded from other efforts in that same organization. As such, "boundaries of the organization are uncertain and changing; the audiences and decision makers for any particular kind of choice change capriciously" (Cohen et al., 1972, p. 1).

These characteristics occur within streams of problems, solutions, participants, and choice opportunities running through these organized anarchies as described by Cohen et al. (1972). Such streams were the precursors to Kingdon's Multiple Streams Model, a revision of the Cohen et al. (1972) model. The streams of both Cohen et al. and Kingdon flow independently of one another. Such an organized anarchy as described by Cohen et al. (1972) "is a collection of choices looking for problems, issues and feelings looking for decision situations in which they might be aired, solutions looking for issues to which they might be the answer, and decision makers looking for work" (p. 1). The four independent streams join together and mix in the garbage can of the choice opportunity stream where participants dump their problems and solutions for it all to mix together. The outcomes of various garbage cans depend on the mixtures that are dumped into them or removed from them and how they are processed, which includes the degree to which solutions in the can are received or discarded by the participants. There are no logical or routine stages through which a problem or solution will pass in order to gain attention or be acted upon. Rather, problems and solutions hold equal weight as

independent streams in the decision making process, and whether a problem arises for consideration often rests on the popularity of the companion solution among the participants (Cohen et al., 1972).

Kingdon applies the general concept of the model described above to his Multiple Streams Model from which the concept of the Policy Primeval Soup Concept was created. Kingdon utilizes the same characteristics as those proposed by Cohen et al. in his revised model identifying his streams to be problems, policies, and politics. These are independent streams but create change when two or more of them come together at various critical points in the political decision making process; hence, after first understanding the streams at work independently, "the key to understanding agenda and policy change is their coupling" (Kingdon, 2003, p. 88). For example, the policy stream is comprised of proposals, alternatives, and agendas floating around until a problem or political event occurs where they might join and move forward on the governmental agenda for consideration. When the timing is appropriate, then those proposals, alternatives, or agendas attached to a problem or event are poised to progress (Kingdon, 2003).

An illustration of this was the idea of urban mass transit. When it was first proposed, it was done so by being linked as a solution to traffic congestion. However, once traffic congestion became controlled, policy entrepreneurs for mass transit sought the latest problem of environmental pollution to link to this proposed solution in order to maintain mass transit's position in the public eye. As environmental concerns faded, entrepreneurs then positioned mass transit as an answer to energy concerns when they emerged, thereby keeping the attention on urban mass transit (Kingdon, 2003). By understanding Kingdon's concept of the Policy Primeval Soup within his Multiple Streams Model, one might more fully understand these critical junctures and their outcomes in the process of political decision making. This

comprehensive understanding would assist leaders in higher education in identifying choice times / events during which to become even more greatly involved in informing decision makers about the necessity for the state to appropriate funding to initiatives at institutions of public higher education.

Kingdon's (2003) research serving as the basis for understanding political decision making, as described above and following, was comprised of mostly "case studies of policy initiation and non-initiation" and "interviews with federal government officials and those close to them" (p. 231). The subject areas for these case studies and interviews (following as many of the same respondents as possible over several years), as well as examinations of documents such as congressional agendas, presidential addresses, and public opinion surveys, were health and transportation (at the federal level). Case studies were generated from analyses of interview responses combined with examinations of documents, producing subjects of studies such as national health insurance, railroad reorganization, federal blood policy, and mass transit. These case studies served as the foundation for "better understanding the processes involved, to develop some theories of agenda setting by aggregating models based on individual cases, and to illustrate the generalizations" (Kingdon, 2003, p. 241).

Policy Primeval Soup Concept and Legislative Progress

Kingdon utilizes an idea of biological natural selection, identified as the "primeval soup" and applies it to the public policy process, especially related to the agenda setting aspect of this process. The biological perspective describes the primeval soup as that in which molecules float around and bump into each other, at times creating new elements if they combine, and eventually possibly changing the entire appearance of what the soup began as – before life was created (Kingdon, 2003). The policy creation version of this replaces the molecules with ideas.

In the Policy Primeval Soup, ideas emerge and then either gain prominence on agendas or fade away. Those ideas that gain prominence and continue along the pipeline to adoption survive through a process similar to natural selection by satisfying pre-determined criteria of public acquiescence, technical feasibility, and value acceptability. Ideas may fade away due to a variety of reasons including the problem being solved, a loss of enthusiasm due to more realistic expectations of high financial and social costs to take action, the novel idea becoming boring, or simply fade away for no specific reason. The budget is unique in that it may propel an idea into prominence on the governmental agenda or cause it to fade from consideration.

The emergence of ideas and their progression through the policy pipeline is just the beginning of surviving the political decision making process. It is in the "struggle over ideas" that one finds "the essence of policy making" where these ideas serve as both a "medium of exchange and a mode of influence" around which "all political conflict revolves" (Stone, 2012, p. 13). As such, the content of an idea is an important part of moving it through the political decision making process (Kingdon, 2003). Once the idea emerges, a lengthy process of "softening up" policy communities and the public in progressing to becoming an adopted policy typically occurs once. This can take several years, even decades, in some cases. During this period, policy entrepreneurs of the idea(s) are building acceptance of the idea by pushing it to stakeholders and discussing proposals in various public forums and with people identified as key players (Kingdon, 2003).

A large part of this "softening up" period involves argumentation of the idea, persuading audiences to support the idea based on its merits. Softening up the public and policy communities prepares those individuals in influential positions to readily accept the proposal of an idea when the time is appropriate (Kingdon, 2003). This may include trial runs of proposing

or introducing ideas to test the receptivity of those upon whom their survival depends. It is the degree to which policy communities and the public are willing to accept the idea and the climate in government that determines the prominence of an idea on the governmental and decision agendas rather than the source of the information (Kingdon, 2003).

Policy Windows

The timing of an idea's acceptability is critically influenced by policy windows. Policy windows offer supporters, such as advocates and policy entrepreneurs, of an idea the opportunity to attach their solutions to problems that appear in the primeval soup. These opportunities may come predictably as in a scheduled renewal of a policy or unexpectedly so supporters have to be ready at all times with proposals ready and problems documented. Unprepared supporters may lose their opportunity to push their ideas forward as these windows of opportunity are only open for a brief time and not very often (Kingdon, 2003).

Windows open primarily due to one of two reasons: "change in the political stream (e.g., a change of administration, a shift in the partisan or ideological distribution of seats in Congress, or a shift in national mood); or...a new problem captures the attention of governmental officials and those close to them" (Kingdon, 2003, p. 168). Just as a window opens for an initiative, it can close just as easily. There are five predominant reasons for the closing of a window and include: the problem at hand has already been addressed through another initiative, no action for the idea is received, that which prompted the idea has passed or ceases to exist, change in personnel staffing key positions, and identified alternatives are not available at the time of the policy window's opening (Kingdon, 2003). There is a need for policy entrepreneurs to "strike while the iron is hot" as the longer a problem exists and people deal with the problem, the less of a problem it seems and becomes more of a condition (Kingdon, 2003, p. 170). All of these things

happen through the perceptions of participants in the policy process, which can be problematic for political strategists trying to read the political landscape (Kingdon, 2003).

Coupling

Prior to policy entrepreneurs moving into action when the window of opportunity opens, solutions float around in the primeval soup until a problem presents itself to which the solution may attach itself or until some political event emerges that would heighten the solution's status on the governmental agenda. As the agenda changes, solutions join with corresponding problems, proposals emerge in response to political pressures, and new alternatives are introduced (Kingdon, 2003). As the pressing problems change, policy entrepreneurs reframe solutions to meet the new problem of the time with which to couple them (Kingdon, 2003).

In addition to policy windows, there are also problem windows and political windows that open. The category of window depends on the stimulus for the agenda change. If the source of the agenda change is a problem, then those making decisions would desire solutions presented during the problem window's opening. If the source of the agenda change is a political event such as a "change in administration, shift in national mood, or an influx of new members of Congress," then a political window would be opened for policy entrepreneurs to push proposals of ideas that will respond to the political event of concern (Kingdon, 2003, p. 174). Regardless of which category of window opens, ideas / proposals / solutions that are most successful are those that are politically feasible and can be attached to a problem. Problems and politics as individual sources of stimulus can propel an idea to the governmental agenda; however, when policy alternatives, problems, and politics come together, then there is an increased likelihood of the idea gaining a place on the decision agenda. If any one of the three conditions does not exist

(available alternatives, problems to which the solution may be attached, and political support), it is unlikely the idea / proposal will reach the decision agenda (Kingdon, 2003).

Policy Entrepreneurs

Throughout the decision making process, policy entrepreneurs play key roles in pushing an idea onto governmental and decision agendas; however, there is no one position in particular that policy entrepreneurs must hold in order to be influential. Instead, there are three primary conditions that exist for the policy entrepreneur to be successful. These include: "the person has some claim to a hearing"... by having "expertise, an ability to speak for others, or an authoritative decision-making position;" "person is known for having political connections or negotiating skill;" and successful entrepreneurs are "persistent" (Kingdon, 2003, pp. 180-181). Persistence is key to the success of a policy entrepreneur moving ideas along and softening up policy communities and the public as well as taking advantage of window openings and riding the wave as ideas may fade and resurface. In their efforts to move ideas along, policy entrepreneurs join the problem, policy, and politics streams together. Without a policy entrepreneur, vital ideas may lie in wait and never take flight. As such, policy entrepreneurs are both advocates and brokers of policy. The free-flowing form of the decision making process in government allows creativity among the entrepreneurs, enabling them to adjust the solutions to fit the problems that are at hand (Kingdon, 2003).

Survival

Being able to reconfigure an idea / solutions can be the reason it is able to progress to the final stage of the process where natural selection takes place. Whether the idea completes the process from beginning to end or is reworked, re-emerges, and then finds itself at the end matters not if it doesn't meet the three criteria for survival. One such criterion is technical feasibility.

This criterion asks questions such as "Will it accomplish what we want to accomplish?" and "Can it actually be administered?" (Kingdon, 2003, p. 132). The second criterion for surviving natural selection is value acceptability. This criterion evaluates if the proposed idea agrees with the values of the policy community specialists. If the idea does not resonate with the values of the specialists in the policy community, then it will not survive the natural selection of the idea. The third criterion of survival is the anticipation of future constraints. These constraints include budgetary constraints and public acquiescence. Ideas proposed must be deemed to be financially acceptable by the policy community. In order to pass the test of public acquiescence, the proposed idea must be acceptable to the general public (Kingdon, 2003). Those ideas that survive floating around in the soup and eventually progressing to survive natural selection become prominent on a short list of ideas that are viable alternatives for adoption, which "facilitates the high placement of a subject on a governmental agenda, and dramatically increases the chances for placement on a decision agenda" (Kingdon, 2003, p. 144).

Critiques of Kingdon's Multiple Streams Model

While there have been a variety of studies utilizing Kingdon's Multiple Streams Model and supporting its contributions to the literature related to policy making decisions, especially as it relates to agenda setting / formation, a past critique of this model is that it lacks a strong empirical base to it due to a weak research network of programs working to expand the model and apply it (Sabatier, 1999). Bendor, Moe, and Shotts (2001) found that when they compared the computer model describing Cohen et al.'s Garbage Can Theory with their descriptive explanation of the theory, the computerized (scientifically formulated model) approach did not support the narrative explanation. As such, the questioning of Cohen et al.'s theory might subsequently call into question all those built upon their framework, including that of Kingdon.

However, in response to this criticism, Kingdon's Multiple Streams Model and concept of the Primeval Soup has utilized empirically tested case studies of federal health and transportation policy areas, and the concerns of Bendor et al. (2001) regarding Cohen et al.'s research were satisfied for them with the degree to which Kingdon designed his studies that resulted in his Multiple Streams Model. Bendor et al. (2001) expressed that Kingdon's Multiple Streams Model was "a major exception...whose work is distinguished by a careful empiricism tied to theoretical concerns" (p. 186, note 28).

However, in relation to Sabatier's concern with the lack of an expanded research network for Kingdon's Multiple Streams Model, most of the application of Kingdon's model has related to agenda setting and is viewed as being limited in its applicability to the overall process of policymaking (Zahariadis, 2007). Kingdon's focus on research at the national level of policymaking has also been used as a critique of his theory's applicability.

Another area of criticism related to Kingdon's Multiple Streams Model has been the idea of independent streams. Sabatier (1999), Mucciaroni (1992), and Bendor et al. (2001) have raised the question of the streams being more interdependent than independent of one another. Sabatier (1999) also notes the need for empirical research to reveal the relationships among the streams, especially if they are to be considered independent of each other. One might view the coupling of streams as the point at which the independent streams become interdependent, conveying the idea that streams are independent to a degree, which seems that the interpretation of the streams being independent or interdependent relies on one's conceptual understanding of the overall theory.

Additionally, the question of qualitative versus quantitative has emerged among critics of the Multiple Streams Model, citing that the majority of the research and applications of the

model have utilized qualitative case studies rather than quantitative experimental research with statistical analysis (Zahariadis, 2007). While there are a number of views that relate to the debate of qualitative versus quantitative, and which is better than the other, Campbell (1975) notes that "qualitative common-sense knowing is not replaced by quantitative knowing. Rather, quantitative knowing has to trust and build on the qualitative, including ordinary perception" (p. 191).

Summary

While research has advanced knowledge related to the factors of influence impacting political decision making and policy development, there is a need for additional research-supported explanations of the process involved in legislators' decisions to appropriate funding to new initiatives of public higher education. Specifically, the current literature would benefit from more comprehensive investigations of the decision making process at work as it relates to state legislators' decisions to appropriate state funding to initiatives at institutions of public higher education.

In the limited studies that have focused more on the process of decision making and policy making rather than factors of influence, researchers have most often utilized the Advocacy Coalition Framework, Electoral Connection Framework, and Multiple Streams Model for their conceptual frameworks in order to attempt to explain how alternatives are selected for policy construction and how decisions are made in the political arena, concentrating on the agenda setting process. In addition to the lack of broad applicability due to the utilization of Kingdon's Multiple Streams Model primarily for studying the agenda setting / formation process at the federal level, criticisms of this model have included observations of weak empirical foundations from limited research networks and the overwhelmingly qualitative base (primarily using case

studies) of support for his findings, lacking a strong scientific and quantitative foundation for his concepts. Questions have also been raised regarding the idea of Kingdon's independent streams actually being interdependent streams.

Minimal focus has been given to the Policy Primeval Soup Concept developed by Kingdon (2003) as a modification to his Multiple Streams Model as well as the application of his model to state level political decision making. As such, this study will expand the literature related to the process of state legislators' political decision making process as it relates to appropriating funding for new initiatives at four-year institutions of public higher education by concentrating on Kingdon's (2003) Policy Primeval Soup Concept within his Multiple Streams Model to investigate not only the origination of the policy idea, but also the junctures at which progress occurs as it relates to appropriations of state funding for public higher education initiatives. By incorporating in-depth analysis of the origination of an idea and its rise at the state level as well as examining which streams most often occur at critical junctures involved in the political decision making process, this study hopes to expand Kingdon's current model, not only broadening the applicability of his concepts beyond the federal level of government considered but also beyond the agenda setting / policy formation stage, which has been the traditional focus of studies utilizing his model.

CHAPTER 3: METHODOLOGY

In an effort to bridge the gaps in literature and inform leaders in the field of Higher Education about the inner-workings of decisions made by state legislators to fund new initiatives in four-year institutions of public higher education, the following research design and methodology was used.

Research Question and Conceptual Framework

Guiding this study was the central research question: What is the process by which public higher education institutions receive legislative support for new initiatives? This question was designed to assist in better understanding the political decision making process as it relates to the successful establishment of new initiatives of public higher education. Answers to this question were sought through a single, historical case study grounded in the conceptual framework of Kingdon's Multiple Streams Theory and concept of the Policy Primeval Soup.

Rationale for Selection of Single, Historical Case Study Design and Explanation of Design

Given that this research study seeks to enlighten its audience about a "decision or set of decisions: why they were taken, how they were implemented, and with what result" (Yin, 2009, p. 17), the goal of this study satisfies the "essence of a case study" (Yin, 2009, p. 17). Yin (2009) also notes that the case study method is the appropriate approach for studies addressing "how" and "why" questions, which are the types of questions that have been designed for this study.

In determining whether to use a single-case or multiple-case design, Yin's five rationales for utilizing a single-case design over multiple-case design were considered as they relate to this study. These rationales are: representing a "critical case in testing a well-formulated theory" (Yin, 2009, p. 47), representing an "extreme case or unique case" (Yin, 2009, p. 47), serving as

the "representative or typical case...to capture the circumstances and conditions of an everyday or commonplace situation" (Yin, 2009, p. 48), serving as a "revelatory" (Yin, 2009, p. 48) case, and being a "longitudinal" (Yin, 2009, p. 49). As this study represents how proposed ideas of higher education initiatives become state-supported, higher education initiatives funded by state legislators, it falls within the scope of the representative case rationale, one of the five rationales described above that justify using a single-case study design (Yin, 2009). Within the context of four-year, public higher education initiatives in North Carolina, the unit of analysis was the creation of the School of Dental Medicine (SoDM) at East Carolina University (ECU). The SoDM at ECU was selected for this study as the cycle of events between the inception of the idea to the appropriating of funding for it are specific to the University of North Carolina System and the North Carolina General Assembly (NCGA).

Data Collection

Sources and Participants

Data collected resulted from qualitative methods, primarily involving semi-structured interviews of key informants within stakeholder groups. Potential stakeholder groups for this study included those groups within government (state government in this study) and those groups outside of government as identified by Kingdon (2003). Groups formally within state government include Executive branch (Governor, Lieutenant Governor, and their staffers and departmental appointees) and Legislative branch (Senators, Representatives, and support staff for legislative officials) members (Kingdon, 2003). Stakeholder groups formally outside of the state government include: "interest groups [including lobbyists / those who lobby state government officials, alumni, Boards of Trustees' members, and Board of Governors' members, related professional organizations, and others with a personal interest in the decision to appropriate],

researchers, academics, consultants, media, political parties and other elections-related actors, and the mass [general] public" (Kingdon, 2003, p. 45). Policy Entrepreneurs are another group of stakeholders who also belong to the group of stakeholders without an official position within the government. Since this case study examines an initiative of the four-year, public higher education system that has already been funded in order to understand the process of political decision-making, it is an example of a historical case study and relied on archival documents and semi-structured interviews in order to gain an understanding of the evolution of a new initiative of a four-year, public institution of higher education from the initiative's inception to its completion where the initiative was supported and funded by its state legislature.

Archival documents were derived from media sources, government documents, and institutional documents / sources, which included (but were not limited to) newspaper articles; meeting minutes from organizational / board meetings of stakeholders such as the University of North Carolina (UNC) Board of Governors, East Carolina University (ECU) Board of Trustees, and similar groups; and legislative documents such as North Carolina House and Senate bills. In order to provide a thorough historical context of the overarching institution of ECU and its medical school, which was cited by informants as a context that should be understood in order to better understand the evolution of the School of Dental Medicine at ECU, historical accounts by Bratton (1986) and Williams (1998) were utilized. These were recognized as official historical accounts of the institutional histories and were written by individuals who were not employed by the institution at the time of their publication, which offered the possibility of a more holistic and accurate account as relatively neutral authors. The drafted historical account for this study was reviewed by an individual who was cited in Williams's historical account of ECU and the Brody School of Medicine as a source for the recognized historical account published for the public.

This individual had been part of ECU's administration in the Health Science Division during the evolution of the Brody School of Medicine and had attended ECU as a student and served as a student government officer while attending ECU as a student. Given that this reviewer for accuracy is no longer employed at ECU, reporting to the ECU Chancellor or UNC System, this source offered full disclosure if the historical context for this study did not provide an accurate detailing of the history to establish the context of events that preceded those of the School of Dental Medicine at ECU, serving to shape events during the evolution of the dental initiative. The case background and historical context provided in this dissertation is the result of these data collection methods.

Semi-structured interviews occurred with those who were identified as key informants through snowball, or chain-referral, sampling and represent various stakeholder groups; were mentioned in archival documents; and/or who held positions identified by literature as being key political decision makers during the time in which this case occurred. Using this method, 17 individuals were identified and interviewed as part of this study. Of these 17 participants, six of them were government insiders such as state legislators or chiefs of staff for legislative members, one of them was a leader of a professional association in the field of dentistry, seven them were from the higher education sector as administrators, experts, or members of governing boards, and three of them were community members. Other individuals were identified through these methods but were unable to participate due to illness, being deceased, refusal to participate, or lack of availability in their schedules.

Key Political Decision Makers

Based on the findings of the Gittell and Kleiman (2000) study, those who are the most influential in policy making related to higher education are elected officials in the state

legislature who hold certain positions and comprise the heart of the higher education regime.

These state legislators identified by research as holding the most influential positions related to higher education policy-making who held these positions during the evolution of the establishment of the SoDM at ECU were interviewed. Some key individuals were not accessible (for reasons mentioned earlier) and held some of the positions identified as highly influential positions such as the Speaker of the House of Representatives and President Pro-Tempore of the Senate.

Individuals who participated in this study had previously held, during the time of the evolution of the establishment of the SoDM at ECU, positions identified in the literature as part of North Carolina's higher education regime. These included individuals holding legislative leadership positions within committees in the NCGA that were related to higher education as well as individuals in leadership of the overall NCGA during the period of time being studied. Informants for this study, who served in the NCGA during the evolution of the SoDM at ECU, held the following positions in the NCGA:

- North Carolina Senate Leadership
 - o President Pro-Tempore
- North Carolina House of Representatives Leadership:
 - o Majority Whip
 - Co-Chairs of the Appropriations on Education / Higher Education Committee
 (Senate Standing Committee)
 - Co-Chairs and Co-Vice-Chairs of the Appropriations Subcommittee on Education (House Standing Committee)

In addition to individuals holding the above positions, other informants who were identified and interviewed for this study included bill sponsors, leadership of professional associations, higher education experts, public higher education institutional and system-level leadership, public higher education governing body members, and members from the communities surrounding the SoDM at ECU. Informants were randomly coded with letters of the alphabet, "A" through "Q". The following Table 1 identifies the letter assigned to the informant with the stakeholder group to which they belong.

Interviews: Processes and Procedures

Interviews were semi-structured and guided by core open-ended questions addressing the central research question. Considering the recommendation of Creswell (2007) to utilize "approximately five open-ended questions" (p. 133), the following questions served as core interview questions for this study:

- 1. How did the idea of the SoDM at ECU emerge?
- 2. Why / how did the SoDM achieve status on the governmental agenda?
- 3. Why / how did the SoDM achieve status on the decision agenda?
- 4. What stakeholders, maneuvers, and/or events were catalysts in moving the idea to appropriate funding for the SoDM at ECU from the decision agenda to bill status?
- 5. What stakeholders, maneuvers, and/or events were catalysts in passing the bill to appropriate funding for the SoDM at ECU?

These core interview questions were designed to address the set of processes (as applied to the SoDM at ECU), identified by Kingdon (2003), that summarizes public policy making, which includes (at minimum): "(1) the setting of the agenda, (2) the specification of alternatives from

Coding of Informants

Table 1

Assigned Stakeholder Group Letter A Government insider; legislator – elected official in the NCGA В Government insider; staff member for elected official in the NCGA \mathbf{C} Government insider; legislator – elected official in the NCGA D Higher education; institutional level administrator at ECU E Higher education; UNC Board of Governors member F Community member; core community group member G Government insider; legislator – elected official in the NCGA Η Higher education; institutional level administrator at UNC-Chapel Hill I Higher education; institutional level administrator at UNC-Chapel Hill J Community member; citizen of general community surrounding ECU – connected to members of core community group K Community member; core community group member L Higher education; member of review teams for feasibility studies M Higher education; institutional level administrator at ECU N Higher education; system level administrator in UNC General Administrator O Government insider; legislator – elected official in the NCGA P Government insider; staff member for elected official in NCGA Q Professional expert; leader of professional association in field of Dentistry

which a choice is to be made, (3) an authoritative choice among those specified alternatives, as in a legislative vote or a presidential decision, and (4) the implementation of the decision" (pp. 2-3).

Depending on the extent to which informants answered the initial open-ended question, remaining guiding questions were not specifically asked if the informant provided responses for them without being prompted by succeeding open-ended questions. Supplemental interview questions evolved during each semi-structured interview, depending on the path taken by the informant in his or her answers in response to core open-ended questions. Successive questioning during interviews focused on the informant's involvement in the evolution of the SoDM at ECU, political aspects to the evolution of the SoDM at ECU, and the general rationale behind establishing the SoDM at ECU. Each interview concluded with the following question:

Do you have any suggestions of additional people I should interview that would be able to give insight into the process of getting funding appropriated for the SoDM at ECU?

Accuracy of respondents' answers were evaluated based on other respondents' answers as well as information gleaned from archival documents such as those mentioned above. In the event that respondents' answers were unclear or there were responses in contradiction to supporting documents and / or other respondents' answers, I followed-up with the respondent whose answers were in question. Throughout the semi-structured interviews, I followed protocol questions with probing questions in an effort to uncover important information related to this study.

Interviews occurred in a variety of locations, which included (but were not limited to) informants' homes and offices and public venues. In only extreme situations, where key informants were at a great distance to which I was not be able to travel or their schedules did not allow for a face-to-face interview, interviews occurred over the telephone with the conversations

being recorded for later transcription. Informants were always made aware that they were being recorded for transcription purposes. My schedule and the informants' schedules determine the location of the interviews. My availability and ability to travel, as well as that of the informant, also determined location of the interviews. Interviews were tape-recorded and transcribed by the researcher. Two informants refused to be recorded, and in such cases, I took notes and typed summaries of these interviews for analysis. Informants, who were not recorded and did not provide audio record of content, reviewed the summaries of their interviews for accuracy and provided consent following their approval of their interview summaries.

Consent, Confidentiality, and Security

Prior to their interviews, informants were given a Participant Consent Form detailing the purpose of the study and ensuring confidentiality of information provided to me. Confidentiality was preserved by excluding any specific identifiers of the individual's personal identity, especially identifiers that would link one to a political office or position in the local community and threaten his or her elected position or livelihood. Security was preserved by saving transcriptions on a password-protected laptop computer belonging to me. I was also the only person with access to the password. Interview tapes were stored in a locked box that is accessible only by a combination known by me.

Data Analysis

Analytical Technique

While the organizational-level logic model (as described by Yin, 2009) was initially thought to be the best-suited approach to incorporate the use of into this study's data analysis, such a model proved to be more linear than occurred with the events that evolved throughout the course of the development of the SoDM at ECU. As such, analysis of this initiative emerged

with an explanatory approach, utilizing the results of primary and secondary coding of categories and themes extracted from informants' responses in NVivo. Categories, derived from identified processes involved in public policy making, for analysis include

- agenda setting;
- specification of alternatives;
- authoritative choice among those specified alternatives; and
- implementation (Kingdon, 2003).

A rubric for coding these categories is provided in Table 2. Themes for the analysis of this study addressed the streams involved in policy making, as identified by the Multiple Streams Model (Kingdon, 2003), which include

- problems,
- policies, and
- politics (Kingdon, 2003).

These themes emerged from primary coding of informants' responses as defined by Kingdon (2003). A rubric for coding these themes of process streams is provided in Table 3. Secondary coding of informants' responses produced themes that emerged from references to instances that assisted in advancing the initiative or impeding its progress, and a rubric for secondary coding is proved in Table 4. Emergent themes that were not identified as impediments are not listed in Table 4 with examples of impediments for that theme. Likewise, emergent themes that did not demonstrate examples of propelling the initiative to success do not have such examples listed in Table 4 and have blank boxes for these themes. Responses often fell into more than one category or theme during primary and secondary coding.

Table 2

Rubric for Primary Coding of Categories

Category	Definition	Examples
Agenda Setting	Responses that expressed idea formation, timing, and softening up of policy communities (described below)	See next three rows.
Idea formation - part of agenda setting	Responses reflecting the development of emerging ideas and alternatives	"They were much more focused on the issue of access disparities and wanted to come in with a model that would have an impact on those disparities."
		"The students are trained in a real delivery system, not in an educational laboratory the way most dental students are trained. In this model, faculty practice as they teach, which is unlike any other dental school in the country but it's very similar to the medical model of medical nursing or pharmacy model of clinical education."
Timing - part of agenda setting	Responses that expressed the influence of when ideas were proposed, alternatives were considered, alternatives were selected / implemented, etc.	"See the idea of getting it approved so quickly was so you could get it in the budget for 2007 session and so by getting it done in November, then Chapel Hill's part and the planning and beginning parts, in fact maybe all the money for the buildings put in in that year which is probably a good thing because that was before the economic collapse and so the state ended up committing to that."

Category	Definition	Examples
Softening-Up of Policy	Responses communicating how relationships /	"Established relationships with key decision makers."
Communities - part of agenda setting	connections worked to gain support from community members / legislators / professionals in the field of Dentistry / higher education system governance for the SoDM as an alternative.	"I think the other thing they did which was really smart is that this was not a university; uh it wasn't UNC versus ECU. What they did was they got the leaders of the business community, church groups, civic organizations, a whole range of other community groups engaged in this issue and we did several receptions"
		"Local and institutional experts in dentistry continued discussions over the next two to three years about a dental school at East Carolina University that would successfully address the problem of oral health care in rural and underserved areas of the state."
Specification of Alternatives	Responses reflecting proposed ideas that are considered for adoption / implementation	"They could incentivize people to go down eastlet guys go down there and pay off their debt and all thatwork 4 or 5 years or whatever."
		"An agreement between the two universities as to how we'd work together to improve oral health for the people of North Carolina."
Authoritative Choice	Responses reflective of selecting an alternative for implementation	"Senator Basnight was really careful to make sure the University System was moving forward with its most pressing needs so the Dental School, in particular, I remember a lot of discussion about Chapel Hill's was expanding at the time, and it was very important to Senator Basnight to not do one without the other; a lot of the discussions were based on what were the campuses' priorities were also so it wasn't, you know, if that was their number one priority at ECU, then they weren't going to skip it and go to something else."

Table 2 (continued)

Category	Definition	Examples
Implementation	Responses related to funding / building the alternative; establishing the SoDM at ECU	"We had the support of the General Administration all the way through; there were unanimous votes all the way through."
	Sobin at Bee	"We couldn't have done any of it without legislative approval and at that time legislative funding."
		"Being in the majority at that time we were able to put funding in the budget."
		"We made the final decision of what the budget would look like and fortunately during that time Rep. Bill Owens was uh he was in charge of Capital because he was from that area, he was supportive and it made it easier to keep the project on that Capital list."

Table 3

Rubric for Primary Coding of Themes

Theme	Definition	Examples
Problem	Responses related to recognizing needs / existing problems	"One of the great things about the Dental School was you also had service to rural communities."
		"All the studies that have shown the sort of lack of access to health care in rural communitiesoverall, so I think it was definitely a compelling reason to do it. Every time somebody talked about that project, they talked about improving access for rural communities."
		"The idea that you could have some sort of impact on that and if you just look at the numbersdentists per population in North Carolina was one of the lowest in the country and we clearly needed more."
Policy	Responses related to the formation of a policy or program and various proposed ideas	"They could incentivize people to go down eastlet guys go down there and pay off their debt and all thatwork 4 or 5 years or whatever.
		"They came up with a completely different game plan in terms of what the impact would be on rural health."
		"They suggested a pediatric dental residency program, increasing their already existing general practice residency program here, and to look at it again in five years."

Table 3 (continued)

Theme	Definition	Examples
Politics	Responses describing relationships, positions of influence, organizational inner-workings, and other politically influenced maneuvers	"The further east you got, as a general rule, the more palatable the idea of a new school was and, as a general rule, the further west you went, the more likely you were to encounter someone who was really very much against it."
		"Because there was a legislative power base, the Democrats were in power and there were people over there who were of significant influence, and had influence, as I understand it, with and on the University Board of Governors"
		"From a legislative point of view, it hadn't gone through anything. It was just sort of sliding through and the first thing they were going to appropriate 7 million dollars planning money and I think the next was 12 million and the next thing you know they're talking about 80 million dollars."

Table 4

Rubric for Secondary Coding of Emergent Themes

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Politics	Responses referring to individuals /interactions that involved members in the categories of legislature, community, institution, and UNC System governance.	"The relationships established with key decision makers in the state enabled the community stakeholders to succeed in moving the School of Dental Medicine forward and gaining necessary appropriations for establishment." "So, you marry somebody in the community with somebody in the University on this idea, and what ends up becoming the engine to push it forward is that that community group goes to an elected official to get them to push for that idea in the General Assembly. It just doesn't happen to be somebody that works for the University, and I would argue, "What's the difference?" Why is it that the person who happens to work for the University makes a better decision about what's needed in the state than the community that's being served and the elected official that's serving that community?"	See examples for Legislature, Community, Institution, and UNC System Governance.

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Legislature	Members of the NCGA	"There was a meeting with very few people in it, which I was one of 'em, Senator Basnight was one of 'em, and there was some University officials, one of 'em, and Senator Basnight made it very clear in plain eastern North Carolina language that there would be either two dental schools or there'd be no dental schools, and that's how it came about."	"So, when I get elected to the Legislature, I go down there, and I don't know how exactly I found out, but I see this saying we're going to have a dental school at East Carolina, and I knew that they had a big expansion plan for the Dental School at Carolina and they were going to go to about 150 students or something like that. The decision was made, the agreement was made, that plans were to expand – and I know it was to at least 125 - and the money was all going to be spent there. So, when the movement started to get a Dental School down east, part of the appropriation was going to go to that. Where people beganthat's what motivated me because I'm in the Legislature and we're talking about the budget and so forth." "I didn't want us to end up with two, half-rear end dental schools, and I didn't want taxpayers to pay unnecessarily."

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Community	Core community group moving initiative forward	"It boils down to what the local folks want. My recollection of it is that Marc was approached by a number of local community folks in Greenville who were responding to a need."	
Institution	Public higher education institutions involved.	See examples for ECU and UNC-CH below.	See examples for ECU and UNC-CH that follow.
- ECU	East Carolina University	"Dr. Mike Lewis and that is one that needs to play very prominently. He was Vice Chancellor for Health Affairs not a very long time, but he was a guy that had a vision. He was a guy that understood the legislative process. All these people that I've mentioned he knew as well, and he'd only been here two or three years, but he was, I can still see him, you know I can still see people running around with Basnight. He was larger than life and a very loyal soldier."	"I didn't understand all the infighting that was going on" "had a lot of politics on campus that were wrong." "And it's in this context of all these issues. So, Amanda, you can't separate out the big issues of the state, why the state supported it cause it was little issues like this going on and that affected how ECU was seen by the state." "These administrators at East Carolina University attempted to block the progression and success of the School of Dental Medicine at East Carolina University through a variety of ways including stacking and influencing search committees, withholding correspondence from world-renowned professionals in

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
			the area of dental and medical education who offered to assist with the establishment of the dental program at East Carolina University for no charge, lobbying for less than minimal funding from the legislature, and intimidation tactics aimed toward the core community group."
- UNC-CH	University of North Carolina at Chapel Hill	"His counsel was that he did not feel it was in the best interest of the institution. His charge is to look out for UNC-Chapel Hill to fight this thing, to oppose this thing, he understood where I was coming from – the background that I had shared with him as far as the documentation relative to the cost of education that I shared with you before – but he just felt like it was not in our best interest to oppose this." "Chancellor Moeser called us over and said we need to talk about this, and, you know he talked the most, but he told us whatever happens, he hoped we could support – the schools could support this – because he did not want to have to deal with the School of Medicine."	"Behind the scenes, faculty and administration at the University of North Carolina at Chapel Hill were working against the establishment of the School of Dental Medicine at East Carolina University." "One ally that they had at the time was that Bill Roper, who heads up the Medical System all together, he's Dean of the Medical School, he's head of all the health systems at UNC, he's a really brilliant man, he was very close friends with Erskine Bowles, extremely close, like best friends — they have lunch every Friday. So, when Bill basically said no, it just wasn't going to happen."

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
- UNC System Governance	University of North Carolina System Board of Governors, General Administrati on, and President	"Erskine Bowles and the Board of Governors evidently decided that this was a good thing." "We had the support of the General Administration all the way through; there were unanimous votes all the way through." "We had support from the leadership at UNC General Administration back when we had Erskine Bowles" "I was sitting in the Dean's office downstairs and he had a call from Erskine, President Bowles at the time and Vice Chancellor for Health Affairs at ECU – Mike Lewis, and we're sitting there and a telephone conversation came on and he said ECU's on board for the Plan for Dentistry, are you?"	"variety of obstacles put forthincluding the lack of support for and opposition to the School of Dental Medicine by high ranking administrators atthe University of North Carolina System Office." "Erskine Bowles, I think originally had severe reservations about it." "Sometimes, you'll get hesitancy from a chancellor because they're against a project and sometimes you'll get hesitancy from a chancellor not so much because they're against a project but they're afraid they'll get in trouble with General Administration."
Addressing Public Need	Responses referring to improving access to and quality of oral health care	"What they were most interested in was just doing something for their community." "improve people's lives by enhancing oral health by putting dentists in rural parts of the state" "All the studies that have shown the sort of lack of access to health care in rural communitiesoverall, so I think it was definitely a	

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
		compelling reason to do it. Every time somebody talked about that project, they talked about improving access for rural communities."	
Economic Development	Responses referring to the SoDM and its establishment / construction as being an economic driver for the communities in which it and its service learning clinics would be established throughout North Carolina.	"Economic engine in the eastern part of the state." "With the economic situation in eastern North Carolina the way it is and was, it is my opinion that the new school was purely an economic decision based upon the fact." "For Marc, anyway, building these buildings was an investment in education and also sort of an economic engine, and even if you talk to the General Contractors' Association, they'll say that the reason we didn't have a recession in the early part of the 2000s as bad as the rest of the country was because of all those campuses being built up."	

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Cooperation and Compromise	Responses referring to institutions / individuals working together or moving forward together and at times not getting everything they wanted for the good of the initiative.	"The best thing we could do was to support the Joint Plan for Dentistry. Technically, and theoretically, it was a win-win for both groups. Carolina got something they wanted, they needed more research space and classroom space and all that kind of stuff, and East Carolina got what they wanted." "Well, when Erskine called the two chancellors together he said the last thing in the world we need in North Carolina is a repeat of that event and he said whatever we do we're going to do with the two campuses unified when it's proposed." "Any public discussion of this or talk at the Board of Governors, Chapel Hill and ECU were always there on the same side supporting the whole thing so there was never, at least from the official representatives of the University, never any division."	

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Geography	Responses referring to areas of the state such as the East, the West, the Piedmont, rural, and urban.	"The further east you got, as a general rule, the more palatable the idea of a new school was." "Process of convincing various people who were in the General Assembly, who were, some of them based in eastern North Carolina anyway, so they had an interest in helping out their constituents and then partnering with the other groups that needed to have"	"As a general rule, the further west you went, the more likely you were to encounter someone who was really very much against it."
Personal Experience	Responses referring to what an individual had experienced in his or her life and how that might have influenced their perspectives.	"A lot of those people (in General Assembly) were from rural counties. They knew people who were having trouble getting to a dentist or they didn't have the dental workforce that they would like to have in their community so it certainly could be, and I'm sure it was, a very altruistic argument." "She could tell you personal stories – she was a former principal and she would talk about how the children wouldin Martin and in Pitt County – she taught in Martin but was a principal in Pitt – so, had those connections all up in the northeastern part of the state especially, and would talk about how the children had great needs."	"I saw what happened in Kentucky – a relatively poor state, much poorer overall than North Carolina, but at the time where other programs were being reduced and Dental Education is a very costly program to operatevery expensive because of the intensity of the faculty and they're paid higher levels than English professors and History professors and things like that, and I just didn't think it was a good use of public policy when we could expand enrollment at Chapel Hill."

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
			"To his credit, he did express concern at one of those meetings down at the General Assembly, because he had been at Kentucky and he talked about how they struggled to get applicants – now that's when our applications were down somewhat – and it just had not worked very well in Kentucky so he tried to make that point but it just didn't go anywhere."
Timing	Responses referring to the period of time before and after the economic collapse experienced in North Carolina around the year 2008.	"Timing was everything." "The day we broke ground was before we ever had plans because politically we needed to literally get a shovel in the ground." "It was right before the bad economic period." "All of that combined with the timing of having some money in the state coffers."	"Once we had the downturn, though, it got a little dicey about some of the money and some of the recurring money and they didn't get all the money as quickly as they wanted it, but I think they got pretty close to what they asked for." "If we were trying to do it now, it would not do it."

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
		"The idea of getting it approved so quickly was so you could get it in the budget for 2007 session and so by getting it done in November, then Chapel Hill's part and the planning and beginning parts, in fact maybe all the money for the buildings put in in that year which is probably a good thing because that was before the economic collapse and so the state ended up committing to that." "Now, that was in 2007/2008. There's a bit of luck involved in this because we just hit it at the right time."	
Mission	Responses referring to the influence of ECU's institutional mission of service.	"Our philosophy is right in line, you know, to graduate more primary care dentists for rural underserved, minority underserved populations and an opportunity for a medical education to improve the health and the oral health for people in eastern North Carolina. The two missions are very much alive."	

Table 4 (continued)

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Political Party	Responses referring to support from either the Democratic Party or Republican Party influencing progress of initiative.	"Legislative power base, the Democrats were in power and there were people over there who were of significant influence."	"When the Republicans took over, let's see, I was there only one term, and I was not a chief budget writer. I remember one of them talking to me one day and saying, 'I sure wish we'd listened to you about that dental school' [and not voted for it]."
Priorities	Responses referring to inclusion in the priorities set by the UNC Board of Governors and institutions.	"A lot of the discussions were based on what were the campuses' priorities were also so it wasn't, you know, if that was their number one priority at ECU, then they weren't going to skip it and go to something else." "It's always about funding priority lists set by the Board of Governors so there's a level of accountability, too."	

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Competition for Resources	Responses referring to competition for funding, faculty, and qualified applicants.		"I think if there was any trepidation by people about it, it was the question of you know well we've already got a medical school and we're having to do so much to try to keep it going financially how are we going to do it with a dental school?" "As always when East Carolina wants something, particularly when East Carolina's in competition or seen to be in competition with UNC-Chapel Hill, there's a battle in the legislature because East Carolina's never had the kind of support in the legislature that UNC-Chapel Hill has had just in pure numbers and in terms of clout." "I think there was more concern with not the dollars so much but the competition for faculty."

Table 4 (continued)

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Pride and Loyalty	Responses referring to the allegiances / alliances of individuals with an institution.		"You know there were a lot of Chapel Hill alums in the legislature, and Chapel Hill has a huge community of Dental School alums and so every time you fight the bill to support another campus that might compete with one that was already there, you know there was a little bit of pride there." "The Dean was, a little new, I think he hadn't been there very long and I think his faculty was not enthusiastic about it so he was, the more publicity this got, the more North Carolina Dental graduates that were working in the state began to get that kind of growing opposition or Chapel Hill legislators."

Table 4 (continued)

Theme	Definition	Example of Propelling (Moving Initiative Forward/Catalyst)	Example of Impediment (Preventing Initiative from Moving forward/ Challenges/Barriers)
Exclusion of Expert Stakeholders	Responses referring to not involving professionals who have expert knowledge of the professional field of the initiative.		"We sought out inclusion. When we learned, like I said it was relatively early on in the process, we learned that A, we weren't asked to be at the table. I think that some of the frustration of our members about the decision was the fact that they weren't even asked. There's certainly no other group that has more expertise collectively within the state so that's one. But, we realized very early on that this train had left the station and we weren't going to be able to affect it."
Knowledge	Responses referring to possessing knowledge and being informed with accurate information or lack of accurate information.		"I don't think that they really understood that (dental service clinics in the western part of the state) or whether it was particularly articulated"

Analytical Tools

In order to identify trends and other findings emerging from the coding of interview transcripts and other documents gleaned in the data collection of this study, NVivo 10, a qualitative research software program, was utilized. Nodes were created to represent the categories and themes listed above and data representing each was selected and noted as that particular category or theme. Data related to timing, idea formation, and softening up of policycommunities were coded as an agenda setting category node. Data related to alternatives proposed, such as varying ideas, were coded as an alternative category node. Data related to the selection of an alternative were coded as an authoritative choice category node. Data related to deciding to fund an alternative (East Carolina University School of Dental Medicine) were coded as an implementation category node. Data related to recognizing needs or existing problems were coded as a problem node. Data related to the formation of a policy or program and various proposed ideas were coded as a policy node. Data describing relationships, positions of influence, organizational inner-workings, and other politically influenced maneuvers were coded as a political node. Within these thematic nodes of process streams, data were also coded as a catalyst or barrier if it represented something that moved the process forward or hindered its progress, respectively. Overlapping categories and themes did occur and were coded as such.

In order to quantify the most frequently occurring policy process streams, equating frequency with most influence in the process, queries were conducted for the number of times thematic nodes (problem, policy, and political) were referenced (according to the coding) as well as where they intersected with each other. The purpose behind studying intersections was to better understand which streams seemed to work in tandem with each other. Those appearing most frequently together would lead to such a conclusion. Queries were also conducted for the

number of times thematic nodes intersected with categorical nodes (agenda setting, alternatives, authoritative choice, and implementation) in order to determine which process streams occurred most often in the primary stages of the policy process. As with the thematic nodes, frequency of occurrence (resulting from coding) is utilized as an indicator of influence in this study.

Additional themes extracted during secondary coding identified trends that emerged from informants' responses were coded as nodes and analyzed using NVivo 10 software. In the same way that primary coding quantified the influence of process streams by the number of references coded for each process stream or stage in the decision-making process, secondary coding of emergent themes were analyzed for frequency of references to reflect influence. These emergent themes were also attributed to occurrences that either propelled the initiative to success or impeded its progress. These characteristics were identified as nodes as well. Queries were conducted to analyze the influence of emergent themes on propelling the initiative's progress and impeding its progress, which resulted in the ability to observe which themes were more influential in advancing the initiative and which emergent themes were more influential in challenging the progress of the initiative.

The following study questions guided the data analysis in order to address this study's central research question that explores political decision making in public higher education:

- 1. How does the idea of an initiative emerge?
- 2. How do initiatives arrive on the governmental agenda? What does this process entail?
- 3. How do initiatives arrive on the decision agenda? What does this process entail?
- 4. How are initiatives selected to be considered for adoption and implementation?
- 5. Why are certain initiatives chosen by those with power in the government (elected officials) while other initiatives are ignored?

6. Why do certain chosen initiatives survive and reach the implementation phase? These questions were designed, just as the core interview questions above were, as a response to the set of processes, identified by Kingdon (2003), which summarizes public policy making. In guiding the data analysis, these questions also guide the progression of the reporting of the findings of the case study provided in Chapter Five.

Summary

Grounded in the conceptual framework of Kingdon's concept of the Policy Primeval Soup and through a combination of qualitative methods, which included interviewing and collecting data from archival documents related to the evolution of the SoDM at ECU (focusing on the period from the inception of the idea to the decision of North Carolina State Legislators to fund the initiative) this single, historical case study addresses the process of decision making among state legislators as it relates to deciding whether or not to fund new initiatives of public higher education. Published historical accounts of the evolution of ECU and its Brody School of Medicine were used to document the historical context of the institution within which this initiative took place. Evaluation of accuracy of the historical context provided for this dissertation was reinforced with the review of an individual utilized for the published historical accounts that had experienced much of ECU's evolution and was knowledgeable of events throughout its development. Since the reviewer was no longer employed by ECU, this reviewer was not influenced by ECU to cover less than positive aspects of its development.

This study made use of snowball sampling as well as literature and documented individuals in selecting key informants for interviews. By utilizing qualitative research software NVivo 10, transcripts of interviews were coded and analyzed via matrices produced in NVivo 10 that revealed influence of themes and process streams through primary and secondary coding.

Findings from data collected in this study, described in Chapter Five and discussed in Chapter Six, will provide leaders in public higher education with strategies and approaches demonstrated through this case study that may guide them in successfully advancing new initiatives in public higher education, requiring support from state legislators for establishment. Chapter Six will discuss these implications for leaders in public higher education, providing recommendations for leaders' applications of the findings that address the processes and strategies of political decision making that are involved in successfully establishing new initiatives in public higher education.

CHAPTER 4: CASE BACKGROUND

Previous Experiences with Establishing New Initiatives in the Evolution of East Carolina

History tends to have a way of repeating itself, and in order to make progress, it is beneficial to understand past events in order to succeed in current events. Nearly every informant interviewed noted that in order to understand the evolution and establishment of the SoDM at ECU, one had to first understand that of the Brody School of Medicine at ECU. Furthermore, in reviewing literature addressing the origins of ECU, a thorough understanding of both of these institutions within ECU relies on knowledge of events and motives leading to the establishment of the greater institution within which they reside, ECU. Thus, the origins of ECU as well as those of the Brody School of Medicine will be visited in this chapter in order to provide a foundational context within which to understand and consider the findings directly related to the creation of the SoDM at ECU.

East Carolina

The history of ECU began with a "small group of energetic citizens prepared to launch the campaign for an eastern normal school [teacher training school] in Greenville" (Bratton, 1986, p. 8) that relied on a local citizen with a storied political career, including being a past governor of North Carolina, who possessed not only political experience and connections but also an "enduring commitment to improve the quality of life in North Carolina by increasing the educational opportunities for her people" (Bratton, 1986, p. 8). This past governor was Thomas Jordan Jarvis, a native of Currituck County in northeastern North Carolina and believed that public education was the key to progress (Bratton, 1986). His reputation of being a successful politician and "perennial champion of progressive causes and community projects" (Bratton, 1986, p. 8), along with his commitment to advancing public education, positioned him to be a

leader in the campaign to create a public institution of higher education in eastern North Carolina.

Before continuing with the progress of the citizen group and the former governor, it is important to consider public education's history in North Carolina as it relates to the political forces of the three sections of North Carolina: the coastal plain or East, the central Piedmont, and the mountains or West. Life in these areas, as related to their social, political, economic, and cultural aspects, was greatly impacted by the geographical features of the areas. The East was first to be settled and became home to socially and politically influential citizens (Bratton, 1986). The heritage of public or universal education in North Carolina has its roots in eastern North Carolina, dating back to colonial times. In the North Carolina Colony, the northeastern area led the way in the village of Halifax with the creation of the state constitution for North Carolina, which in 1776 provided that "all useful learning shall be duly encouraged and promoted in one or more universities" (Bratton, 1986, p. 13).

Much of the political power in North Carolina resided in the eastern geographical region during the colonial period and continued through the antebellum period. The East had given rise to a wealthy, aristocratic class of landowning slaveholders that composed a minority of the population in this region but held the majority of the power politically and socially in the state. The majority of the eastern North Carolina population consisted of white families who have very modest property holdings, if any, did not own slaves, and depended on their families for farm labor. The political power shifted westward to the Piedmont in the 1830s and remained until the 1890s. This shift was due to the non-aristocratic, white families moving westward and the rise of manufacturing as an industry in the Piedmont while the value of cotton as a staple crop in the East declined. However, with the rise of railroads, methods of storing and exporting tobacco,

and tobacco markets in the East in the 1890s, political power returned to that section of the state and with it the recognition of the need for public education and its influence on social progress, especially as it concerned eradicating illiteracy in North Carolina. Governor Charles B. Aycock led the campaign for instruction for all, which would require appropriations from the state (Key, 1949). The increase in education of North Carolinians also led to an increase in productivity, and North Carolina differed from its neighbors in the South being energetic, high-spirited, progressive, and forward-thinking (Key, 1949). The building spree of schoolhouses in North Carolina during the early 1900s brought with it a crisis-level need of trained teachers, which subsequently highlighted the need for teacher education (Bratton, 1986).

By March 1901, there were teacher training schools in the West at Cullowhee and the Piedmont at the State Normal College at Greensboro, and in keeping with the newly elected Governor Charles B. Aycock's political platform of championing public education, the recognized need for additional teacher education offered prominent citizens of Wilson, North Carolina a window of opportunity to propose the idea of a Normal College in Wilson to the North Carolina General Assembly (NCGA). This school would train white females to teach in the public schools and would offer white females living in eastern North Carolina the opportunity to be trained as teachers just as their peers in the western and central sections of the state were doing. Those speaking on behalf of this idea for a Normal College in the East made clear that it would not be taking students from the State Normal College but rather offer those who were not accepted there or did not have the means to travel such a distance for education the opportunity to be trained as teachers. Although this proposal never arrived on the floor of the NCGA for discussion or a vote, it did raise discussion throughout North Carolina and increased sectional politics (Bratton, 1986).

The existence of an institution of public higher education in an area of the state was a point of pride for that section, demonstrating where political power reigned as well as contributing to the economic development of that geographical area. Sectional politics had evolved from the 19th century's East-West dynamic of competition to the 20th century's triangle of competition among the East, Piedmont, and West. The Piedmont's lingering negative feelings from the time of the eastern-dominated political powers led to discord between it and the East. Due to the lack of population in the West, the Piedmont felt less threatened by that section than by the more populated and potentially more powerful East, which led to the Piedmont's support of the West at times. This is suspected to have led to the state appropriation of \$5,000 to the Normal School at Cullowhee while denying the \$5,000 requested for the establishment of the Normal School at Wilson (Bratton, 1986).

Another example of supporting the West over the East had to do with the establishment of a second normal school in the West after rejecting an identical proposal for a school in the East. Although state legislators refused to support a petition submitted by the citizens of Columbus County in southeastern North Carolina, they voted in favor of establishing the Appalachian Training School in Boone in 1903. By 1905, other locations throughout the East would approach the NCGA about establishing the Eastern North Carolina State Normal School in their localities including the northeastern North Carolina towns of Edenton (Chowan County) and Elizabeth City (Pasquotank County). In response to the attempt made by Elizabeth City, legislators did recognize that there was a need for trained teachers as only 15 teachers in the 280 schoolhouses located throughout the ten northeastern North Carolina counties had received a year or less of teacher training. The other teachers in this area had no training. However, the arguments were that there was not enough funding to build another normal school if they

(NCGA) were to adequately fund the state institutions currently in existence, which included the University (Chapel Hill), Agricultural College (Raleigh), and Normal School (Greensboro); these three schools were deemed the only necessary schools (Bratton, 1986).

While the bill for the Eastern North Carolina Normal School in Elizabeth City, presented by the area's Representative John Cristoph Bulcher Ehringhaus, did pass the House on March 4, 1905, it wasn't successful in the Senate. However, an editorial in the *News and Observer*, the leading newspaper in the state, which addressed the latest cycle of events enlightened legislators and others when it suggested that rather than attaching a specific location to the bill for a normal school in eastern North Carolina, legislators should simply pursue a normal school in the eastern part of the state with the location to be determined after passing legislation to establish the institution. Furthermore, it would require a combined effort among legislators and citizens throughout the eastern region to ensure passage of such a bill (Bratton, 1986).

The pursuit of the Eastern North Carolina Normal School re-emerged two years later during the 1907 legislative session with a new approach that was adopted between 1905 and 1907. Geographically, the citizen-led movement to establish a normal school in eastern North Carolina shifted south of the northeastern counties to Pitt County, which was revered as the "most educationally progressive county in the East" (Bratton, 1986, p. 22) due to the efforts of William Henry Ragsdale. Ragsdale emerged not only as the instigator and leader of the small group of citizens mentioned earlier but also as the informal regional coordinator of the movement. In his position as superintendent, he had experienced the difficulties associated with finding professionally trained teachers for his county's schoolhouses, which was a primary motivation to establish a normal school in the East. Members of Ragsdale's core group committed to the establishment of the school in the East included: James Lawson Fleming,

Greenville lawyer and elected to the North Carolina Senate in 1906, and David Jordan Whichard, editor and publisher of the local newspaper *Daily Reflector*. These three men, in addition to other members of the Greenville business community, formed the Greenville Chamber of Commerce in 1906 in an effort to garner support of this initiative from the business community. The Chamber of Commerce's Committee of Eighty, an appointed subgroup of the Chamber's members created to lead the campaign was chaired by Ragsdale and further divided into a legislative subcommittee. In addition to Greenville, similar networks were formed throughout the eastern and northeastern counties of North Carolina. Prestige and attention were added to the campaign when the former Governor Thomas Jordan Jarvis emerged into the public arena as its lead advocate. Jarvis's public involvement had been delayed as he recovered from a serious illness, but on January 4, 1907, Jarvis was announced as the chairman of the steering committee for the Committee of Eighty (Bratton, 1986).

In his new role as chairman of the steering committee, Jarvis utilized his political experience and knowledge to formulate the political strategy the campaign for the eastern normal school would take and was committed to seeing it through to its establishment in the East. Jarvis had long been revered as a champion for education and successful politician and community advocate, and with the regional and statewide respect that he had earned throughout his life's work, his endorsement of the campaign in this role provided substance and validation to this effort. His historical knowledge of state politics in North Carolina, including the deep-rooted feelings of competition and threat that resulted from sectional politics, was a great advantage. He understood the loyalty and pride held by those who had been educated by or were connected to the well-established, first State Normal College at Greensboro, which included citizens in his own region that would benefit from an eastern normal school. In addition to loyalties and

rivalry, there was also an emotional hurdle to overcome when Dr. Charles Duncan McIver, the first (and at that time current) President of the State Normal College at Greensboro, died (Bratton, 1986).

With Dr. McIver's death, supporters of his institution (who voiced opposition to the establishment of the eastern normal school) posed the argument that a new school in the East would destroy McIver's work in taking resources away from the State Normal College at Greensboro. James Yadkin Joyner, a native of Lenoir County in the East, staunch supporter and past faculty of the State Normal College under Dr. McIver, and State Superintendent of Public Instruction from 1902 until 1919, had consistently opposed attempts at the establishment of a new school in the East. Among his various arguments, his stance included that there was no need for another school as the state only needed one strong school that is fully functioning; multiple smaller schools would spread resources too thin. He had supported the two smaller schools in the West (Cullowhee and Boone) on the grounds that they were extensions of public high schools that provided minimal teacher training in addition to the regular high school curriculum, which meant that they posed no threat to the State Normal College's growth and development. In contrast, the proposed school in the East was viewed as a threat as it was to be a peer institution of the Greensboro school, which was included in the design of bills presented on January 30, 1907 by eastern North Carolina state legislators Senator James L. Fleming and Representative W.K. Jacobson. These bills were designed in the same fashion as that of the State Normal College in Greensboro that passed in 1891. There was no mention of specific location other than it being in the East (Bratton, 1986).

The political strategy formulated by former Governor Jarvis emerged on February 6, 1907 and included public hearings featuring testimonies of experts, advocates, and supporters

from the East communicating the need for the normal school in the East before the joint committees of the House and Senate . Pitt County's North Carolina Senator Fleming arranged the February 1907 hearing. Statements addressed the lack of service to areas of the state outside of the Piedmont urban areas by graduates of the one State Normal College in Greensboro while financial support of the institution was from citizens statewide. The fact that 95% of the State Normal College's graduates went to work in urban rather than rural areas of the state was a point of contention and supported the need for expanding teacher training to other areas of the state (Bratton, 1986). At that time, which is still the case presently, most of the East is composed of rural communities with Pitt County being the geographic center of the region. Strategically, Jarvis first recognized the work of the late Dr. McIver and recognized that compromise could be reached by starting as a two-year training school for women who wanted to be teachers in the public schools so that they could have knowledgeable and well-trained teachers in the rural areas. Jarvis expressed the need for the school in the East as a public need (Bratton, 1986). Unlike previous attempts at promoting the bill, there were no arguments raised in opposition during that hearing; however, as before, the bill did not automatically move forward (Bratton, 1986).

In acknowledging that the school in the East could begin as a two-year training school, keeping the State Normal College as the only four-year training school in the state, former Governor Jarvis offered a point of compromise, which was recognized by Superintendent James Joyner who collaborated with Jarvis after the February 6, 1907 public hearing (Bratton, 1986). Recalling earlier mention of Joyner, he was very much opposed to the school in the East. However, after Governor Robert Brodnax Glenn refused to support Joyner's bill to expand the public schools with high schools on the grounds that funds would be better used to continue to

fight the illiteracy that still exists in the East and West and to generate more qualified teachers, Joyner realized that he needed to compromise. One of the forces behind Governor Glenn's opposition to Joyner's bill was Glenn's loyalty to Jarvis who was the North Carolina Governor when Glenn came to office as Representative of Forsyth County. With Jarvis leading the campaign for the eastern normal school, Joyner realized that an alliance with Jarvis was crucial, and the two devised a plan where Joyner's high school bill and Fleming's normal school bill could be combined (Bratton, 1986).

A second open hearing was held on February 14, 1907 where the Joyner-Fleming compromise was proposed. Former Governor Jarvis, Superintendent Ragsdale, and Senator Fleming, as well as other stakeholders and community members, spoke again to the importance and need of a training school for teachers in North Carolina. New developments in the political strategy included communicating that the goal was not to compete with the established institution for teacher training but to instead improve the quality of life for citizens in the East by providing a needed service of teacher training. Once again, no opposition to the bill was raised but action was deferred initially, followed by the decision to go into an executive session where it was decided that a subcommittee would draft a substitute bill that would encompass the compromise. This bill decreased the amount of funding requested in Joyner's high school bill and largely changed what had been written in Fleming's eastern normal school bill. One of the most significant changes was that of the name, which would now be the East Carolina Teachers Training School (ECTTS), and would be an extension of the high school. In no sense was it to be on equal terms with that of the State Normal College at Greensboro. Also, in the compromise bill, the training school would be co-educational and funding was reduced from the amount that was originally requested (Bratton, 1986).

In an effort to gain legislative support for the bill and assure supporters of the State Normal College that they would remain as the leader of normal schools in the state, significant appropriations were granted to the school in Greensboro, which propelled it to equal funding with the University of North Carolina, the flagship public institution of higher education in the state. Additionally favorable for the campaign was the support of Governor Glenn. Not only did his refusal to support Joyner's initial high school bill motivate Joyner to seek compromise with Jarvis and the campaign for the eastern training school, but he was also from the western part of the state and noted that in his message to the NCGA endorsing the substitute bill. "An Act to Stimulate High School Instruction in the Public Schools of the State, and Teacher Training," the new bill of compromise, with Governor Glenn's endorsement and the recommendation of the Joint Legislative Committee on Education, passed the NCGA on March 8, 1907, creating the East Carolina Teachers Training School. Still, though, no location other than the East had been identified as the home for this new school. When former Governor Jarvis arrived home to Greenville (Pitt County) and was praised as the person who was responsible for the establishment of the school, Jarvis in usual fashion attributed the success to the group effort made by the delegation from eastern North Carolina and noted that it would take continued work by the citizens of Pitt County to ensure that the school would be built in Pitt County (Bratton, 1986).

While cooperation and collaboration of the various communities throughout eastern

North Carolina aided in the success of gaining a teacher training school in the East, competition

came to the forefront among those same eastern North Carolina communities and counties that

had worked together. When bids for the location of the new school were requested by the State

Board of Education, these areas submitted for consideration and the competition ensued. The

selected town would be the one viewed by the State Board of Education as offering the most financial assistance and location that was most desirable and suitable to the cause. Leaders in the communities that had put forth bids advised political strategies that included offering the most cash and land in order to gain the school, which would in turn bring cultural, economic, and educational growth to the selected community. Leading newspapers in the East also became involved in the campaign to gain the proposed teacher training institution (Bratton, 1986).

Unfortunately, securing the school to be built was not quite as simple as offering the highest bid. Politics emerged and led to re-opened bids after the initial deadline, which essentially opened the process to all interested parties, not just those who had initially submitted bids. Rivalries between neighboring towns evolved and were publicized in area newspapers that reminded readers of the political alliances of certain towns under consideration for the school's location. One of the locations, Kinston, was hometown to Joyner who opposed the school, and public suspicions that the school would remain within the confines of a high school with an added teacher training portion emerged. In contrast, another location competing for the school, Greenville, proposed that the school could flourish and grow into a great institution of learning, to eventual full college status, which would also benefit the community. The message to the public, provided by newspaper media coverage, appeared that Kinston would limit the institution while Greenville would allow the institution to strive to reach its full potential and serve the region. The committee of decision makers deciding where to locate the new school included individuals aligned with certain communities that put forth bids. Kinston's hometown connection with State Superintendent Joyner was at work. However, after several rounds of voting by the committee of six, Joyner was outvoted, four to two, in favor of Greenville, North Carolina over Kinston, North Carolina in July 1907 (Bratton, 1986).

With the legislative establishment of ECTTS and the official location decided upon, the rivalry and competition among the eight communities in eastern North Carolina subsided and returned to a sense of camaraderie poised to support the school that would better their region. The school was promoted as something to benefit more than Greenville and Pitt County; it was to be for the people of eastern North Carolina and something in which all of eastern North Carolina should take pride. ECTTS was to serve the region, and, as Governor Glenn noted in an interview, would become much more than a small teachers' training school. Glenn's statement foreshadowed what would become ECU, eventually housing not only a public research institution but also nationally-recognized medical and dental schools. While Glenn's vision was futuristic, Bratton (1986) comments, "The more immediate challenge was to transform a legislative act into a functioning institution, or more essentially, to convert the dreams of a community into bricks and mortar and architectural designs into educational structures" (p. 63). This seemed to be repeated with each expansion of growth and development at ECU. From ECTTS, it evolved into East Carolina College (ECC) and eventually ECU. However, with each successive campaign to improve the institution that began as a small, two-year teacher's training school, the motivating force harkened back to the mission that was first professed by the institution's first president, Robert Herring Wright. He concluded his inaugural address with the idea that ECTTS was to serve the people of the region and state in an effort to improve the quality of life for its citizens, which at that time meant teacher education but would come to respond to various societal needs as it evolved into ECU (Bratton, 1986).

In considering the course of events that led to the first new public higher education initiative at ECU, these seemed to foreshadow those that would follow in later initiatives such as the course of events that led to the establishment of the School of Dental Medicine at East

Carolina University, which will be detailed in Chapter Five. Both were community-based initiatives that were led by citizens of eastern North Carolina. These citizens sought to improve the quality of life in the rural parts of the eastern North Carolina region. Geographical identification and sectional politics contributed to political alliances and support for the initiatives. Citizens joined with influential members of the North Carolina General Assembly (NCGA) and when met with challenges, they did not retreat. Those with strong loyalties to their alma maters, the established flagships and initially established institutions, challenged the new initiatives. Competition for resources was a constant struggle and formidable challenges posed by the flagship institutions were met by the determined citizens with keen political strategies and approaches of compromise. Throughout the course of events, the mission of the institution, to serve, was active, carrying the new initiatives to successful establishment. Not only is this true for the SoDM at ECU, but these events also held true through the course of events that led to gaining university status for East Carolina as well as achieving the establishment of a four-year medical education program at ECU. Such events are detailed in the following section.

School of Medicine at East Carolina

In much the same fashion as how ECU (originally ECTTS) evolved from the need for training teachers to serve rural North Carolina, especially rural eastern North Carolina, the Brody School of Medicine at ECU was created to address the need for primary physicians in rural eastern North Carolina. Foreshadowing that a medical college in the East was at hand, Dr. John M. Messick (President of ECC, 1947-1959) commented during the pursuit of a nursing school to address the shortage of healthcare professionals in the mid-1950s that "some time in the future the need for a two-year medical school would become a recognized priority" (Bratton, 1986, p. 360). In September 1962, North Carolina Senator (Pitt County) Robert Lee Humber also

announced the need for a medical school in the East. However, the pursuit for the medical school at ECC took flight in May of 1964 with Dr. Ernest W. Furgurson, a general physician in Plymouth, North Carolina who had more patients needing care than he could attend to there.

This was the beginning of the grassroots effort to establish the Brody School of Medicine at ECU (Bratton, 1986; Williams, 1998).

Recognizing that the motto of ECU (ECC at that time) was to serve, and with direct professional knowledge of the great need for primary care physicians, Dr. Furgurson approached Dr. Leo Warren Jenkins, President of ECC, about why his institution was not responding to the health needs of the people it served. At that time, eastern North Carolina led the nation in infant mortality and the number of enlistees in the draft rejected for physical reasons. Eastern North Carolina also ranked last in the nation in mental retardation programs, hospital beds, and doctorpatient ratios. Dr. Furgurson viewed ECC as having a responsibility to its citizens of the region and state to address these issues. As such, he looked to Dr. Jenkins as the responsible party to lead a campaign to establish a medical school for training primary care physicians for the East. Dr. Jenkins assured Dr. Furgurson that he would consider the situation and present it to the Board of Trustees (Williams, 1998).

Dr. Furgurson, leading the grassroots effort, began his research and quest for support of this initiative while participating in a symposium on pursuing general practice as a career, sponsored by the Duke Endowment Foundation, at the Duke University Medical Center. It was there that he spoke with colleagues about the need to bring more general practitioners to rural eastern North Carolina and expressed to the audience how primary care physicians were becoming fewer while specialists were quickly increasing. This seemed to be due to the vast amount of knowledge general practitioners had to know and with which many could stay current

(Bratton, 1986; Williams, 1998). As such, it had resulted in an "oversupply of physicians in certain specialties, such as surgery and internal medicine, while there is fragmentation of patient care and loss of interest in patients as human beings" (Williams, 1998, p. 2). In addition to Dr. Furgurson proposing the idea of a medical school at ECC, Dr. Wilbert C. Davison, director of the symposium and former Dean of the Duke University School of Medicine, offered his endorsement of a medical school at ECC. He noted that not only would a medical school in the East address the need for more physicians and healthcare providers, but it would assist with the bottle-neck issue four-year medical schools face in the first two-years of the medical education, which often leaves many vacant seats in the third and fourth year classes (Bratton, 1986; Williams, 1998).

In the spring of 1963, total medical students admitted to the three medical schools in North Carolina (combined) totaled 139, which included 24 out-of-state students. Dr. Davison viewed this as "entirely too few to meet the ever-growing demand, even if all were to practice in North Carolina" (Bratton, 1986, p. 361). Concerning doctor-patient ratio at that time, the national average was 125 doctors for every 100,000 patients. The average in North Carolina was 75 doctors for every 100,000 patients while eastern North Carolina had less than 50 doctors for every 100,000 patients, which was well below the national average (Bratton, 1986; Williams, 1998).

Dr. Jenkins proceeded in laying the foundation for the idea of establishing a two-year medical school at ECC. In newspaper articles and long-range planning meetings with the NCGA's Advisory Budget Committee, he expressed the need for such and the benefits it would bring to the East. This was also an opportunity to get a sense, based on reactions, of the public's attitude toward such an initiative at ECC. Reminiscent of the campaign for a normal school in

eastern North Carolina, professional societies related to health care in eastern North Carolina, health care professionals, civic organizations, and newspapers throughout the eastern counties of North Carolina voiced their support and offered resolutions of such to the establishment of a two-year medical school at ECC, which garnered the attention of the ECC Board of Trustees (Bratton, 1986; Williams, 1998).

In an October 1, 1964 meeting of the ECC Board of Trustees, members of the board discussed, to great extent, the existing need and statistics supported by the Medical Care Commission and other data collection sources as well as other related concerns in considering the establishment of a medical education program. As a result of this discussion, they decided to support a feasibility study, which led to the decision to support a medical school program if the study demonstrated the need for such a program and sufficient resources were made available to ECC. Additionally, North Carolina Senator Robert Burren Morgan was elected as chairman of the Board of Trustees for ECC during that meeting. Fortunately for ECC, Senator Morgan was also elected to serve as President Pro Tem in the North Carolina Senate during the 1965 session. This placed ECC in a uniquely favorable position to gain legislative support as the President Pro Tem position is one of the most powerful positions in the NCGA, and Senator Morgan was in support of the addition of a medical school to his alma mater, ECC (Bratton, 1986; Williams, 1998).

The Original Campaign for a Four-Year Public Medical School and Political Implications

The proposal to establish a two-year medical school emerged as a leading issue for deliberation by the NCGA in January 1965 and was met with both support and opposition.

Ironically, this was reminiscent of the campaign to expand the University of North Carolina at Chapel Hill's medical school from a two-year program to a four-year program. Establishing a

medical school at Chapel Hill was not a popular decision in its initial stages. More largely populated areas such as Charlotte and Greensboro felt that the school should be built in their community. Political battles were returning to sectional politics as had been occurring since the 1800s. Governor J. Melville Broughton, with the findings of a statewide committee of physicians, reported to the UNC Board of Trustees on January 31, 1944 the state of health care in North Carolina. As reported, North Carolina was "eleventh in population in the country, forty-second in the number of hospital beds per 1,000 population, and forty-fifth in doctors per 1,000" (Williams, 1998, p. 13). The impetus to this study and proposal was the number of North Carolinians who volunteered for military service and were rejected due to medical reasons, which was approaching 28% while the national rejection rate was almost 24% of those who applied for duty. Governor Broughton sought the medical school at Chapel Hill to serve as a provider of health care to the citizens of North Carolina, rich and poor, regardless of socioeconomic status (Williams, 1998).

The UNC Board of Trustees supported Broughton's campaign and a 50-member North Carolina Hospital and Medical Care Commission was appointed to study the conditions of the state's health care. The Commission's findings resulted in the proposal of the Good Health Program, which was presented to the 1945 NCGA and detailed a needed increase in the number of physicians and hospitals and additional health insurance. In the interim between the Hospital and Medical Care Commission's study commenced and the 1945 recommendations to the NCGA, the gubernatorial office had transitioned from Governor Broughton to Governor R. Gregg Cherry. Governor Cherry supported parts of the Commission's recommendations, which included expanding Chapel Hill's medical program to a four-year program. Administrators at the UNC-Chapel Hill institution and medical school, community members, and legislators

worked together to gain support for Chapel Hill's medical school expansion, especially focusing on benefits for students who would practice in rural areas of North Carolina after graduation (Williams, 1998). Although approval to expand Chapel Hill's medical school was granted by the 1945 NCGA, it was not immediately enacted. However, after a national committee recruited by the state's Hospital and Medical Care Commission visited all potential sites, it decided that Chapel Hill's current medical school would be best suited to provide the statewide coverage. The announcement to Governor Cherry and the Hospital and Medical Care Commission came on July 20, 1946, following the passage of the Hill-Burton legislation in the United States Congress. This bill appropriated funding for the construction of hospitals on the condition that state and local governments would provide supplemental funding as well as submit a long-range hospital plan that included current conditions of the states' medical care facilities and hospitals (Williams, 1998).

In anticipation of the decision to locate the hospital in Chapel Hill and expand the medical school there, newspapers in the competing areas of Charlotte and Greensboro began their campaign against the decision and reminded readers of a 1920 gift offered from Mr. J.B. Duke to build a medical program and center in Charlotte, which would have been at no cost to the citizens of the State of North Carolina. Predicting the national committee's announcement of Chapel Hill being selected as the site for the state's medical expansion, The Charlotte Observer, in an editorial, reminded its readers of the 1920s offer of Mr. J.B. Duke to financially support the creation of a four-year medical program and medical center, in cooperation with UNC, in Charlotte that was refused by UNC due to its location and as a result of allegiances to UNC-Chapel Hill. Members of the national committee that selected the site and were in favor of the decision did so due to the environment in which the medical students would be trained as it

reflected a small-town setting found in rural areas of North Carolina. However, those opposed to the idea of a new medical school, in general, regardless of location, did so due to the poor economic conditions and low socioeconomic status of those living in the areas where the need for health care was so great. Additionally, the national review committee recommended that North Carolina support the education of its African-American citizens and increase the numbers of African-American medical and nursing students by financially supporting their education at Meharry Medical College in Tennessee (Williams, 1998). Other recommendations for increasing physicians in rural areas included: "improvement of social and economic conditions; ...an integrated hospital program; selection of students from rural communities, to be partially or wholly subsidized; and guarantees of income from local communities in certain areas" (Williams, 1998, p. 18). The newly expanded medical school and teaching hospital was to "serve as the center from which high-quality medical care would radiate as far as possible over the geographic area" (Williams, 1998, p. 18) and was supported by the North Carolina medical community's professional organization.

Unfortunately, as health disparities evolved and continued to grow, the health conditions of citizens in the rural areas of North Carolina continued to be poor. Whereas the rejection of North Carolinians for military service due to poor health conditions was about 28%, the rejection rate for the same reasons increased to more than 45% of applicants in 1970. When this rejection rate was reviewed by county in North Carolina, it had reached more than 50% in 15 of the 100 counties of the state. Furthermore, 14 of the 15 counties were in the rural areas of eastern North Carolina (Williams, 1998).

East Carolina University's Challenges in the State Legislature and Higher Education

In January 1965, the State Medical Center Study Commission, created by the 1963 NCGA, was in the midst of studying the health care problems throughout the state. There was a contingency that felt no decision should be made about establishing another state medical school until the Commission finished its study. Meanwhile, there was also a movement at hand to establish a four-year medical school in Charlotte, and Mecklenburg County residents voiced their opinion that the next medical school funded by the state should be in a metropolitan area (Charlotte) where a large population existed. These were the areas that were initially turned down when Chapel Hill was awarded the expansion to a four-year medical school (Bratton, 1986; Williams, 1998).

Supporters of the UNC medical school, the only established public medical school in the state at that time, voiced concerns that a second state-supported medical school would take valuable resources away from the established one, and it would be more economical and efficient to spend the additional funding on enlarging the current medical school and increasing its class size. These supporters also felt that with an expanded class size at the UNC medical school, when added to classes at the state's two private medical schools at Wake Forest and Duke University, would produce an ample amount of physicians to address the physician shortage and other health care needs. Many of the doctors who were local to ECC initially opposed it under the direction of their alma mater, UNC, as a matter of pride and loyalty (Bratton, 1986; Williams, 1998). Throughout the eastern North Carolina region and the state, alumni and other supporters of the UNC Medical School feared competition for state resources; these funds would no longer be solely dedicated to the development of the UNC medical school if the medical school at ECC became established. Additionally, there were federal funds at stake, which concerned not only

the UNC medical school community, but also alumni and supporters of the state's private medical schools (Wake Forest and Duke University) who emerged in opposition to the proposal for a new medical school at ECC (Bratton, 1986; Williams, 1998).

The Board of Higher Education was another group who did not favor establishing a second medical school in the state at that time, especially at ECC. The Board of Higher Education had been created as a result of the recommendations made by the Commission of Higher Education (Bryant Commission), led by Victor S. Bryant, to the 1955 NCGA. The Bryant Commission evolved out of Governor Umstead's request to the 1953 NCGA, which was approved, for a group to study and "identify the major issues [associated with meeting the diverse educational needs of North Carolina's citizens] and recommend the structure for North Carolina's educational future" (Bratton, 1986, p. 292). After a two year study of such, the Bryant Commission issued its 1955 report on public higher education in North Carolina. Within its report, the Bryant Commission included the establishment of "a Board of Higher Education to carry out its recommendations" (Bratton, 1986, p. 292). The Board of Higher Education was instilled with authority over and oversight of the twelve public institutions of higher education in North Carolina during that period. These institutions included the three institutions within the Consolidated University (UNC at Chapel Hill, North Carolina State College of Agriculture and Engineering at Raleigh, and the North Carolina College for Women at Greensboro) and nine other colleges across the state (which included the original three teachers' colleges of Western Carolina College, Appalachian State Teachers College, and ECC) (Bratton, 1986).

One of the prevailing issues revealed in the Bryant Commission's report was the low return on investment in public higher education for the citizens of North Carolina. In 1950, the state spent the third largest amount for capital improvements at its public institutions of higher

education and ranked tenth nationwide in spending for higher education in view of per capita income; however, North Carolina ranked 47th nationally for the percentage of its college-age citizens who were enrolled in the state's public institutions of higher education (Bratton, 1986). After careful study, the Bryant Commission recommended "continued commitment to the excellence of the Consolidated University [and]...concluded that maintenance and extension of its programs were vital" (Bratton, 1986, p. 292). As such, they were committed to continued spending toward the "excellence" of the Consolidated University, fully supporting its three institutions but would only support the nine independent colleges to the extent of "no frills, economy-class, undergraduate programs" (Bratton, 1986, p. 292). This was also to deter the threat of competition posed by the growth and looming expansion of the original teachers' colleges (Appalachian State Teachers College, Western Carolina College, and ECC), especially at ECC (Bratton, 1986; Williams, 1998).

The pursuit of establishing a medical school at ECC would take this institution beyond the "no frills, economy-class, undergraduate programs" (Bratton, 1986, p. 292) and introduce competition in the area of medical education to the established UNC Medical School. With this being in opposition to one of the underlying purposes of the Board of Higher Education (as discussed above), Mr. William Archie, director of the Board of Higher Education, pleaded with an ECC trustee for ECC to follow the board's instructions and wait until the State Medical Center Study Commission concluded its research into the state of healthcare in North Carolina and presented its findings to the NCGA. Archie urged the trustee to keep ECC's pursuit of the medical school out of the NCGA and not bypass the Board of Higher Education in an effort to establish the school through political means. Archie did not view the political arena as the proper place for educational decisions to be made, and voiced his opinion that ECC's President

Leo Jenkins had expedited the process beyond where it should have been in not first conducting a three to five year study on the merits of establishing a medical school at ECC (Bratton, 1986; Williams, 1998).

Given the historical fight the colleges outside of the Consolidated University System had with the Board of Higher Education in efforts to grow and evolve, supporters and advocates of the two-year medical school at ECC did bypass the Board of Higher Education and sought support in the NCGA as it was the ultimate decider in granting state appropriations to fund such an undertaking as establishing a new medical school. President Jenkins and Senator Morgan teamed up to rally support from all sides between 1964 and January 1965. Jenkins built momentum for the medical school by speaking at community events while Senator Morgan was joined by Senator Walter B. Jones and Representative W.A. "Red" Forbes in lobbying colleagues for support in the NCGA. Within the NCGA emerged a united eastern delegation that put forth a proposal for the two-year medical school on April 1, 1965. Bills for the two-year medical school were presented to both the Senate and House, mirroring each other. These proposals were followed by hearings and testimonies from eastern North Carolinians throughout the following week, which was much like those held to establish the ECTTS. These community members included medical experts and local leaders who expressed the regional need for ECC to address the health care needs in the East. Support for establishing a two-year medical school at ECC was met with great opposition that urged, paralleling Archie's request, to wait for the results of the State Medical Center Study Commission's work before taking a vote on the legislation. The Commission released an interim report, which rejected the idea of establishing a medical school at ECC or in Charlotte and supported expanding facilities and class size at UNC and offering financial assistance to those at the private medical schools in the state (Bratton, Williams, 1998).

Although, recommendations from the Commission, which was composed of physicians and experts from the Piedmont area and outside of the state, opposed the establishment of the medical school at ECC, supporters continued to forge ahead with their efforts and on July 9, 1965, the bill introduced by Senators Morgan and Jones passed in the Senate successfully and without changes. Unfortunately, the House Bill presented by Forbes did not pass without an amendment that required the school to be nationally accredited by January 1, 1967 or else the Board of Higher Education would have to approve of the school's progress in order for it to continue to be established after that date. While this later proved to be a major challenge to the establishment of the medical school at ECC, it was a first step to the establishment of a medical school at East Carolina (Bratton, 1986; Williams, 1998).

Although newspaper articles and the local community celebrated this great accomplishment and success in the initial phase of gaining legislation and appropriations to establish the medical school, they also reminded readers and fellow citizens of the fight that was required to establish ECTTS and ECC years earlier as well as the politics of the Consolidated University System and the Board of Higher Education. ECC continued to operate in accordance with its mission, which meant continuing to evolve so that they could serve their region of the East and improve the lives and welfare of its citizens. However, with the establishment of the two-year medical school, many saw it as a first step toward establishing university status and threatening the initial intentions of the Board of Higher Education to restrict ECC, which would prove to be a continued battle in seeing the medical school reach its full establishment beyond legislative approval and appropriations (Bratton, 1986; Williams, 1998).

President Jenkins viewed the addition of the two-year medical school, linked with establishing university status at ECC, as an essential part of its mission to serve the people of the

East. The region needed a catalyst for developing its many natural resources and industries in much the same way as those in the Piedmont counties had benefitted from its nearby universities. With university status, ECC could serve as such a catalyst. Many supporters offered the argument that ECC, with its design of six schools that were each composed of multiple departments, appeared as a university more so than a college; therefore, it was a ready-formed university and should have the appropriate title and recognition. The pursuit of university status was for one that would enable ECC to remain a comprehensive institution offering programs at the undergraduate and graduate levels that would address the needs of the region. If the college gained university status as a branch of the Consolidated University System, then it also ran the risk of having its programs reduced to those that supported the primary purpose under which ECC was established, a teacher training school. Accordingly, it would also threaten expansion into the area of medical education. Supporters of the Consolidated University, where member institutions fulfilled certain purposes such as teacher preparation, engineering, and other identified fields to prevent duplication of programs and reduce competition, used this idea as a strict guide for debates, including those related to the establishment of a medical school at ECC and its transition to university status (Bratton, 1986; Williams, 1998). Thus, Jenkins pursued independent university status rather than university status as a member institution of the Consolidated University in order to ensure ECC's ability to continue to serve its region as a comprehensive institution of higher education (Bratton, 1986; Williams, 1998).

However, Dr. William Friday, President of the Consolidated University, announced in May of 1966 that limiting branch campuses of the Consolidated University to certain roles established in the 1930s was no longer necessary or productive. The growing student enrollments and societal demands called for all member institutions of the Consolidated

University to offer a variety of academic options for the students seeking their services. This announcement came six months after President Jenkins publicly announced his desire to transition ECC to university status. While the ECC Board of Trustees supported Jenkins's efforts in transitioning ECC to university status, North Carolina Governor Dan K. Moore opposed such efforts as well as the decision to establish a medical school at ECC. In an effort to delay ECC's progress, Governor Moore called on the Board of Higher Education to create a comprehensive, ten-year plan for higher education in the state and requested that all leaders of public higher education institutions in the state defer proposed changes at their institutions until the plan could be created. This would delay all requests for at least two years (Bratton, 1986; Williams, 1998).

Governor Moore's request could have potentially ended ECC's progress toward achieving independent university status as well as the establishment of a medical school at ECC. The scheduled realignment of legislative districts would take place in 1967. If the governor's request to delay any action for two years took effect, it would have been after the 1967 realignment. This was significant in that the realignment would reduce the number of legislators in the NCGA from the East. As such, Jenkins, the ECC Board of Trustees, and allies felt the urgency of gaining independent university status for ECC. The ECC trustees released a resolution announcing their support of ECC gaining independent university status and requesting the North Carolina Board of Higher Education to conduct a feasibility study regarding this. They also requested that a report of the study's findings be released prior to the beginning of the 1967 NCGA session (Bratton, 1986; Williams, 1998).

Leadership at the North Carolina Board of Higher Education also felt the urgency of the time as they recalled previous successes in the NCGA by eastern North Carolinians. George

Watts Hill, Jr., chairman of the Board of Higher Education, expressed to the board's director Howard R. Boozer in a March 24, 1966 memorandum that it was important for the board to appear supportive of ECC's progress toward establishing medical education in order to deflect criticisms when they raised future opposition against independent university status for ECC. Consultants who had been hired to study the feasibility of a medical school there reported the need for establishing an Institute on Community Health and Medical Sciences at ECC rather than a complete medical school. As such, Hill proposed that the board support the establishment of the Institute with the condition that it would be a joint effort by ECC and the Board of Higher Education. Hill also advised the board director to inform the public of what constituted a university and the financial obligations associated with such. This advice was in anticipation of the impending battle expected to take place during the 1967 NCGA session (Bratton, 1986; Williams, 1998).

The North Carolina Board of Higher Education continued to attempt to impede progress toward establishing a medical school at ECC and achieving university status by posing guiding questions for the feasibility study that did not address the true purpose of the study. Instead of focusing on ECC's preparation for assuming university status, the study's questions focused on the institution's ability to award doctoral degrees. Although the 1966 feasibility study conveyed positive feedback for ECC transitioning to university status, with the exception of ECC having the financial support from the state government that would be necessary for such a transition; the Board of Higher Education refused to award ECC university status as ECC was not prepared to immediately award doctoral degrees (Bratton, 1986; Williams, 1998).

A subcommittee of the Board of Higher Education had also been conducting a study of the need for additional doctoral programs in North Carolina, and if there was a need for such programs, whether they should be established at institutions within the Consolidated University or outside the established Consolidated University of North Carolina. The board's study presented findings to support no need for additional doctoral programs outside of the Consolidated University and noted that state funds were not available to support additional programs outside of the Consolidated University. While the Board of Higher Education concluded that ECC should not receive university status due to its lack of preparation to immediately offer doctoral programs at its institution, the board also made clear that the institution could not progress forward in preparing to offer doctoral programs until it was awarded university status (Bratton, 1986; Williams, 1998).

In addition to the opposition from the Board of Higher Education, which had been in steady opposition to this movement throughout, the student legislature at the University of North Carolina at Greensboro led the students of the Consolidated University to form a resolution against granting independent university status to ECC in fear that it would take funds away from the Consolidated University that so needed the state funds and should have priority in receiving them. Newspapers across the state that praised ECC as being one of the premier regional colleges also turned to producing editorials that portrayed ECC and its leadership, especially President Jenkins, in a negative light. Many of these editorials were the products of alumni of the Consolidated University of North Carolina institutions. Advocates and supporters of Jenkins and ECC responded to the public, presenting this not as a personal attack but rather an attack on a region of the state. Governor Moore addressed the NCGA in March 1967, proclaiming that if they did approve ECC to become an independent university, then it would tear apart the established single Consolidated University of North Carolina System. He predicted that this would do harm to the state's public higher education as well as undermine the authority of the

North Carolina Board of Higher Education. In his response to the strong opposition to ECC gaining university status, Jenkins expressed that among his disappointment was the idea that new and bold ideas of progress in eastern North Carolina were met with ridicule from those educated at the state's premier public institutions. Alumni of UNC who lived in eastern North Carolina and supported ECC's progress to university status publicly announced their disappointment in their fellow alumni not seeing beyond their allegiance and pride for their alma mater.

Additionally, UNC- Chapel Hill's chapter of the American Association of University Professors invited President Jenkins to address their group on March 16, 1967. His address to the group was referred to as *The Struggle to Serve*, and became the rebuttal to the opposition (Bratton, 1986; Williams, 1998).

President Jenkins's rebuttal was printed and distributed to the public, including members of the NCGA who were faced with the need to make a decision about the bill entitled "An Act to Create and Establish East Carolina University" that was introduced on March 8, 1967 by Senator Julian Allsbrook of Halifax County and Representative Horton Rountree of Pitt County to their respective branches of the NCGA. This bill, if passed, would not only award ECC the independent university status it sought, but it would also re-establish the two-year medical school at ECC. In the weeks that followed the introduction of the bill, activity in the NCGA was reminiscent of that which took place at each juncture of ECC's progress since the efforts to establish ECTTS in Pitt County. Those in support of and opposition to the bill spoke in hearings held by the Joint Committee on Higher Education, including former governor Luther Hodges who was in great opposition of independent university status for ECC. The primary argument of the opposition was that supporting such a bill as that which was introduced would do harm to the Consolidated University of North Carolina and the legislators needed to vote against the bill in

an effort to preserve the University. Arguments of support countered the opposition by expressing their confidence in the establishment of the Consolidated University, which could withstand the addition of an independent university in the state. President Jenkins spoke about ECC's mission to serve the people of the East and North Carolina as well as how the institution was an institution built by the state's citizens and in denying independent university status, the NCGA would also be denying its citizens great educational opportunities and services. Once testimonies in support and opposition of the bill had concluded, a vote was taken. On April 27, 1967, the bill was defeated by a very close margin. However, it did not end the battle to establish ECC as a university. Instead, the defeat of the bill fueled a fight of political parties (Bratton, 1986; Williams, 1998).

The defeat of the bill was viewed as the fulfillment of the Governor Dan K. Moore Administration, which represented the Democratic Party. The Republican legislators from the East began a campaign to recruit registered democrats in the region to the Republican Party. Meanwhile, Democratic legislators in eastern North Carolina fought to demonstrate their allegiance to ECC and the support the showed in the vote for the passage of the bill. President Jenkins, Senator Morgan, and United States Representative Walter B. Jones (formerly state legislator from Pitt County) were among those who defended the Democratic Party in eastern North Carolina. In response to the political battles at hand, and in an effort to prevent an extended conflict in both the political and state higher education arenas, an offer of inclusion in the Consolidated UNC as its fifth branch was extended to ECC. Not only would ECC be allowed to maintain its East Carolina identity in naming it East Carolina University at Greenville, but it would also bring a restructuring to the Consolidated University governing board in order to appear to lessen some of the power held by Chapel Hill by increasing regional

representation and moving the headquarters of the governing board out of Chapel Hill. However, ECC and its supporters continued to hold fast to its campaign for independent university status (Bratton, 1986; Williams, 1998).

Senator John T. Henley, a Cumberland County Democrat who voted against the initial bill to establish ECC as an independent university, proposed "An Act to Provide for Regional Universities and the Establishment of the First Such University, East Carolina University," which was begun with ideas of Governor Terry Sanford and supported by Lieutenant Governor Robert Scott. While this would not grant full university status to ECC, regional university status would allow ECC to begin the ascent to full university status. After amending the bill to include provisions for research and work toward offering the most advanced graduate level training and awarding doctorate degrees, ECC was in agreement to the standards. The bill also allowed the institution to operate independently of the Consolidated University while overseen by the Board of Higher Education. Provisions of the bill also called for a review by the Board of Higher Education in five years, which would be 1972, giving ECC a five-year period during which they could phase from college status to regional university status. Although it was not a full victory, it was a victory for ECC in allowing them to continue to grow and serve the region and state (Bratton, 1986; Williams, 1998).

There were still opponents working to discredit this move for ECC to regional status.

Governor Moore's administration and the Board of Higher Education worked behind the scenes to include public colleges in the state in the Henley Bill. These colleges included the historically black colleges in the state. By adding additional colleges, including public colleges of low regard, regional university status would not be highly respected and would remain inferior to membership in the Consolidated UNC. Western Carolina College and Appalachian State

College were added to the original Henley Bill after petitioning for inclusion. However, lead administrators at the two historically black colleges of North Carolina Agricultural and Technical (A&T) College and North Carolina College, responded with messages of rejection for the sake of feeling that they were being used as political maneuvers and did not currently have the necessary financing from the state for their college status and feared it would be worse with university status. However, the board of trustees at North Carolina A&T College went forward with a petition for inclusion in the bill for regional universities, which was eventually supported by its president. After North Carolina A&T's inclusion was rejected in the North Carolina Senate, it was passed in the House of Representatives and subsequently amended to be included in the Senate, leading to the passage of the Henley Bill to include four institutions that would become regional universities. In its journey to independent university status, ECC achieved not only itself beyond college status but also afforded the opportunity to grow and evolve beyond college level in order to better serve its region and state to three other public colleges (Bratton, 1986; Williams, 1998).

The structure of state-supported higher education in North Carolina would continue to evolve as the NCGA and Governor Robert Scott re-organized the state's institutions into one system of state-supported higher education, the UNC System, in October 1971. By that time, all public colleges had risen to the ranks of regional universities or branches of the Consolidated UNC. In October 1971, these two systems became one. The new UNC System was governed by a 32-member board of governors who appointed members to each institution's board of trustees. The institutional presidents were installed as the chancellors at each university and Dr. William C. Friday, President of the Consolidated UNC, and Cameron West, past director of the Board of Higher Education, were appointed as president and vice-president, respectively, of the new

system. On January 1, 1972, with the new board of governors possessing oversight of the system, the Board of Higher Education was discontinued. The political composition of the newly created UNC Board of Governors would become significant in the establishment of a medical school at ECU. The 32-member board was composed of 16 members who were previously trustees of the Consolidated UNC and 16 members who were previously trustees for public colleges. This board granted final approval of all programs established at the 16 institutions of the UNC System as of January 1, 1972 (Bratton, 1986; Williams, 1998).

Prior to 1972, the conditions of the 1965 NCGA decision to approve a two-year medical program at ECC had expired when they failed to gain required accreditations by January 1, 1967. Thus, the medical school at ECU had not moved beyond legislative approval until March 18, 1969 when ECU's leadership announced its plans to renew its proposal for a two-year medical science program. Governor Robert Scott supported this effort and funding was appropriated by the 1969 NCGA. With the appropriations, ECU formed its initial medical faculty that was led by Dr. Wallace R. Wooles who would serve as Dean of the Medical School and Chair of the Department of Pharmacology. September 1970 marked when ECU submitted to the Board of Higher Education its proposal for the two-year medical sciences program as well as an accreditation visit by the American Medical Association and the Association of American Medical Colleges. Due to a lack of sufficient funding, the accrediting bodies delayed provisional accreditation until such funding could be established. In addition to this obstacle, the Board of Higher Education recommended a first-year medical program at ECU that would then enable its students to transfer to the established medical school at Chapel Hill in order to address the shortage of physicians. The Board of Higher Education also recommended that additional clinical training facilities be established in eastern North Carolina. The Board of Higher

Education's recommendations were sent to the 1971 NCGA, which also included recommendations of increasing the class size of medical school students at the University of North Carolina at Chapel Hill (UNC-CH), continued financial assistance for black students from North Carolina who attended the Meharry Medical College in Tennessee, and state funding for the private medical schools in North Carolina. Such recommendations were supported by the NCGA. Although the 1971 action did not bring about a full-fledged medical school at that time, it did note that this was the beginning of medical education at ECU and offered room for growth over time (Bratton, 1986; Williams, 1998).

June 1972 brought about ECU's next attempt at gaining approval and support for a two-year medical sciences program. With the new structure intact, all decisions related to new programs needed the support of the UNC Board of Governors. Robert B. Jordan, III was appointed to chair a subcommittee of the board to evaluate ECU's request. Jordan's committee returned with recommendations that aligned with previous recommendations presented by the past Board of Higher Education. They also recommended that a study be conducted by consultants from outside of North Carolina, as was done prior to the 1965 NCGA decision, to look at the need for a medical school at ECU. The consultants' report recommended that ECU's first-year medical program be limited to 20 students until subsequent studies of the need be conducted. When the UNC Board of Governors met in November 1973, they rejected the establishment of a degree-granting medical school at ECU and accepted the recommendations of the consultants to restrict enrollment into the one-year medical program at ECU. Studies conducted and utilized by the Board of Governors and the Board of Higher Education (previously) pointed to expanding class sizes at established medical schools in North Carolina

while restricting ECU's first-year program enrollment as the best solutions for addressing the state's shortage of physicians (Bratton, 1986; Williams, 1998).

State legislators and others in The East viewed the decisions of the Board of Governors as going beyond oversight of the state's higher education system to encroaching on control of the state's manpower issues, which was not within the board's purview. Demonstrating their concern, the NCGA launched the Joint Legislative Commission on Medical Manpower which also participated in hearings held by the house and senate subcommittees on health during its 1973 legislative session. Representative Joseph P. Huskins of Iredell County and Senator William D. Mills of Onslow County chaired the Commission. The purpose of this joint effort reflected that which began the fight for a medical school at ECU, the shortage of physicians in eastern North Carolina as well as across the state and how to best address it. This Commission looked beyond physicians to include all of the health care system and what it might be lacking in manpower to address the state's needs. While conducting their studies, the NCGA approved \$7.5 million to be set aside as reserve funding to be earmarked for construction of new medical school facilities. Findings of the studies issued by the legislative committees presented evidence in support of a medical school at ECU and disagreed with recommendations and findings of the UNC Board of Governors and its outside consultants. As such, the Democratic majority 1974 NCGA called for the immediate expansion of the medical school at ECU. Such an action instigated discord between the UNC Board of Governors and the NCGA; however, due to the noticeable biases against ECU held by members of the Board of Governors, it provided a sound argument upon which to declare no action other than to proceed with the recommendations by the Joint Legislative Commission on Medical Manpower for expansion. Representative J. P.

Huskins and Senator James Garrison of Stanley County introduced such a piece of legislation in January 1974 to the NCGA (Bratton 1986; Williams, 1998).

Although the legislative subcommittees were recommending ECU's medical expansion to the NCGA, the battle was not yet won. Governor James E. Holshouser of Watauga County and Lieutenant Governor James B. Hunt of Wilson County were on opposite sides of support. Holshouser sided with the UNC Board of Governors while Hunt framed the expansion as an aspect to the state's plan for health care rather than being simply one of the state's higher education priorities which are set by the Board of Governors. Given that it was more than an issue of higher education and being a way to address the state's health concerns, the NCGA had the right to intervene and make decisions regarding the expansion. Former Governor Robert Scott called attention to the biases, prejudices, and allegiances instilled in the Board of Governors members from when they served as trustees for their former institutions, many of which were part of the Consolidated UNC (Bratton, 1986; Williams, 1998).

In an effort to bring ECU and UNC (system) to amicable terms, a private meeting between leaders and supporters of the two entities, which included legislators from the House and Senate, was arranged by Senator Ralph H. Scott of Alamance County and Representative Carl J. Stewart of Gaston County who served as one of the co-chairs of the joint Appropriations Committee. The private meeting was arranged at the request of the House Speaker James Ramsey and held at the College Inn in Raleigh, North Carolina on January 25, 1974. The proposed compromise by Scott and Stewart the was presented to ECU and UNC included expanding ECU's medical program to a second year, supervised by the Board of Governors, and nine new statewide Area Health Education Centers (AHEC). They were also prepared to guarantee ECU protection of its medical program in the appropriations. Unfortunately, an

agreement of compromise was not arrived at that prevented the impending battles on the floor of the NCGA. Additional meetings took place on February 25, 1974 with Senator Scott, Representative Stewart, President Friday, and administrators of the UNC System in attendance. This was a final effort to persuade UNC (system) to support a diluted form of the compromise rejected at the January 25th meeting in Raleigh. However, President Friday and UNC (system) refused to support it. February 19, 1974 marked the beginning of public hearings held by the NCGA's Joint Appropriations Committee. Leaders in state higher education, citizens, members of governing boards, and others spoke on both sides of the issue regarding expanding ECU to a two-year medical school program (Williams, 1998).

Among those who spoke, Representative J. P. Huskins emerged quite memorably as he recounted for the audience the path that had led to the hearings of that day, including the various battles encountered in both the political and higher education arenas as well as those in the public sphere. He called on legislators to demonstrate statesmanship rather than that of a politician with allegiances. He also noted that in granting ECU an expanded medical school program, they were not seeking to undermine the authority of the Board of Governors but instead were seeking to assist it in expanding its vision. One of the most significant aspects to Representative Huskins's support was the fact that he had originally opposed expansion of ECU and supported improving and expanding the established medical schools in North Carolina. In addition to Huskins, Reverend Coy Privette, president of the Christian Action League (CAL) and from Kannapolis in the piedmont region, spoke on behalf of the CAL in support of an expanded ECU. In addition to speaking of the need for an expanded medical program at ECU, Privette addressed the political imbalance of the UNC Board of Governors. With 21 of the 32 members (about 66%) of the UNC Board of Governors being Chapel Hill alumni, Privette questioned the ability of the board

to be impartial in supporting ECU and asserted that this was a decision impacting health care more so than educational policy and as such should be decided by the NCGA, not the UNC Board of Governors (Williams, 1998).

A private strategy meeting was held on the evening of Monday, February 25th in the office of Senator Thomas Strickland. This meeting, lasting until midnight, included Senator Thomas Strickland, Senator Ralph Scott, Representative Carl Stewart, and ECU's leaders and primary supporters who reached agreements about legislation to be pursued in favor of expanding ECU. Governor James E. Holshouser was also at work on the evening of Monday, February 25th attempting to build opposition to ECU's expansion. Unfortunately, the Republican members of the NCGA who had voted in opposition to ECU and were historically aligned with the past Consolidated UNC and UNC-Chapel Hill were more concerned with rebelling against the governor, which proved fortunate for ECU's campaign. The next day, February 26th, three pieces of legislation were put before the NCGA. These included the Huskins-Garrison Bill, calling for a medical school at ECU with a timeline, the Hyde Bill, proposing legislation against a medical school at ECU, and the Scott-Stewart Bill, proposing a medical school at ECU without any timeline. In keeping with the idea of service and responding to the citizens of North Carolina, Scott reminded the NCGA that the General Assembly's pursuit of a medical school at ECU was not the result of ECU's desire to expand but rather a response to its constituents who suffer from disparities in and access to good health care (Williams, 1998). In the wake of the UNC Board of Governors' failure to "respond to the public need" (Williams, 1998, p. 167), "the people turned to the General Assembly for help" (Williams, 1998, p. 167). After in-depth debate at length, the Joint Appropriations Committee voted to move forward the Scott-Stewart Bill.

They also approved inclusion of funding for the medical school in the main budget to be voted on at the end of the session (Williams, 1998).

With the recommendations of the legislative subcommittees and leadership of the joint Appropriations Committee, budgetary recommendations to appropriate funding for the expansion of the one-year medical program at ECU to include a second year passed the 1974 NCGA. Additionally, the directives to the UNC Board of Governors also included implementing more focused training of family care physicians at ECU and increased recruitment and retention of racial minorities there. Furthermore, the NCGA directed ECU and UNC-CH to work in cooperation in order to achieve full accreditation of the two-year medical program at ECU (Bratton, 1986; Williams, 1998).

After President Friday inquired of the legislature as to whether or not there was any intention for the ECU two-year program to expand to a four-year program in the future, and the response indicated that there was none at that time, he and Chancellor Jenkins began working toward establishing how best to partner ECU with UNC-CH for accreditation. President Friday agreed with Chancellor Jenkins that the primary oversight of program development should reside with Chancellor Jenkins and ECU. On May 10, 1974, the UNC Board of Governors, in accordance with President Friday's recommendation, granted Chancellor Jenkins authority to direct the new curriculum for the medical school program at ECU. Unfortunately, due to revisions in the accreditation standards for independent two-year medical schools and four-year medical schools, the Liaison Committee for Medical Education (LCME) informed President Friday that placing authority of the medical school with ECU would not be acceptable for accrediting ECU and would also threaten UNC-CH's medical school accreditation. Upon receipt of this news, President Friday informed Chancellor Jenkins. Jenkins, in his traditional fashion of

doing what was best for ECU in an effort to serve its people of The East and the state, accepted that ECU would have to work in partnership with UNC-CH in designing the new program and publicly announced his intent for this to be a positive joint effort (Bratton, 1986; Williams, 1998).

However, on July 11, 1974, at a planning committee meeting of the UNC Board of Governors, David Whichard and Reginald McCoy voiced their concerns about Chapel Hill's proposed involvement in planning the ECU program. A heated debate ensued and Whichard questioned Dr. Christopher Fordham, Dean of Chapel Hill's medical school. Dr. Fordham had public remarked that there should be no medical school at ECU and Chapel Hill should provide all public medical education. Jenkins had also requested that the LCME reconsider allowing ECU to design its medical program independently of UNC-CH. The LCME denied that request once again. The result of this denial was UNC System President Friday's assignment of full authority to Dean Fordham who was to assign a UNC-CH School of Medicine member to the ECU Campus, reporting to Dean Fordham who would then report to President Friday. The full Board of Governors meeting on July 12, 1974 marked the end of discussions about how to proceed and the beginning of the creation of the two-year basic medical sciences program at ECU (Williams, 1998).

In turning over authority for the ECU School of Medicine to the UNC medical school in Chapel Hill, with Dean Fordham (Chapel Hill) supervising his assigned director for the ECU School of Medicine, there was no inclusion of Chancellor Jenkins, his medical school leadership of Dr. Edwin Monroe, ECU's Dean of the School of Allied Health and Social Professions and Director of Health Affairs, and Dr. Wallace Wooles, ECU's Director of Medical Sciences and Department of Pharmacology, which was made clear in a July 16, 1974 letter from President

Friday to UNC-CH Chancellor Ferebee Taylor, UNC School of Medicine Dean Christopher Fordham, III, and ECU Chancellor Leo Jenkins. As such, Board of Governors member Reginald McCoy informed Representative J. P. Huskins of this development. Others became aware of this as well, including ECU Board of Trustees' members Robert Morgan and Robert Jones who urged Chancellor Jenkins to rebel against President Friday's decision to grant all authority to UNC-CH's School of Medicine leadership. Again, with the greater mission in mind, Chancellor Jenkins sought to cooperate with UNC-CH in an effort to gain accreditation for eastern North Carolina's medical school. As Dean Fordham assumed authority, he began to request resignations from ECU medical school administrators and look to reassign them in faculty roles as he did with Dr. Wooles. Fordham wanted to create his own leadership team at the ECU medical school, which was a team sympathetic to UNC-CH rather than identifying with ECU. Chancellor Jenkins did seek to reassign him to another administrative role in the position of Assistant Chancellor for Health Affairs. However, such actions were viewed by ECU faculty and administration as a way for UNC-CH to have complete control and the medical school at ECU to simply be an extension of UNC-CH rather than a new school (Williams, 1998).

The discord played out in public with many accounts in the news of ECU and UNC working against one another. It was evident that ECU's medical school faculty, staff, and administration were at odds with the UNC-CH leadership that had been assigned to the ECU campus. As Chancellor Jenkins attempted to cooperate with President Friday and the leadership he (President Friday) had assigned in an effort to develop a school that would meet accreditation standards, ECU supporters began to portray Jenkins as somewhat of a traitor or one who had neglected ECU and sided with UNC-CH. However, Jenkins repeatedly reminded the public that cooperation with UNC-CH was necessary for establishment of an expanded medical program at

ECU. After many conflicting reports of planning meetings and decisions regarding personnel at ECU under the direction of Dean Fordham, Chancellor Jenkins requested meeting minutes and submitted them to President Friday with a note regarding the conflict erupting on the ECU campus (Williams, 1998).

Admitting to the failed attempts at oversight on the ECU campus by Dr. Fordham and acknowledging the conditions stipulated in the NCGA legislation providing for the two-year medical school at ECU, along with his consideration of recommendations made by Dean Fordham and Dr. Cromartie, interim Director of the ECU medical school as assigned by Dean Fordham, President Friday recommended to the UNC Board of Governors that the ECU School of Medicine be established as an independent four-year medical school. He noted that it would be more cost-effective to have an independent four-year medical school at ECU and petitioned the Board of Governors for immediate support of this effort. Dr. Friday had traditionally been in great opposition to a medical school at ECU and usually aligned with decisions made by the Board of Governors. However, he felt that it was more feasible to proceed with a four-year medical school at ECU that would grant its own Doctor of Medicine (MD) degrees, and this was also in alignment with the LCME's requirements for accreditation. The Board of Governors supported his request on November 15, 1974 (Bratton, 1986; Williams, 1998).

With the UNC Board of Governors recommending to the NCGA that ECU be an independent, four-year, degree-granting medical school, the NCGA was committed to establishing the ECU School of Medicine as such. However, when the 1975 NCGA began to discuss funding, it was questionable as to whether there were enough state resources to fund it in full in one year. Chancellor Jenkins reminded state legislators that in order to gain accreditation, the accrediting body had to be assured that necessary funding was available for the new school.

The ECU School of Medicine had been given highest priority by the UNC Board of Governors; however, there were other large capital projects competing for resources on the priority list that included a general academic building at North Carolina State University, a women's physical education facility at Chapel Hill, and a business and economics building at UNC-Greensboro. Additionally, North Carolina Central University's law school and UNC-Charlotte were also competing for new buildings. The proposed School of Veterinary Medicine at North Carolina State University was also in competition with the ECU School of Medicine (Williams, 1998).

The state's economy of 1975 and the difficulties with the economic downturn of that period offered an opportunity for those in the legislature who opposed ECU's medical school to debate the merits of funding a four-year medical school to be built. State tax collections had fallen below what had been projected for that year. One such antagonist in the NCGA, Senator Jim McDuffie of Mecklenburg County, presented the idea of leaving the funding of the ECU School of Medicine to a bond referendum. His argument was that such an action would allow the people of the state to speak for whether or not a medical school was needed at ECU. However, Senator D. Livingston Stallings, one of the chairs of the Senate Finance Subcommittee, noted that the NCGA had committed itself to moving ECU forward. Other citizens opposed to fully funding the ECU medical school in the 1975 session publicly argued that in order to do so, other needed capital improvements in the UNC System would be neglected. The Speaker of the House of Representatives, James C. Green, worked with members of the House of Representatives to formulate a resolution to delay all construction plans at ECU and elsewhere throughout the UNC System for a minimum of one year unless presented with calculations indicating funding was available. During the first week of June 1975, the Senate finance subcommittee chaired by Senator Ralph Scott approved the full request for funding

operating expenses for the proposed ECU School of Medicine noting that the money was available and they were following the recommendations put forth by the UNC Board of Governors (Williams, 1998).

The 1975 session was unique in the manner in which its budget was created. Historically, a Joint Appropriations Committee composed of members from the House and Senate created a budget that was agreeable for both aspects of the NCGA. However, in 1975, House Speaker Green insisted on having a separate budget planning process for the House and Senate. Once each chamber agreed upon a budget, the two budgets would then be compared and differences in the chambers' budgets revised. Senate Appropriations Chair, Senator Ralph Scott, sought cooperation with Speaker Green and asked for the two appropriations committees to meet and arrive at some consensus before approaching the NCGA floor; however, Green remained opposed to the idea and continued to support two budgets. Representative Carolyn Mathis of Mecklenburg County proposed legislation for a referendum on capital improvements that would appropriate \$32 million for ECU's medical school and \$43.2 million for other institutions in the UNC System. The bill was approved by the House Finance Committee on Wednesday, June 11, 1975 with strong opposition from the eastern North Carolina delegation. Legislators from The East viewed the Mathis Bill as an effort to continue to block the ECU School of Medicine after Charlotte did not receive the school. Mathis replied that her efforts were to make \$28 million available in regular tax appropriations if the people of North Carolina voted to support the school (Williams, 1998).

The House budget that emerged did not include funding for new programs, terminated 700 state-funded jobs, and included very limited funding for state capital improvements.

Supporters of the Mathis Bill who were also opponents of the ECU medical school contended

that the bond referendum should be debated on the House floor and would provide for the medical school. However, opponents to the Mathis Bill who tended to be supporters of the ECU medical school argued the bill should be re-referred to the finance subcommittee as it was passed by a very slim margin of one vote. More importantly, the exclusion of appropriations in the budget for the ECU medical school threatened provisional accreditation of the school. Initially, the vote to re-refer the Mathis Bill was against sending it back to committee by a vote of 58 to 53. In a political twist, though, Representative Hugh C. Sandlin of Onslow County changed his vote in favor of sending the bill back to committee, which essentially killed the Mathis Bill and proposed referendum. During the House budget discussions and debates leading to a vote, opponents to the ECU medical school delayed taking action against the \$28 million in capital appropriations for the school after learning of the plans for four supporters of the ECU medical school to be absent on the Friday of the debates. The Friday in question, June 13, 1975, was when opponents who represented districts in the urban and western parts of North Carolina moved forward with plans to eliminate funding through appropriations. Representative Ben Tison from Mecklenburg County led the motion against appropriations for the ECU medical school. Kitchin Josey from Halifax County and House majority leader fought against Tison's motion, proposing that such a motion would kill the medical school. Josey put forth a motion to table Tison's motion which passed by a majority and killed the Tison amendment. The House budget passed on June 13, 1975 and included \$28 million in appropriations to fund the building of the ECU School of Medicine. The Senate budget also passed on June 13, 1975 and included appropriations for the ECU School of Medicine. When combined with the \$15 million that had been put in reserve for the ECU medical school, total appropriations in 1975 equaled \$43 million for the long-awaited school (Williams, 1998).

However, news of the appropriations was publicly challenged by editorials attacking the decision. Among the critics' claims, the legislature had under-estimated the costs associated with the school, which was also in their opinions an unnecessary addition to the state's medical schools. Another critic argued that the NCGA was wrong to take money allotted to Chapel Hill as overhead for research and training grants and allocate it to the creation of the ECU Medical School (Williams, 1998).

Mathis's Bill that had been re-referred to the House finance subcommittee passed in the House of Representatives on June 16, 1975, calling for a \$43 million bond to be used for construction expenses across the campuses of the UNC System. The Bill continued on to pass in the Senate and become ratified by the NCGA on June 25, 1975, becoming the "State Institutions of Higher Education Capital Improvement Voted Bond Act of 1975." Thus, supporters of ECU's medical school was not delayed, which would have happened had the Mathis Bill not been re-referred, and the Mathis Bill was successful after successfully emerging from the House finance subcommittee (Williams, 1998).

The final budget, approved by both the House and Senate, passed on June 26, 1975 to be implemented July 1, 1975. Among the appropriations that survived was \$32.76 million to fund construction of the ECU School of Medicine and its operating expenses for years 1975-1977. Additionally, about \$12 million was appropriated for the AHEC locations. In addition to the state appropriations, the Brody family donated \$1.5 million. This donation was the largest private donation ECU had received in its history, and the family's name was given to the School of Medicine in honor of this gift (Bratton, 1986; Williams, 1998).

As before, the forces working for and against new initiatives at ECU, which would appear again when the SoDM at ECU was pursued decades later, were active during the course

of events that led to the establishment of the BSoM at ECU. The idea was proposed not by leaders in public higher education, but rather by an eastern North Carolina citizen who looked to East Carolina with its mission of service to address a need and improve the quality of life for eastern North Carolina. The Chancellor of ECU, as well as other community members and leaders in Greenville and Pitt County, joined the citizen for an intense campaign fraught with challenges fueled by emotions on both sides and competition for resources. While geographical identification and sectional politics factored into the progress of initiatives, strong political strategy, as well as compromise, moved the initiatives toward success with the mission of service continuously pushing the efforts forward, from the time the idea was conceived to ultimate success of establishment. As mentioned in the previous section, these events were repeated throughout the evolution of the SoDM at ECU.

Summary

Throughout the history of new initiatives at East Carolina, especially those in competition or seen to be in competition with the flagship / established institutions of public higher education in the (present-day) University of North Carolina System, individuals of political influence (in the community, legislature, and higher education system governance) have been the sources of both challenges and progress to the successes of new initiatives of public higher education.

Fears of competition, allegiances to established institutions, and personal motivation have posed threats to positive forces of institutional mission, emphasis on service to the region and state, and the need to address a public problem, which has remained at the core of experiences encountered in working to gain legislative support and establish new initiatives of public higher education.

With the background of challenges and successes encountered by East Carolina in pursuing and establishing new initiatives of public higher education described in this chapter, a

lens through which to view the events of the evolution of the School of Dental Medicine at East Carolina was provided to offer insight as to the covert challenges underlying behaviors and decisions throughout the process. This information also opens a window to the events that seemed to repeat themselves throughout several initiatives, including that of the School of Dental Medicine at ECU, which should be reflected on as leaders in public higher education attempt to successfully establish new initiatives at their institutions.

CHAPTER 5: RESULTS

Historical Context

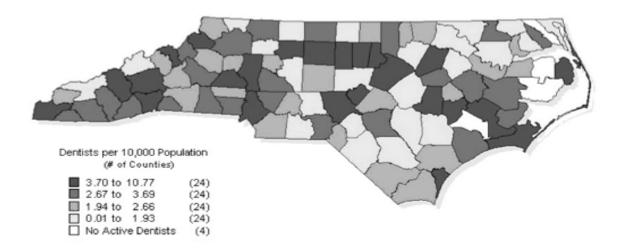
School of Dental Medicine

The journey to legislatively establishing the SoDM at ECU through North Carolina General Assembly (NCGA) appropriations has a similar history to those described above, especially that which concerned the creation of the Brody School of Medicine (BSoM) at ECU. In researching this journey, semi-structured interviews and documents confirmed how the campaign to establish a dental school to serve the East (29 counties in the areas of North Carolina located east of Interstate-95) began with a movement by concerned citizens who contacted legislators and the local university to respond to the call to service. ECU had publicized service as the core of its mission with its motto being to serve. Furthermore, as ECU celebrated its century mark, the Servire Society was established by its Chancellor. Servire is Latin, meaning to serve, and membership in the Servire Society recognized faculty, staff, and students for demonstrating the university's motto beyond their commitments to the university. The Servire Society continues to grow and celebrate ECU's mission well-beyond its century mark. Thus, ECU, since its inception as ECTTS, has prided itself on serving its region as well as the state, which was a continuous undercurrent guiding the SoDM at ECU to being successfully established.

First attempt at establishing the School of Dental Medicine. The idea of a dental school being established at ECU to serve the East was initially pursued in the early 2000s after the shortage of dentists in North Carolina and disparities in and access to oral health care was brought to the public forefront. These public health concerns in North Carolina were brought to light in the North Carolina Institute of Medicine Task Force on Dental Care Access's "Report to

the North Carolina General Assembly and to the Secretary of the North Carolina Department of Health and Human Services" (1999). Although this report focused on Medicaid recipients and access to dental care in North Carolina, it also brought to light the shortage of dentists in North Carolina, especially the rural areas in the 29 eastern North Carolina counties (North Carolina Institute of Medicine [NCIOM] Task Force on Dental Care Access, 1999). The United States Department of Agriculture's Economic Research Service (USDAERS) defines rural as populations of less than or equal to 50,000 and urban as populations of more than 50,000 (2013). Articles utilized for this dissertation cited the USDAERS as their source for references pertaining to rurality; therefore, references (in this dissertation) to rural and urban populations will be using 50,000 in population as the differentiation point between rural and urban counties. Out of North Carolina's 100 counties, 85 are considered rural (United States Department of Agriculture's Economic Research Service [USDAERS], 2013).

At the time of the 1999 report, North Carolina had more dentists than three of the 50 states in the United States, ranking 47th overall and was 10th in population nationally. There was also slightly more than one-half of the national average of dentists per 10,000 people in the state at that time, reporting 3.8 dentists per 10,000 people in the state compared with the national average of 6.0 dentists per 10,000 in population. Not only was North Carolina below the national average in dentists, but there was an inequity in the distribution of dentists throughout the state, which included four counties (Camden, Tyrrell, Hyde, and Jones) without any dentists (all located in the North Carolina counties east of Interstate 95), and 36 counties without any dentists willing to treat patients on Medicaid. Figure 9 illustrates the inequity in distribution and lack of dentists in North Carolina.



Source: North Carolina Health Professions Data System. Cecil G. Sheps Center for Health Service Research. The University of North Carolina at Chapel Hill. Chapel Hill, 2004.

This graph illustrates the distribution of dentists across North Carolina, including the inequity of distribution in the rural, eastern counties. The counties with no active dentists are in white (no shading) and exist in the eastern counties. The most concentrated number of dentists exists in the Piedmont region (central counties).

Figure 9. Distribution of dentists in North Carolina.

Seventy-nine counties, predominantly located in eastern North Carolina, met national standards to be considered as dental professional shortage areas. Similar shortages and concerns applied to the profession of dental hygienists, as well, with 4.6 hygienists per 10,000 in population. Hence, North Carolina was ill-equipped to serve not only its low-income populations but also all who lived in pockets of the state without adequate dental care. Among initial recommendations for addressing the state of oral health care in North Carolina in this report, it was suggested to conduct a feasibility study for establishing additional pediatric dental residency programs (in addition to those at UNC-CH) at ECU as well as at Carolina's Medical Center and Wake Forest University (NCIOM Task Force on Dental Care Access, 1999).

The 1999 recommendation to establish a pediatric dental residency program at ECU was the first public acknowledgement that documented the move toward expanding dental services at the eastern North Carolina institution of higher education. However, in both the 2001 and 2003 updates on the progress of the North Carolina Institute of Medicine (NCIOM) Task Force on Dental Care Access in addressing the oral health disparities, inequities in the distribution of dentists, and shortages of dental professionals cited that no action was taken in expanding pediatric dental residency programs beyond UNC-Chapel Hill. After the 1999 publication recommended consideration of ECU as one of the potential sites for the pediatric residency expansion, it was decided that Wake Forest University would be the only site to pursue expanding pediatric dental residents and was unsuccessful, still in 2003, to recruit a qualified faculty member to lead the program (NCIOM, 2001, 2003).

Although the pediatric dental residency program was not expanded to ECU, there were forces working to establish a dental school at ECU in the early 2000s. North Carolina Senator Edward Nelson Warren from Pitt County, North Carolina was one of the legislators among the

eastern North Carolina delegation most closely identified with ECU. As Informant G, who also served in the NCGA with Senator Warren (deceased in 2003), noted of him, "He was sort of known as Mr. ECU and he always wore purple and yellow, but, um, he had talked about having a pharmacy school and a dental school at East Carolina…he tried…" (Informant G, personal communication, June/July 2013).

East Carolina University and its Division of Health Sciences were also moving toward Pharmacy and Dentistry. In remarks to the ECU Faculty Senate on March 19, 2002, Dr. Phyllis Horns, then Interim Vice Chancellor for Health Sciences at ECU, updated those in attendance of discussions that had been taking place related to ECU establishing a School of Dentistry or School of Pharmacy. Considerations for a School of Pharmacy had begun in 1999 with a consultant's visit to ECU; however, due to the estimated costs of such a program, as well as the developing interest in pursuing a School of Dentistry and School of Optometry at ECU, progress toward establishing a School of Pharmacy at ECU had halted. Additional ideas were being considered, system-wide, that included an independent School of Pharmacy at Elizabeth City State University (ECSU), a joint pharmacy program between ECU and ECSU, and a joint pharmacy program between UNC-CH and ECSU. Another factor in delaying pursuits of a School of Pharmacy at ECU was the turnover of administration in the Division of Health Sciences. Although the progress toward a pharmacy school was delayed at that time, it was still in consideration as a Pharmacy Planning Committee was working toward the goal of establishing a School of Pharmacy at ECU and the needed support existed for such an endeavor. Regarding plans for a School of Dentistry at ECU, Interim Vice Chancellor Horns explained that there was a need for dental care in rural areas and for those in low-income/poverty brackets and one approach to addressing the need would be to establish a School of Dentistry. She noted that

ECU had no plans to work toward a School of Dentistry at this time; however, if North Carolina decided to move forward with exploring the feasibility of establishing a new School of Dentistry in the state, ECU wanted to be at the forefront of such an initiative (East Carolina University Faculty Senate, 2002).

Although the details of a shortage of pharmacists existing in North Carolina, especially in the rural areas of the state, were not relayed to the ECU Faculty Senate in the March 2002 meeting, the state had recognized the need to look into the shortage and how an additional School of Pharmacy in the UNC System might address the problem. The North Carolina Area Health Education Centers (NCAHEC) contracted the Cecil G. Sheps Center for Health Services Research (SHEPS Center) to research the status of the pharmaceutical workforce in North Carolina at the request of the UNC Board of Governors and Office of the President of the UNC System. Findings of the study were published in the August 2002 report "The Pharmacist Workforce in North Carolina," documenting the geographical mal-distribution and shortage of pharmacists in the state (Cecil G. Sheps Center for Health Services Research [SHEPS Center], 2002; University of North Carolina Board of Governors [UNC BOG], March 6, 2002). However, findings of the shortage had been presented to the NCGA as well as UNC Board of Governors prior to August 2001. As a result of the findings, the NCGA mandated that the UNC Board of Governors study the feasibility of establishing a School of Pharmacy at ECSU (S.L. 2001-424, § 31.10[c]). The SHEPS Center report had also recommended the three options for Pharmacy Programs in the UNC System described by Interim Vice Chancellor Horns when she addressed the ECU Faculty Senate (SHEPS Center, 2002; UNC BOG, March 6, 2002).

In complying with the NCGA, and exploring the three program options recommended by the SHEPS Center report (all of which included ECSU), the UNC Board of Governors commissioned a feasibility study conducted by three deans of pharmacy schools outside of North Carolina (University of Florida, University of Toledo, and Shenandoah University). Results of the study indicated that the least expensive option that included ECSU was to establish a joint program between UNC-CH and ECSU. The UNC Board of Governors voted to accept the recommendations of the feasibility study and proceed with supporting a joint pharmacy program at UNC-CH and ECSU (UNC BOG, March 6, 2002).

The standard process for establishing new programs in the UNC System is as follows:

- Campus submits a request to plan a new program in accordance with the requirements
 included in Section 4001.1 of the *UNC Policy Manual* to the UNC General
 Administration who then reviews the proposal and evaluates its readiness.
- When the UNC General Administration has evaluated the proposal as ready for submission, then it submits the document to the system-wide Graduate Council for review.
- Once reviewed by the Graduate Council, the council makes a recommendation to UNC General Administration.
- 4. UNC General Administration then makes a decision as to whether or not the proposal should be submitted to the UNC Board of Governors' Committee on Educational Planning, Policies, and Programs based on the Graduate Council's recommendations.
- 5. Those proposals submitted to the Committee on Educational Planning, Policies, and Programs are reviewed by the committee and a determination is made as to whether or not the proposal should be approved to enter the planning phase.

- 6. Once the program is approved for planning, then the campus, in accordance with Section 4001.1 of the *UNC Policy Manual*, prepares and submits a proposal to establish the program to the UNC General Administration.
- 7. The UNC General Administration then evaluates the submitted document and makes a decision as to whether or not it is ready for the system-wide Graduate Council.
- 8. The Graduate Council reviews submitted documents from the UNC General

 Administration and submits a recommendation back to UNC General Administration
 regarding the program proposal.
- 9. UNC General Administration then makes a decision as to whether or not the proposal should be submitted to the UNC Board of Governor's Committee on Educational Planning, Policies, and Programs based on the Graduate Council's recommendations.
- 10. Proposals submitted to the Committee on Educational Planning, Policies, and Programs are reviewed by the committee and a determination is made as to whether or not the proposed program should be recommended to the UNC Board of Governors for establishment.
- 11. The UNC Board of Governors then decides whether or not the program recommended for establishment by the Committee on Educational Planning, Policies, and Programs should be approved for establishment (UNC BOG Committee on Educational Planning, Policies, and Programs, April 11, 2006).

Recommendations of the UNC Board of Governors are then forwarded to the Joint Legislative Education Oversight Committee (JLEOC) in the NCGA. The NCGA's JLEOC is charged with recommending to the full body of the NCGA ways to improve public education in North Carolina from kindergarten through higher education levels, which includes oversight of the

UNC Board of Governors (G.S. 120, art. 12H, § 120-70.81). Thus, the JLEOC receives recommendations from the UNC Board of Governors and passes them on to members of the NCGA for consideration or assists with further development of policies and programs. The President Pro-Tempore of the Senate and Speaker of the House appoint members to the JLEOC but do not serve on the committee. However, in the case of the School of Pharmacy at ECSU, Senator Marc Basnight, President Pro-Tempore of the North Carolina Senate, had requested that he be allowed to review the recommendations of the UNC Board of Governors prior to submitting it to the JLEOC (UNC BOG, March 6, 2002).

In the same law as that which called for a study of the feasibility of a new School of Pharmacy at ECSU, the NCGA mandated that the UNC Board of Governors study the feasibility of establishing a dental school at ECU, which was ratified on September 21, 2001, approved on September 26, 2001, and retroactively effective July 1, 2001 (S.L. 2001-424, § 31.10[d]). The December 2001 "Legislative Report," presented to the UNC Board of Governors, documented the task before the UNC System to study the feasibility of both a School of Pharmacy at ECSU and a dental school at ECU (Metcalf, 2001). In the months following the December 2001 report and prior to June 2002, in accordance with the NCGA law, the office of UNC President Molly Broad commissioned a study of the feasibility of establishing a School of Dentistry at ECU. The final report of the feasibility study was submitted to the UNC Board of Governors at its July 12, 2002 meeting (see Appendix C; UNC BOG, July 12, 2002). While the feasibility study's team of expert consultants did recognize the need for improved access to dental care for citizens of low-income and in rural areas of North Carolina, they were not in support of establishing a new dental school at ECU at that time, citing reasons of cost, a ten-year delay in graduating the first class, a lack of qualified applicants, and little impact on increasing access to dental care for lowincome and rural populations. The team of experts suggested re-visiting the idea in three to five years (Bailit, Kotowicz, & Myers, 2002; UNC BOG, July 12, 2002).

When the team of consultants conducted their study based on what the UNC System President's Office, under the direction of Dr. Gretchen Bataille, Senior Vice President for Academic Affairs, had communicated to them, UNC did so as if this would be another traditionally modeled dental school like the one already established at UNC-CH. There were no specifications beyond asking the team of experts to evaluate the feasibility of creating a School of Dentistry at ECU. In doing so, the team based cost estimations and projections on other institutions creating dental schools in 2002 as well as data provided by UNC-CH. Beyond a campus visit to ECU, there is no documented input from ECU in the report (Bailit et al., 2002). Informant L, when reflecting on the 2002 feasibility study, explained:

I turned them down. I said you don't need another school out here doing the same thing that UNC did. The first time they had, um, not given it much thought. They had not had anybody with any real knowledge in this area...leading the planning effort....It was, my impression was, mainly people at 300,000 feet within the university system and the state legislature who thought there was a relationship between creating a dental school and...reducing access disparities...I mean, not thought it out. So our report came back and said you know just pulling another UNC didn't do much good as far as disparities. (Informant L, personal communication, June/July, 2013)

The feasibility study supported increasing the class size of the School of Dentistry at UNC-CH, expanding the general practice dental residency program at ECU's BSoM, adding a Department of Dentistry to ECU's BSoM, establishing an Advanced Education in General Dentistry (AEGD) residency program, and establishing safety net clinics in rural areas of eastern North Carolina

that would be staffed by the AEGD Program. The study also recommended either establishing a Pediatric Dental Residency Program within the ECU BSoM or expanding the UNC-CH Pediatric Dental Residency Program and having Chapel Hill's students train at ECU's medical school. Alliances between UNC-CH's School of Dentistry and ECU's BSoM were encouraged. Another area that the report suggested further investigating the feasibility of was dental hygiene as an academic program within ECU's School of Allied Health Sciences (Bailit et al., 2002). Upon review of the study's findings, the UNC Board of Governors voted in support of the documented findings and approved its submission to the NCGA's JLEOC (UNC BOG, July 12 2002). Informant N, who was also one of the lead administrators in the UNC General Administration (during the period being studied) and had been very involved with each step taken toward a new dental school from its inception to its eventual creation, remarked that the 2002 idea of establishing a dental school at ECU "just didn't go anyplace...it just kind of died" (Informant N, personal communication, June/July, 2013).

In the process of moving items recommended by the UNC Board of Governors through the NCGA, the NCGA looks to what the UNC Board of Governors documents as its priorities (recall the earlier account of the establishment of the ECU BSoM). If an initiative is not supported by the UNC Board of Governors, then it tends to end there. If the UNC Board of Governors lists an initiative as a secondary priority, then the NCGA will be apt to view it as such, too. There have been questions raised about the composition of the 32-member UNC Board of Governors and the degree to which they govern in an unbiased way. Traditionally, more than 50% of the 32 members have had direct ties of allegiance (alumni, legacies, etc.) to UNC-CH (Bratton, 1986; Williams, 1998). A case study of the UNC Board of Governors, commissioned by the John W. Pope Center for Higher Education Policy, revealed that during the

period between July 2002 and November 2004, more than 80% of the 32 members of the UNC Board of Governors were alumni of UNC-CH (Palmiero, 2005). This group reflected the members serving on the UNC Board of Governors at the time of the 2002 and 2005 feasibility studies concerning the establishment of a new dental school at ECU. Given that the UNC Board of Governors is appointed by the NCGA and viewed as an extension of that body, the NCGA traditionally supports the recommendations and priorities submitted by the UNC Board of Governors. Informant N summarized this relationship between the NCGA and the UNC Board of Governors in the following manner:

All the legislators for this [dental school at ECU] can say, "You know the Board of Governors has approved this degree program, and our job is to support that." So...I think it was crucial that you got it [approval from UNC Board of Governors]...anything that comes with the Board of Governors' approval is from people the General Assembly has elected to those positions. So, that tends to make, to cause, it to carry probably more weight. (Informant N, personal communication, June/July, 2013)

Hence, when the 2002 feasibility study did not recommend the establishment of a new dental school at ECU and the UNC Board of Governors supported the report, the pursuit of establishing a second dental school at ECU appeared to end.

Second attempt at establishing the School of Dental Medicine at East Carolina: Rebirth, revision, and success.

Ideas emerge, windows open, and opportunities arise. Recalling the earlier observation of Informant N who explained that the idea of a new dental school at ECU "just kind of died," there was a lack of documentation of the matter until it re-emerged in 2005 in response to statistics of the disparities in and access to oral health care for low-income and underserved

populations in North Carolina. Although the counties found to have no dentists were identified as rural counties, those receiving Medicaid and in low-income brackets resided in all counties – rural and urban, eastern and western. By 2005, the problem of oral health disparities and lack of access to care that was experienced by North Carolinians had not improved since the first call for concern in 1999, which had prompted the initial 2002 feasibility study mandated by the NCGA. The public health problem was discussed in depth on April 8, 2005 at the 2005 Oral Health Summit on Access to Dental Care sponsored by the NCIOM, who also published a subsequent report on the proceedings and recommendations of the Oral Health Summit (NCIOM, 2005).

The 2005 Oral Health Summit was a one-day event that brought together professionals and experts from the following: Oral Health Section within the North Carolina Division of Public Health; North Carolina Dental Society (NCDS); North Carolina State Board of Dental Examiners; North Carolina Academy of Pediatric Dentistry; North Carolina Dental Hygiene Association; UNC-CH School of Dentistry; ECU; North Carolina Community Health Care Association; Division of Medical Assistance; North Carolina Office of Research, Demonstrations, and Rural Health Development; North Carolina Division of Aging; North Carolina Partnership for Children; non-profit dental clinics around the state; community health centers around the state; and concerned citizens. Of the 63 participants who attended the meeting, 22 of them had served on the original 1999 NCIOM Task Force on Dental Care Access (NCIOM, 2005). The one-day event was designed to update participants on the current state of North Carolina' oral health conditions; review the recommendations that were made in 1999 and the work that had been done since the 1999 recommendations for addressing the public oral health disparities in the state; and collaborate to determine how to proceed in 2005 with either continuing original recommendations or revising them and presenting new approaches to

addressing the public health crisis (NCIOM, 2005). Essentially, this event designed the path the state would follow to address the state's disparities in oral health access and care.

The problem. In 2005, North Carolina was the fifth fastest growing state in the United States, expected to grow by 51.9% (increase of 4.2 million people) between years 2000 and 2030 (Stamm, 2005). However, it remained near the bottom nationally as it continued to rank 47th in the nation as far as dentists per 10,000 people, and one-third of the dentists practicing in North Carolina (at that time) were age 55 or older and anticipated to be retiring in the coming years. The four rural, eastern North Carolina counties of Camden, Tyrrell, Hyde, and Jones continued to have no dentists practicing there. When North Carolina counties were evaluated based on being rural or urban, there were about five dentists per 10,000 people in the urban counties and about three dentists per 10,000 people in the rural counties of North Carolina. There were 85 out of the 100 counties considered rural. Other statistics had also remained unchanged since the 1999 report by the NCIOM Task Force on Dental Care Access. The national average of dentists per 10,000 in population was about six, and North Carolina's state average was about four dentists per 10,000 in population. Twenty-eight counties in North Carolina had two or fewer dentists per 10,000 in population. Seventy-nine counties still met national standards to be considered as dental professional shortage areas. A positive development between 1999 and 2005 was an increase in dental hygienists, which was an area that had been identified as a workforce shortage area in 1999. Between fiscal years 1999 and 2003, dental hygienists increased 6% in North Carolina to almost 5 per 10,000 in population, which was still low in proportion to the population and below the national average of about 6 dental hygienists per 10,000 in population (Bailit, Butler, Feldman, Hupp, & Ponce, 2006; Lewis, Chadwick, & Workman, 2005; NCIOM, 2005; Stamm, 2005; Williams, 2005).

Windows open to a pivotal event. Between 2002 and 2005, in the time since the first feasibility study to establish a dental school at ECU and prior to the April 8th 2005 Oral Health Summit, individuals in the ECU community were collaborating and waiting for the appropriate time to pursue the idea of a dental school at ECU. Dr. Michael Lewis, Vice Chancellor for Health Sciences between 2002 and 2006 at ECU (now deceased), contacted local dental experts for input on how to respond to the region's need for oral health care. According to Informant K, after meetings (commencing in September 2002) between the Vice Chancellor and dental experts, and those individuals recognizing that the June 2002 feasibility study was not valid due to projections of the new dental school being based on a model like that of UNC-CH, which would not have been appropriate for ECU based on its mission of service, the group determined that the appropriate strategy was to wait about two to three years and then initiate a new campaign for a dental school at ECU. As the collaborators had predicted, a window of opportunity opened two years later in 2005. The collaborators continued to have ongoing meetings about how to address the oral health care problem in the eastern North Carolina region (Informant K, personal communication, June/July 2013).

Various informants' responses recalled that one dental expert working with Vice Chancellor Lewis was well-connected in the dental profession as well as throughout the state in general. It was through one of the connections in early March 2005 that a dental expert who had been collaborating with Vice Chancellor Lewis learned of plans to promote expansion of UNC-CH's School of Dentistry at the upcoming Oral Health Summit scheduled for April 8, 2005. Upon learning of the plans for the summit, the dental expert contacted Vice Chancellor Lewis who had not been invited to attend the Oral Health Summit as of mid-March 2005. Utilizing his connections, the dental expert contacted appropriate persons and arranged for Vice Chancellor

Lewis to attend the summit with two of his staff persons. Vice Chancellor Lewis and his team of collaborators and staffers strategized on how to best utilize the Oral Health Summit to put in motion a campaign for a dental school at ECU. To Vice Chancellor Lewis's advantage, the ECU team was not expected to discuss the inappropriateness of the original feasibility study for a school like ECU and put forth a proposal for a dental school based on a service-delivery model at the afternoon breakout session on April 8th. The unexpected discussion led by Vice Chancellor Lewis preceded presentations from groups such as the UNC-CH School of Dentistry who planned to propose the expansion of its class size and current facilities as a means to addressing the dental workforce shortage and oral health disparities in access and care that existed in North Carolina (Informant K, personal communication, June/July 2013).

The renewed public interest in this oral health problem at the 2005 Oral Health Summit opened a window of opportunity for ECU to pursue a new and innovative model of dental education. ECU's Vice Chancellor Lewis announced at the 2005 Oral Health Summit that ECU wanted to establish a community-based dental school with an emphasis on service to eastern and rural areas of North Carolina where the most problems with dental care access existed. Such a school would involve dentists from the surrounding communities in the region and be modeled after the design of the ECU BSoM. Outcomes of the BSoM education model have yielded improved access to care, one of the highest national rates of retention of graduates in the state where they were trained, and one of the highest national rates of medical school graduates entering the field of primary care, which were desired outcomes contributing to the establishment of the medical school in the 1970s. The BSoM has also focused on recruitment and graduation of minority populations and had the highest (not including the three historically African-American medical schools in the United States) percentage of racial and ethnic minority

graduates in 2004. Students at the new dental school would be immersed into the underserved areas of the state, living there and working alongside faculty and residents in service-learning clinics spread across the state in target areas identified to be of the greatest need for dental care and access (Dubay, Parker, & DeFriese, 2005; Lewis et al., 2005; NCIOM, 2005; Informant M, personal communication, June/July, 2013). Recognizing that such an idea would not only produce more dentists that were needed for the North Carolina workforce but also improve access to dental care in the state by staffing clinics in underserved areas, attendees at the 2005 Oral Health Summit favored such an idea and supported further study of the proposed alternative (Dubay et al., 2005).

UNC-CH also used the 2005 Oral Health Summit as a platform to launch their idea for expansion to the oral health care and state government communities. Dr. John Stamm, then serving as Dean of the UNC-CH School of Dentistry, proposed expanding the class size at UNC-CH by 50 students, which would grow enrollment from 80 students to 130 students (NCIOM, 2005). Increasing the class size would require additional classroom space and improvements in research facilities with new buildings for research. Expansion of the School of Dentistry at UNC-CH had been a desire of the school for a while but had never fully reached the priority list of the UNC General Administration and UNC Board of Governors (Informant H, personal communication, June/July 2013). As discussed earlier, without being included on the priority list of the UNC BOG, initiatives of four-year public institutions of higher education in North Carolina did not progress in the North Carolina General Assembly. Attendees at the meeting supported this idea, as well, as a means to increasing the dental workforce in North Carolina to be closer to the national average in dentists per 10,000 in population (NCIOM, 2005).

After the summit, other ideas about how to solve the need for more dentists in rural North Carolina were surfacing, with most of them designed to benefit the UNC-CH School of Dentistry and promoted by faculty and alumni of that program. In addition to the suggestions mentioned above, it was proposed that incentives such as debt-service loans be offered to students who will practice in these rural and underserved areas (Informant I, personal communication, June/July 2013). However, decision makers, including leaders in the UNC General Administration (at the time this took place), recognized that this would not be sufficient for addressing the statewide disparities in access to and delivery of oral health care. Informant N recalled:

They [ECU] really wanted to try and address rural health, and however much...Chapel Hill proponents...you'd read some in the papers and it would say [essentially], "Well we're already doing these things and it was just not true. It's [UNC-CH] a great dental school - they were doing a lot of great things - but they were not getting into the weeds of the rural areas. I mean, they were doing some things but not to the extent that this [ECU's service-delivery model of dental education] was proposing. So, the proposal for the clinics was really kind of a brilliant idea and really offered the capability of providing, you know, really providing help to some people who needed it the most, primarily kids. (Informant N, personal communication, June/July 2013)

ECU's idea of a service-delivery model of dental education was not restricted simply to serving eastern North Carolina. This idea for a new school was to serve the state in both western and eastern communities via 10 service learning clinics strategically placed where data has indicated are the neediest populations as related to access to care and oral health disparities.

Participation in the 2005 Oral Health Summit was a pivotal event in establishing a dental school at ECU. In the course of conducting interviews with key informants who participated in

the almost ten-year evolution of events leading to the establishment of the dental school, informants recalled that ECU nearly missed its opportunity to propose the new model of dental education. What is significant about these events described by informants is that in the event that ECU had not attended the 2005 Oral Health Summit and been in attendance at the breakout session, prepared to make a case for a dental school at ECU that operated on a service-delivery model of dental education, it is possible that the ECU SoDM may not have been reconsidered, much less come to fruition. Without the connections of the dental expert and Vice Chancellor Lewis's connection to and collaboration with that expert, ECU would not have been in attendance at the 2005 Oral Health Summit. The response for the possibility of a dental school at ECU that would be immersed into the underserved areas of the state was positive (Informant K, personal communication, June/July 2013). As documented by the report on the 2005 Oral Health Summit, those in attendance were interested in pursuing the idea further (NCIOM, 2005). According to Informant K, representatives from the NCDS were very interested in the community based approach and requested a meeting with Vice Chancellor Lewis and his team soon after his proposal to learn more of ECU's plans.

The campaign begins. Vice Chancellor Lewis, in seeking additional community support for the dental school campaign, was introduced (through one of his connections) to a core group of seven community members who were cited throughout interviews as being crucial in the establishment of the dental school at ECU. This group included business, community, and healthcare leaders in the communities surrounding ECU, and these individuals were closely connected to highly influential North Carolinians. Informant responses expressed that the initial meeting included five of the seven core members and Vice Chancellor Lewis. At this meeting, Vice Chancellor Lewis discussed the oral health access and service disparities to the community

members who supported the idea; however, they deferred their full support of the campaign until after they had confirmation from ECU's Chancellor Steve Ballard of his support for the initiative. Chancellor Ballard began his tenure at ECU in May 2004 (Informant K, personal communication, June/July 2013).

Informant responses explained that in addition to connecting with the core community group of seven in April 2005, Vice Chancellor Lewis set out to recruit an expert in the field of dentistry who would "champion the school and carry it forward" (Informant K, personal communication, June/July 2013). Vice Chancellor Lewis's expertise was in the fields of Chemical Engineering and Medicine; dental expertise was needed to join his team and bring dental education to life. Recommendations from highly-respected dental professionals of experts in the field led him to contact Dr. Greg Chadwick, a national and international leader in the field of dentistry and highly respected dentist who was working in private practice in Charlotte, North Carolina but had also shown interest in entering Academia. After four phone calls to Dr. Chadwick, he agreed to visit Vice Chancellor Lewis and his team of collaborators and staff in Greenville, North Carolina at ECU (Informant K, personal communication, June/July 2013).

Dr. Chadwick visited ECU in late May 2005 and resulted in him agreeing to serve in a part-time capacity to assist with the planning of the new service-delivery dental education model, which would lead to full-time appointment in 2006. However, while Dr. Chadwick was being recruited to join Vice Chancellor Lewis in bringing the vision of a new, community-based approach to dental education to reality, the reality emerged that there was no source of funding that could be used to hire Dr. Chadwick. While the ECU Chancellor had offered verbal commitment to the campaign for establishing a dental school at ECU to serve the region and state, he would not commit funds for hiring Dr. Chadwick and other expenses that might arise

during the initial stages of development until he (ECU Chancellor) had observed additional progress. At a meeting of the core community group of seven with Vice Chancellor Lewis, which had become a regular occurrence since the collaboration began in April 2005, the vice chancellor updated the group on the progress of the campaign for the school. The update included a summary of the recruitment efforts to add Dr. Chadwick to his team as well as the fact that there were no funds available from ECU to do so. Upon hearing this, and believing in the need to establishing a dental school at ECU to serve the region, members of the core community group collectively donated \$125,000 to be used in covering costs required to begin the initial development of a dental school. The sources of the donation were and are to remain anonymous. This group of seven core community members invested in projects that would benefit others and did not want any recognition of their investments as they contributed to causes simply to give back to others and improve lives. The \$125,000 was expected to be sufficient to satisfy expenses over the next twelve months (Informant F, personal communication, June/July 2013; Informant K, personal communication, June/July 2013).

Also taking shape in May 2005 was the support of the NCDS's leadership. They (NCDS) hosted Vice Chancellor Lewis and his staff and collaborators for a meeting to learn more about the ECU model of dental education proposed. At the end of the meeting, NCDS leadership scheduled a visit to ECU for a follow-up meeting on July 25, 2005. After the July 25, 2005 meeting of the NCDS with Vice Chancellor Lewis and others from ECU and the community, held at ECU, the ECU group was invited to attend the NCDS Board of Directors meeting on July 29, 2005 where they (Vice Chancellor Lewis, Dr. Greg Chadwick, Dr. Terri Workman) shared their vision of the community based dental school. By this time, Dr. Chadwick had been added to the ECU staff. Following this presentation, Vice Chancellor Lewis continued to make similar

presentations to other NCDS chapters, professional dental associations, and civic groups across the state for the next year (Informant K, personal communication, June/July 2013).

These opportunities to speak to dental associations and civic groups throughout the state, offered to Vice Chancellor Lewis and his team of Dr. Chadwick, Dr. Workman, and others (including community members), were timely as the ECU Board of Trustees had unanimously passed a motion on July 19, 2005 authorizing Chancellor Ballard to pursue a new feasibility study on what strategies would allow ECU to respond to the need for improved access to oral health care for eastern North Carolina's rural and underserved populations. The ECU Board of Trustees specifically directed Chancellor Ballard to investigate the feasibility of a dental school at ECU that utilized a community based model in responding to the needs of its region. Following the authorization of a feasibility study for a dental school at ECU, the first of such to be conducted since the negative findings documented in the previously mentioned 2002 study commissioned by the UNC Board of Governors and President Molly Broad, discussion occurred regarding funding of the study. Chancellor Ballard, when asked by the ECU Board of Trustees' members about grant funding available, explained that he was not aware of available grant funds but was prepared to dedicate funds from his budget to the financing of a feasibility study as discussed. Vice Chancellor Lewis was present and responded that he would also investigate grant opportunities. The next step for Chancellor Ballard and Vice Chancellor Lewis also included assembling the team of external reviewers for the newly approved feasibility study (East Carolina University Board of Trustees [ECU BOT], July 19, 2005).

In the months that followed July 2005, momentum continued to build for the proposed dental school at ECU. In addition to the various speaking engagements and forums that Vice Chancellor Lewis and his team participated in across the state, Chancellor Ballard continued to

report status updates on the dental school's proposal to the ECU Board of Trustees. By the September 30, 2005 ECU BOT meeting, Vice Chancellor Lewis had assembled the team of external reviewers for the feasibility study, which would be entitled "Case for a School of Dentistry" (Bailit et al., 2006). During the September 30, 2005 ECU Board of Trustees' meeting, Chancellor Ballard announced that he was working in collaboration with Chancellor James Moeser from UNC-CH to design a partnership between the two schools that would address oral health care disparities. The two chancellors had been meeting on a weekly to biweekly basis in order to design a proposal of partnership that would be presented to the UNC President's office, which highlighted UNC-CH's strengths in research and specialization and ECU's strengths in primary care and community outreach as had been demonstrated by ECU's BSoM. The pursuit of the new dental school at ECU was to be one of Chancellor Ballard's top four priorities during the 2005-2006 academic year. While addressing the ECU Board of Trustees, Chancellor Ballard emphasized the importance of the ECU Board of Trustees' members supporting this joint proposal and that with the limited budget of that year, it would be vital for all who served on the ECU Board of Trustees to support the ongoing feasibility study and oral health proposal and assist in moving it forward. He continued to advise the board that a media campaign should be put in motion, which emphasizes that the oral health issues in eastern and rural North Carolina are just as serious as those that led to \$60 million for the cardiovascular center established at ECU (ECU BOT, September 30, 2005).

Mr. Phil Dixon, a graduate of ECU and member of the UNC Board of Governors, served as liaison between the UNC Board of Governors and ECU, reporting updates to the ECU Board of Trustees from the UNC Board of Governors. Among the various committees of the UNC Board of Governors, the Committee on Educational Planning, Policies, and Procedures made

recommendations to the full UNC Board of Governors regarding new programs and initiatives that were approved by the UNC Graduate Council. The full process is documented earlier in this chapter. During the September 30, 2005 ECU Board of Trustees meeting, Mr. Dixon echoed Chancellor Ballard's sentiments, emphasizing the importance of the ECU Board of Trustees to support the campaign for a dental school as well as other needs put forth by ECU to the UNC Board of Governors. At that time, there were only three seats allocated to ECU on the UNC Board of Governors, and those seats were occupied by Mr. Craig Souza, Mr. Charles Hayes, and Mr. Dixon. The remaining two seats on the UNC Board of Governors allocated to the East (areas east of Raleigh, North Carolina) were held by two individuals from Wilmington, North Carolina. Three out of 32 members serving on the UNC Board of Governors would not invoke a natural majority of votes when ECU's requests were placed before the UNC BOG for votes. UNC-Asheville had five members on the UNC Board of Governors, and it was a much smaller institution than ECU. The majority of the UNC Board of Governors' members came from the Charlotte, Triad (Greensboro, High Point, Winston-Salem, and surrounding areas), and Triangle (Raleigh, Durham, Chapel Hill, and surrounding areas) regions of North Carolina; essentially, the state's most metropolitan and wealthiest areas. As such, Mr. Dixon explained to the ECU Board of Trustees that there was still work to be done through building alliances and representation on various boards and committees, overseen by the UNC Board of Governors, in order to move ECU's agenda items forward (ECU BOT, September 2005). Informant E, whose service on the UNC Board of Governors included years 2005-2011, explained, "Out of 16 campuses, nine campuses had no representation on the UNC Board of Governors. Chapel Hill [supporters] had 21 out of 32 [seats on the UNC Board of Governors]" (Informant E, personal communication, June/July, 2013).

At the December 16, 2005 ECU Board of Trustees meeting, Mr. Dixon updated attendees on the progress toward establishing a dental school at ECU from the perspective of one who was serving on the UNC Board of Governors. The UNC Board of Governors had recently added Dr. Al Roseman, who was a dentist in Wilmington, North Carolina and had voiced support for the dental school at ECU. In a November 11, 2006 newspaper article "ECU Dental School OK'd," Dr. Roseman expressed, "We need to look at the needs of the whole state, remembering that one of our main functions is public service," and presented UNC-CH's School of Dentistry with the task of doing "more to address the state's dental access issues" (Fisher, November 11, 2006, para. 17-18).

Mr. Dixon also alluded to the politics of the legislature when he recalled an encounter he had experienced with Mr. Kevin Fitzgerald, who served as Special Assistant to the Chancellor and Legislative Liaison at UNC-CH at that time. Mr. Dixon reminded Mr. Fitzgerald that in order for UNC-CH to successfully gain the \$107 million it sought from the NCGA for its dental school, he would probably need the support of the eastern delegation of legislators. Mr. Fitzgerald relayed to Mr. Dixon that Chancellor Moeser (UNC-CH) was supportive of the proposal that included a dental school for ECU. Mr. Dixon indicated that in the December 2005 meeting that he felt as though they needed to continue to solicit support from the Dean of the UNC-CH School of Dentistry, Dr. John Williams (ECU BOT, December 16, 2005). Dean Williams led the UNC-CH School of Dentistry from May 31, 2005 until June 2010.

Informant I recalled that Dean Williams was recruited to build the program at the School of Dentistry at UNC-CH. He had experienced leading a dental school in another state where there were two dental schools competing for resources that included funding, faculty, and students. In the previous state, it was difficult to successfully support two state-supported dental

schools and both programs suffered. Based on Dean Williams's experiences, the idea of establishing a second state-supported dental school did not make good economic sense with dental education being such a costly program to operate, and North Carolina could expand a program with facilities already in existence at UNC-CH. Dean Williams also did not believe that building a new dental school made sense from a public policy perspective since the state could easily and quickly produce additional dentists by increasing enrollment at UNC-CH. He felt compelled as an educator and tax payer to debate the merits of a second dental school from an economic perspective (Informant I, personal communication, June/July 2013). Dean Williams also wrote about this in his article "Access to Primary Dental Care: A Commentary on the Economics of Dental Practice and Thoughts on Solutions to Improve Access to Primary Dental Care," published in the North Carolina Medical Journal (Williams, 2005). However, as this informant emphasized, once the decision was made to establish a dental school at ECU, Dean Williams embraced it. He had initially opposed the dental school (when discussions began about a new dental school) based on the economics of the idea; however, he was a team player and committed to the people of North Carolina whose decision was to move forward with a second dental school at ECU. UNC-CH benefitted, as well, from the decision, gaining new research facilities and classroom space (Informant I, personal communication, June/July 2013).

Informant I also recalled the politics that occurred throughout the process. Until the decision to establish a dental school at ECU was finalized by the UNC Board of Governors, Dean Williams had presented data-driven economic arguments of why he felt a new dental school was not the best policy decision and use of state resources to address the problem of oral health disparities in access and care in rural and underserved areas of North Carolina.

Remembering an encounter at a reception between then Lieutenant Governor Beverly Perdue and

Dean Williams, Informant I noted that Perdue had explained to Williams that the dental school at ECU was "going to happen so get on the train and make it happen" (Informant I, personal communication, June/July 2013). This informant also noted that Dean Williams had brought similar data-driven, economic arguments to the attention of UNC-CH Chancellor James Moeser and UNC System President Erskine Bowles. Both educational leaders had reviewed the statistics of cost and others associated with the realities of the proposed dental school; however, Chancellor Moeser was reluctant to challenge University System and state legislative leadership who had decided to move the establishment of the dental school at ECU forward. Informant I recalled a conversation between Chancellor Moeser and Dean Williams during which Chancellor Moeser reflected on the conflict that emerged and evolved when ECU pursued a medical school in the 1970s. The impression Chancellor Moeser gave to Dean Williams about the events during the medical school campaign was that it was politically detrimental for UNC-CH to have taken the negative and uncooperative stance that they chose against the medical school at ECU. As such, he did not feel that challenging the idea of a dental school at ECU was in the best interest of UNC-CH. Dean Williams felt as though Chancellor Moeser understood his perspective; however, they needed to support the initiative in the political interest of UNC-CH (Informant I, personal communication, June/July 2013).

Dean Williams realized the political reality of the situation and joined the team working for the overall good of the situation that would establish the new dental school. Once the decision was made and he joined the team to support the joint proposal that would establish the dental school at ECU and build and improve dental school facilities at UNC-CH, Dean Williams fell into a middle realm where faculty at UNC-CH's School of Dentistry and its alumni and allies viewed him as turning his back on the program's legacy by not fighting the proposed school

while those associated with ECU felt Dean Williams was not supporting the efforts to establish a dental school at ECU to the fullest (Informant I, personal communication, June/July 2013). However, Informant N recalled, "The Dean [Dr. Williams] certainly tried as hard as he could to be as enthusiastic as he could though he was getting a lot of pressure, and he...was fully a participant in all of this" (Informant N, personal communication, June/July 2013).

In the early stages of discussion and planning for the joint proposal, others at UNC-CH were not in great support of the idea of establishing a dental school at ECU. Informant E explained that "they were very seriously opposed to it because they thought it was going to siphon money off that they might otherwise receive" (Informant E, personal communication, June/July 2013). This informant continued to say:

They [UNC-CH] shot it down. One ally that they had at the time was Dr. Bill Roper, who heads up the medical system altogether; he's Dean of the Medical School. He's head of all the health systems at UNC. He's a really brilliant man. He was very close friends with Erskine Bowles – extremely close – like best friends; they have lunch every Friday. So, when Bill basically said no, it [dental school at ECU] just wasn't going to happen. (Informant E, personal communication, June/July 2013)

Informant O expressed that "Erskine Bowles, I think, originally had severe reservations about it [establishing a dental school at ECU]...by the way" (Informant O, personal communication, June/July 2013). Informant F and Informant K recounted that during the early discussions of the need for the dental school and campaigning to establish the school at ECU, a high-ranking administrator in the UNC System was said to have made the statement that a small group in Greenville was messing things up. The high-ranking system administrator had communicated this to a high-ranking institutional administrator at ECU who then approached one of the

members of the core community group, asking that the member relay the administrator's request to the community group to halt its campaign for the dental school. The community member responded that they did not work for ECU and did not answer to the administrator (Informant F, personal communication, June/July 2013; Informant K, personal communication, June/July 2013). As this chapter will demonstrate later, and has with the informants' details about Dean Williams, some of those who were in opposition, initially, to the dental school prior to the UNC Board of Governors' approval of its establishment evolved into supporters of the initiative.

At the December 16, 2005 meeting of the ECU Board of Trustees, Mr. Phil Dixon also informed attendees of other UNC System institutions' projects for which funding sources were being sought at that time. These included: UNC-Charlotte's (UNCC) \$39 million downtown building, Appalachian State University's (ASU) \$35 million College of Education and Broyhill Center (distance education satellite center in Hickory, NC), UNC-Wilmington's (UNCW) School of Nursing among others. At that time, there was the potential for one-time money from the NCGA that could fund capital projects so Mr. Dixon advised the ECU Board of Trustees to make certain they get ECU on the list of capital projects if there were needs at ECU. He suggested highlighting projects for the College of Education and College of Business such as the proposed \$80 million joint building for those two Colleges at ECU, a \$20 million downtown project, the Family Practice Center, cardiovascular center, and any other special projects they were considering. He added that money was currently being given to the western North Carolina schools; therefore, those in the eastern areas of the state were more likely to be funded. As always, though, ECU needed to be sure to communicate their needs to the UNC BOG (ECU BOT, December 16, 2005).

Mr. Dixon also conveyed to attendees of the December 16, 2005 meeting of the ECU Board of Trustees that he felt as though having Mr. Erskine Bowles replace President Molly Broad as the President of the UNC System would be a positive event for eastern North Carolina. He reminded the ECU Board of Trustees that President Bowles had chaired North Carolina's Rural Prosperity Task Force, previously, which studied the needs and disparities of eastern and rural North Carolina. When Mr. Dixon had the opportunity to meet President Bowles at an event celebrating President Broad's retirement, as he recalled, he was impressed by President Bowles's recognition that he (Bowles) had made mistakes when it came to trying to help eastern and rural North Carolina through his non-profit group Dogwood Equity. Dogwood Equity was designed to fund projects that would benefit communities in eastern and rural areas of North Carolina. However, due to the eligibility requirements designated by his organization, President Bowles recalled in the conversation with Mr. Dixon that there were no eligible proposals submitted from eastern North Carolina and the majority of accepted project proposals came from the Charlotte, Triad, and Triangle areas. His regret, according to Mr. Dixon, was that no one was designated to assist in developing eastern North Carolina proposals and assist them through the process. As such, Mr. Dixon expressed to the ECU Board of Trustees that he felt as though President Bowles viewed supporting ECU as his opportunity to assist those needy communities in the state through the central role ECU embraces in responding to the needs of its region and beyond (ECU BOT, December 16, 2005).

Others at the December 2005 ECU Board of Trustees meeting suggested strategies to build political support for the dental school as well as other initiatives. Among the approaches suggested, they emphasized building relationships with legislators in the district and attending the June 20, 2006 (was later changed to June 7, 2006) joint ECU Board of Visitors and Board of

Trustees meeting and legislative reception. The legislative reception would be a critical piece in gaining support for ECU's dental school and other initiatives, and the ECU Board of Trustees needed to hold the ECU Board of Visitors' members accountable for following up on initial invitations sent to legislators, encouraging them to attend the reception. Mr. Doug Byrd, chairman of the ECU Board of Visitors, reported that a legislative subcommittee had been formed within the ECU Board of Visitors. Mr. Mark Tipton, Mr. David Redwine, and Mr. Robert Lucas, Jr. enhanced Mr. Stephen Showfety's, Mr. Byrd's, and Mr. Dixon's comments regarding political strategies and earlier comments about relationship building when they emphasized that legislators need to know someone from their district will be at the reception and that Board of Visitors and Board of Trustees' members should start by forging relationships with them in their districts. Mr. Dixon strongly encouraged the ECU Board of Trustees to invite President Bowles and the UNC Board of Governors to visit and meet on the campus of ECU so that they could see and learn about the institution's accomplishments and impact on the community and region (ECU BOT, December 16, 2005).

While members of the ECU Board of Trustees, ECU Board of Visitors, UNC Board of Governors, and institutional leadership at ECU were strategizing and working to move the campaign for a dental school at ECU forward, those in the community and legislature were doing so as well. The core community group of seven who were personally and financially invested in establishing a dental school at ECU to serve the region's needs and improve lives continued to meet. During one of the core community group's January 2006 meetings, Chancellor Ballard was in attendance and updated the group on the dental school's status. He explained that the dental school was the number one area of emphasis for ECU, with the next six months being critical in its establishment; if ECU was unable to develop a business plan during that time, then

there would be no dental school established (Informant K, personal communication, June/July 2013). On February 23, 2006, the core community group sponsored a public forum at the Greenville Hilton in an effort to educate attendees from the community, which included business and civic leaders, on the need that existed for establishing a dental school at ECU to serve not only eastern North Carolina but also all areas in North Carolina that were rural including those in the western regions of the state. Those who organized the meeting emphasized to attendees that the members of the community group and forum were not associated with ECU and was a grassroots effort to improve the lives of others, recalling how the medical school at ECU had done so for the people of North Carolina. Dr. Greg Chadwick, ECU's Vice Chancellor for Oral Health at that time, was the guest speaker at this community forum (Informant K, personal communication, June/July 2013).

On February 24, 2006, the day following the community leaders' forum, the ECU Board of Trustees met and received an update from Chancellor Ballard on the progress of the proposed dental school and partnership with UNC-CH's School of Dentistry, reminding them that ECU would focus on the primary dental care while UNC-CH would continue to focus on research and dental specialization. Mr. Phil Dixon, representative from the UNC Board of Governors, addressed the dental school proposal in his updates as well. Mr. Dixon advised the group that it was the right time for the dental school. He explained that the UNC Board of Governors' budget for the 2005-2006 year included \$2million in funding for the planning and design of renovated and new facilities for the UNC-CH School of Dentistry. Mr. Dixon added that gaining necessary support for the dental school at ECU would be difficult and a fight should be expected; however, the statistics detailing the need for addressing the oral health issues in rural and underserved areas of North Carolina were undeniable. He suggested that the ECU Board of Trustees should

recruit its Board of Visitors to advocate to the state's legislators for support. Mr. Dixon also warned the ECU Board of Trustees that there were opponents to the dental school in the NCGA at that time. After discussion and updates regarding the proposed plan for dentistry, the ECU Board of Trustees unanimously voted in favor of establishing a dental school at ECU and requested that the UNC Board of Governors support this initiative as well (ECU BOT, February 24, 2006).

The core community group of seven that had been advocating for the dental school at ECU since its inception was also seeking support from the UNC System. On February 27, 2006, members of this group, as well as a few additional community members with influential ties to civic, business, and political leaders across the state, privately met with UNC System President Erskine Bowles. At that time, President Bowles was concluding his second month as President of the UNC System, having assumed the role on January 1, 2006. Prior to entering higher education administration, President Bowles had experienced unsuccessful attempts at being elected to the United States Senate in 2002 and 2004 and chaired the North Carolina Rural Prosperity Task Force (mentioned earlier). It was during his campaigning for office that several of the core community members meeting with him on February 27th had forged relationships with him and supported him in his political efforts (including financial support). One of the lead community members inquired of President Bowles as to whether or not he was "as good as his word," recalling that he had pledged to improve the lives of those living in eastern and rural North Carolina not only in his campaigns for public office but also as he chaired the North Carolina Rural Prosperity Task Force (Informant F, personal communication, June/July 2013). The community member who posed this question to President Bowles continued to explain to President Bowles why there was such a great need for a dental school at ECU. President Bowles ended the meeting by explaining to the group that the dental school had his support, but that it must also go through all of the proper channels in the UNC System and UNC Board of Governors as described earlier in this chapter (Informant F, personal communication, June/July 2013).

After the meeting with President Bowles, members of this core community group continued to meet with state and federal legislators of influence to whom they were connected in an effort to continue to gain momentum in moving the campaign for the dental school forward. In addition to personal meetings, there were also phone calls and letters that transpired between community members and key political decision makers (Informant F, personal communication, June/July 2013; Informant K, personal communication, June/July 2013).

Former North Carolina Senator Marc Basnight was among the key political decision makers to which members of the core community group of seven were connected. Senator Basnight, President Pro-Tempore of the Senate, was viewed as one of the most powerful legislators, if not the most powerful legislator, of that time in North Carolina. In addition to Senator Basnight's power and influence being noted by all informants interviewed in the course of this study, it was also documented in an e-mail communication between a former member of the North Carolina House of Representatives and an accomplished and internationally recognized expert in the field of dentistry who were strategizing as to how to draw attention to the economic costs of the proposed dental school and stall the progress of the dental school once it arrived in the NCGA in 2006. Senator Basnight's power and influence were noted in the electronic correspondence that follows:

Basnight is the absolute key. Most of my callers / correspondents have been told by their legislators that: (1) the economic arguments against the proposal will carry very little

weight, and (2) they cannot go up against Basnight and have any hope of passing something for their own districts. (Informant O, personal communication, February 23, 2007)

Every informant, including those for and against the SoDM at ECU, credits Senator Basnight with the establishment of the Dental School. Informant O remarked that "Basnight was, you know, in charge" (Informant O, personal communication, June/July 2013). Informant G reflected that "a great deal of credit goes to Senator Basnight...You can say what you will about Marc Basnight, but I love the fact that he was in the east because he'd sprinkle fairy dust along the way" (Informant G, personal communication, June/July 2013). Other informants, who worked as staff members and legislators in the NCGA with Senator Basnight, also noted that Senator Basnight was for the University System, including UNC-CH and North Carolina State University (NCSU):

He determined that the University System was where he wanted to devote his efforts...and, he looked at Chapel Hill first, Raleigh (NCSU), Greenville (ECU)...he recognized the value for Greenville in going to Greenville...he recognized the whole System. So, that was what pushed him about this thing, and it bothered him that we (in the East) didn't have the best of whatever. (Informant A, personal communication, June/July 2013)

Informant P commented, "Senator Basnight was really careful to make sure the University System was moving forward with its most pressing needs" (Informant P, personal communication, June/July 2013).

Hence, individuals who were closely connected to Senator Basnight were vital in assisting with the progression of the campaign to establish a dental school at ECU. As Informant

B recalled about how Senator Basnight became involved in championing the dental school at ECU:

Marc was approached by a number of local community folks in Greenville who were responding to a need. It was about rural dental care, which still is very much an issue in this state...the group I kind of call the Greenville Mafia, and I mean, it's just, you know, it's local folks in that community down there, and it wasn't just because it was ECU because, somebody like [Greenville Mafia member]...I've seen [Greenville Mafia member] go after with as much gusto, as I recall it was [Greenville Mafia member] primarily, because that's who we would talk to, [Greenville Mafia member] going after it, and I think that's the person I talked to the most probably about it, but he did the same thing with the [another UNC System project]. When the [UNC System project] was trying to re-build the [UNC System project] out there, it wasn't in [Greenville Mafia member] backyard. So, I mean, these people in these communities...it's the way the system is designed to work. The system is designed to send people to Raleigh [NCGA], to elect, they elect them to these positions to serve their interest, and when these people go, they're there to speak for their communities, that's why they're sent there, and so that's all this was. (Informant B, personal communication, June/July 2013).

As a point of clarification, the Greenville Mafia, to which the above informant referred, is the same group referenced throughout this study as the core community group of seven who began the campaign for the dental school at ECU. This informant also noted:

There are a lot of University projects that start that go through some feasibility, and on through the feasibility, and they rise through the ranks, and it gets to be some Universityinitiated initiative. Then, there are some that start because of politics and politics is about community support. (Informant B, personal communication, June/July 2013)

Among the many anecdotes that emerged from informants during the interviews for this study was one that described a phone call between Senator Basnight and one of the members of the core community group of seven. The core community member had become friends with Senator Basnight over the years. As a successful business person, the community member had initially encountered Senator Basnight in the legislature many years prior to the campaign for the dental school when seeking assistance from Basnight regarding proposed legislation that was of concern to those in the business community. After working with Senator Basnight on the business matter, he had continued to remain in contact with him, which evolved into a friendship over the years. Prior to final approval from the UNC Board of Governors to establish the dental school at ECU, this community member received a phone call from a confidant of Senator Basnight who asked the community member about how things with the dental school were going. The community member explained to Basnight's confidant that a high-ranking administrator in the UNC System Office was worried about a small group in Greenville "messing things up". Shortly after the phone conversation, the community member who had spoken with Basnight's confidant received a phone call from Senator Basnight. Senator Basnight commented that he didn't understand what the high-ranking administrator at the UNC System Office did not understand about there being a dental school at ECU. Throughout the evolution of the SoDM at ECU, various members of the core community group of seven, including the individual described here, maintained close contact with Senator Basnight through phone calls to his office, monitoring the legislative progress of the dental school (Informant F, personal communication, June/July 2013). Informant P recalled:

I do remember there was a core group of people from Greenville...and those were some of Marc's good friends...so there was also the local group of folks who, you know, would call and say, "What's going on with it? What's going on with it? What's going on with it?" (Informant P, personal communication, June/July 2013)

As Informant A made reference to earlier, when noting that the senator was in the East, Senator Basnight was born and raised in eastern North Carolina on the Outer Banks. He was a self-made and educated man who never attended college; however, as the informant above mentioned, he was a supporter of the UNC System and recognized its role in improving the lives of North Carolinians, especially where UNC-CH, NCSU, and ECU were involved (Informant A, personal communication, June/July 2013). Informant P recalled:

You know, a lot of it had to do with Marc himself. He grew up in the East at the time when first of all we [NCGA] weren't doing much for the East. With that being where he came from, it was always very much on his mind...but the attitude he brought to the public office was very much we're not going to do things just for one community that already got a lot...we need to look at other areas of the state that deserve better opportunities, too. So, that was very much a part of his personality and he was sort of a force...He came from the East, but he saw the same situation in the mountains. So, for him, it was very much a holistic perspective. Even when he appointed people to boards and commissions, he'd say I want the whole state represented. For Marc, it was about, this particular project [dental school at ECU], was about helping the University, which was one of his hallmarks anyway, improving health care in rural areas, and creating jobs through the construction process. (Informant P, personal communication, June/July 2013)

Informant A recollected:

There was a meeting with very few people in it, which I was one of 'em, Senator Basnight was one of 'em, and there was some University officials [at least one of 'em], and Senator Basnight made it very clear in plain eastern North Carolina language that there would be either two dental schools or there'd be no dental schools, and that's how it [dental school at ECU] came about. (Informant A, personal communication, June/July 2013)

Informant P noted that "it was very important to Senator Basnight to not do one without the other - to make sure that they were moving forward in tandem because he didn't want to leave out either one" (Informant P, personal communication, June/July 2013).

UNC System President Erskine Bowles conducted a similar meeting with ECU Chancellor Ballard and UNC-CH Chancellor Moeser. Informant N recalled:

Well, when Erskine called the two chancellors together he said the last thing in the world we need in North Carolina is a repeat of that event [referring to the establishment of the medical school at ECU]...it was a pretty nasty period, and he said whatever we do we're going to do with the two campuses unified when it's proposed. So, that's where the idea of the *Plan for Dentistry* came from. So, then what we did was spent some time...we had a smaller working group, generally involving the then Dean of Chapel Hill [Dental School] and key people at ECU and a few other people, and we met several times kind of hashing it out. The circumstance at the time was, I think, the Board [UNC Board of Governors] had already approved Chapel Hill expanding their dental school a little bit. I think they were at about 80 or 81 and they wanted to go to, I think they wanted to go to 120 or something, but it was kind of tentative on agreement that they could increase some but the thing that really bothered Chapel Hill was their research facility and even the

school itself. They couldn't expand, they couldn't add more students without some expansion or improvement, and the research buildings were pretty dismal yet they were a top-flight research dental school in the country. So, really the idea of the Plan [for Dentistry] was Chapel Hill wanted something, ECU wanted something, and the question was can you put that together in a plan that makes sense. What Erskine wanted to do was whatever was decided – whatever for Chapel Hill, whatever for ECU – both campuses would advocate for each other in effect. It would be a unified plan and everybody would support it. (Informant N, personal communication, June/July 2013)

Informant H remembered the following phone conversation from President Bowles to Dean Williams:

I was sitting in the Dean's office downstairs and he had a call from Erskine, President Bowles at the time and Vice Chancellor for Health Affairs at ECU, Mike Lewis, and we're sitting there and a telephone conversation came on and he said ECU's on board for the Plan for Dentistry, are you? What's he going to say? To his credit, he did express concern at one of those meetings down at the General Assembly, because he had been at Kentucky and he talked about how they struggled to get applicants – now that's when our applications were down somewhat – and it just had not worked very well in Kentucky so he tried to make that point but it just didn't go anywhere. So, he said, "Yes, I'm on board," and that was for that document ["Plan for Dentistry"] so we moved ahead with that. (Informant H, personal communication, June/July 2013)

Documented evidence supporting the feasibility of a dental school at ECU emerged in March 2006. The team of external reviewers, coordinated by ECU's Vice Chancellor Lewis and

led by Dr. Howard Bailit (University of Connecticut), reported in its March 2006 feasibility study, "Case for a School of Dentistry" (see Appendix D):

The Advisory Committee unanimously and enthusiastically supports the establishment of a SoD (School of Dentistry) at ECU and believes that the new school has outstanding potential. The school's innovative community-based patient care programs are expected to improve the quality of dental student and resident education and to significantly increase access to dental care for low-income, rural populations in North Carolina. (Bailit et al., 2006, p. 1)

Dr. Bailit had chaired the first feasibility study in 2002 that recommended against establishing a dental school at ECU but had suggested re-evaluating conditions in three to five years. When asked about what was different about establishing a dental school at ECU when the 2006 feasibility study was conducted versus the 2002 study, Informant L responded:

They were much more focused on the issue of access disparities and wanted to come in with a model that would have an impact on those disparities...the students are trained in a real delivery system, not in an educational laboratory the way most dental students are trained. In this model, faculty practice as they teach, which is unlike any other dental school in the country but it's very similar to the medical model of medical nursing or pharmacy model of clinical education. (Informant L, personal communication, June/July 2013)

With the positive feasibility study in hand and the "Plan for Dentistry for North Carolina" drafted, dated March 29, 2006 (see Appendix E), supporters of establishing a dental school at ECU were equipped and prepared to seek approval to plan for a dental program at ECU from the UNC Board of Governors, submitting the necessary documents to the UNC Board of Governors'

Committee on Educational Planning, Policies, and Procedures prior to the April 11, 2006 meeting. During the 8:30 am meeting of the Committee on Educational Planning, Policies, and Procedures meeting on April 11, 2006, Dr. Alan Mabe, Vice President of Academic Planning, presented the "Plan for Dentistry for North Carolina" and communicated to the Committee that the "Plan for Dentistry for North Carolina" was the result of collaborative discussions between the chancellors at ECU and UNC-CH who agreed upon ways in which they could work together to address the oral health needs of the state in rural and underserved areas. These discussions also included administrators from the UNC General Administration. After Dr. Mabe's introduction of the plan and the request for approval to plan for this new initiative, the Committee recommended that ECU be allowed to plan for dental education, approving the plan, and recommended that the Committee on Budget and Finance include \$7 million for planning funds in its recommendations of budget priorities to be presented to the full UNC Board of Governors later that day. The Committee on Educational Planning, Policies, and Procedures adjourned at 10:08 am to join the Committee on Budget and Finance for a joint meeting on April 11, 2006 (UNC BOG Committee on Educational Planning, Policies, and Procedures, April 11, 2006).

In attendance at the joint meeting were not only members of the two committees, but also other members of the UNC Board of Governors, university chancellors, faculty members, UNC System President and his staff members, representatives of state government agencies, and members of the press. Dr. Mabe presented the plan during the joint meeting and explained that the Committee on Educational Planning, Policies, and Procedures supported allocating \$7 million in capital budget funds for the planning phase. Questions were answered by Dean Williams of the UNC-CH School of Dentistry and Vice Chancellor Michael Lewis of ECU. The

Committee on Budget and Finance heard other requests for funding and then adjourned to its committee meeting that followed the joint meeting of the two committees where budget priorities were decided (UNC BOG Committee on Educational Planning, Policies, and Procedures, April 11, 2006).

Published meeting minutes of the April 11, 2006 meeting of the UNC Board of Governors' Committee on Budget and Finance did not include discussion of the recommended funding for the planning of the dental school at ECU encapsulated in the "Plan for Dentistry for North Carolina;" however there was documentation of a closed session occurring, and it is assumed from deductive reasoning that the plan was discussed during the closed session. Upon review of the budget priorities submitted to the UNC Board of Governors for submission to the NCGA, it was found that the dental school with its community sites and campus facilities at ECU was included as the top priority for ECU as designated by Chancellor Ballard. The distinction was made that construction costs of capital projects with prior approval were to be fully funded in the 2006-2007 NCGA budget while others listed as priorities should receive recommended planning funds in the 2006-2007 state budget. The documents also noted that ECU's top priority was pending further review at that time. Although further review was pending, it was acknowledged as a budget priority of the UNC Board of Governors (UNC BOG Committee on Budget and Finance, April 11, 2006).

Alliances among institutions were being developed to move the dental school at ECU forward leading up to the full UNC Board of Governors meeting scheduled for April 11, 2006. Informant E recollected:

Ok, if we wanted to get something done, we had 1 vote, me, so the only way you get things done is to build alliances and allegiances with other campuses, and we did that, and we had 11 votes for the Dental School. We needed to have 17....We worked it, worked it, worked it, worked it, and to his great credit, Erskine Bowles became convinced this was a good thing, and he really made it happen by working through Dr. Bill Roper and others, and basically pulled everybody together in a room and said it's going to happen....We got a majority of the votes, and once we had a majority of the votes, everybody voted in favor of it. It made a big difference. (Informant E, personal communication, June/July 2013)

In responding to the question of what might have made the difference in gaining support for the dental school at ECU from the other UNC Board of Governors' members who were not local to ECU, Informant E replied:

I think maybe one, is the idea of us having the satellite service centers all over the state. I mean, when you tell Western Carolina, Western Carolina wanted us to put one up, the satellite, on their campus, and we didn't, we put it on the Community College campus, but it was close by. Everybody...all of a sudden, we had a lot of friends because everybody wanted to have one of our satellites. Because if they had looked at it and seen it was just an eastern North Carolina, just an ECU project, it would have been doomed. But, because we were talking about where the greatest needs were...I mean, we're going to identify the places where there are the greatest needs, and that's where we're going to put these satellites. (Informant E, personal communication, June/July 2013)

On April 11, 2006 at 3:00 pm, the full UNC Board of Governors convened. The Committee on Educational Planning, Policies, and Procedures recommended approval of the "Plan for Dentistry for North Carolina," and the UNC Board of Governors voted unanimously in favor of such. The Committee on Budget and Finance presented its document of budget

priorities for approval, which included funds for planning the dental school at ECU, and the UNC Board of Governors voted unanimously in favor of it as well. As of 3:55 pm on April 11, 2006, at the adjournment of the meeting of the full UNC Board of Governors, the necessary approval had been granted for the idea of a dental school at ECU to embark on its journey to establishment (UNC BOG, April 11, 2006). Informant N explained:

Once we had the "Plan for Dentistry" in place, then that opened up the possibility for ECU...In terms of establishing a doctoral program it's kind of a two-stage process...the first stage is to get approval to plan the doctoral program. So, the "Plan for Dentistry for North Carolina," even though it has planning in it, did not have the required planning of a doctoral program. (Informant N, personal communication, June/July 2013)

Following the April 11, 2006 meeting that approved planning funds and the "Plan for Dentistry for North Carolina," Chancellor Ballard, Vice Chancellor Michael Lewis, Dr. Greg Chadwick, and other leaders at ECU began working on their request for authorization to plan a Doctor of Dental Surgery (DDS) degree program at ECU. Within one month, the request and required materials were submitted to the UNC Board of Governors' Committee on Educational Planning, Policies, and Procedures for review. On May 11, 2006, the Committee, after much discussion, approved the request to plan the DDS degree at ECU (UNC BOG Committee on Educational Planning, Policies, and Procedures, May 11, 2006). The meeting minutes of May 12, 2006 for the full UNC Board of Governors meeting do not include any record of discussion or voting on the request to plan the DDS program at ECU. However, given that later meetings of the UNC Board of Governors and its Committee on Educational Planning, Policies, and Procedures continued to update attendees on the progress of the dental school at ECU, it is

deduced that the full UNC Board of Governors approved the request to plan a DDS program at ECU (UNC BOG, May 12, 2006).

The commitment of partnership between ECU and UNC-CH was demonstrated in an open letter to the North Carolina Dental Society (NCDS). The letter requested support from the members of the NCDS for the joint plan to address dental needs in North Carolina and briefly educated the dental community across the state, which included a large portion of graduates of the UNC-CH School of Dentistry, about the collaborative efforts planned between ECU and UNC-CH. The letter, dated May 12, 2006, was jointly endorsed by both Chancellor James Moeser of UNC-CH and Chancellor Steve Ballard of ECU (see Appendix F). Just as President Bowles had instructed the chancellors to do, they were moving forward with the proposal in a united fashion.

During the NCDS's May 2006 annual meeting, there were discussions and debates surrounding the proposed dental school at ECU, which resulted in a resolution being passed by the organization's House of Delegates. The House of Delegates is the body within the NCDS that establishes policies for the organization and is composed of representation from all of its districts throughout North Carolina. The resolution was approved on May 20, 2006 (see Appendix G). The resolution requested that the NCDS be included in future decisions regarding the state's oral health care and be updated about the progress of the initiatives in the joint plan for dentistry. As interviews and documents revealed, the NCDS had not been included in the process of designing the joint plan for dentistry. Informant Q recalled:

The Dental Society [NCDS], even though we're supposed to be the face of the Dental Profession in North Carolina, was totally left out of that decision, totally...I mean, by the time we knew it, the train had left the station. And, the thing that was frustrating was that

we would, I mean, I remember very well, I think it was in 2006...we went along with our then Executive Director and some other people on our Board of Trustees over to the UNC Board of Governors basically asking, "Where is this?", In other words, in the decision process...we'd like to know more about this...and basically we were kind of patted on the head and said thank you for coming and we appreciate your input, and at that point, I think that was the moment when the Dental Society leadership realized that the train had indeed left the station. We thought it probably had, but we knew at that point it had. I think there was a lot of frustration among members, particularly among graduates of UNC. They could not understand why it didn't make more sense to, and was not more economical to expand the Dental School at UNC rather than building a new one.

(Informant Q, personal communication, June/July 2013)

In a letter to members of the NCGA, Representative William A. Current, Sr., a graduate of UNC-CH's School of Dentistry and dentist by trade from Gaston County, explained that the NCDS had been left out of the planning for the new initiatives that would address oral health in North Carolina (see Appendix G). The NCDS had adopted a resolution that detailed its desire to improve and expand the UNC-CH School of Dentistry and promoted UNC-CH providing the outreach described by the joint plan that ECU's dental school would provide through its service-learning clinics. The resolution also requested full exploration of all possible strategies that would combat the oral health disparities in North Carolina before establishing a dental school at ECU (see Appendix G).

Appropriations and legislation. On May 22, 2006, House Bill 2297 was passed in the North Carolina House of Representatives and referred to its Committee on Appropriations (H. 2297, 2005). The North Carolina Senate's version of this bill, Senate Bill 1805, was passed on

May 24, 2006 and referred to its Committee on Appropriations / Base Budget Committee (S.1805, 2005). These bills called for the NCGA to appropriate \$7 million in general funds for the planning of the "Joint Plan for Dentistry for North Carolina" (2006). On May 23, 2006, Senate Bill 1772 was passed in the Senate and referred to the Senate Committee on Appropriations / Base Budget Committee (S. 1772, 2005). On May 25, 2006, House Bill 2615 was passed in the House and referred to its Committee on Appropriations (H. 2615, 2005). All funds for ECU, though, were still contingent upon program approval by the UNC Board of Governors and an external feasibility study.

As Informant A, Informant B, Informant C, Informant G, and Informant P for this study explained, the Senate budget was determined by "big" chairs of the Committee on Appropriations and Senator Basnight, President Pro-Tempore of the Senate. The North Carolina Senate did not have subcommittees like the House of Representatives did. In the House, the budget was determined by its "big" chairs of the different subcommittees for appropriations. The House had an appropriations subcommittee for capital projects which was the subcommittee to which the dental school appropriations on the House side was referred. Representative Bill Owens, who chaired the capital appropriations subcommittee, represented the first House district in North Carolina that included two of the four counties in eastern North Carolina without any dentists providing services there. Representative Joe Tolson from Edgecombe County in eastern North Carolina was another appropriations chair in the North Carolina House of Representatives. Among the appropriations chairs in the House, there was a senior chair and seven co-chairs. These individuals were the final decision makers on the House budget, deciding what the House would include in its proposed state budget (Informant A, personal communication, June/July 2013; Informant B, personal communication, June/July 2013; Informant C, personal

communication, June/July 2013; Informant G, personal communication, June/July 2013; Informant P, personal communication, June/July 2013).

As Mr. Phil Dixon had indicated in February 2006 at the ECU Board of Trustees meeting, establishing a dental school and professional degree program at ECU would be met with opposition. There were several legislators in the NCGA who vigorously opposed the idea of creating a new dental school rather than focusing resources on the expansion of the School of Dentistry at UNC-CH. Representative William "Bill" Current, Sr. emerged as one of the most vocal and active opponents in the NCGA to the dental school at ECU. A past president of the NCDS and graduate of UNC-CH and UNC-CH's School of Dentistry, Representative Current expressed in a letter to his NCGA colleagues, attached to a copy of the NCDS House of Delegates' resolution that the NCDS had not been involved in the process for addressing oral health described in the joint plan for dentistry. He also informed his colleagues of the lack of discussion and study of the decision to fund planning of the dental school at ECU during the Subcommittee on Healthcare Workforce meetings and announced his intentions to present the House with an amendment to Senate Bill 1741 that would impede the progress of the dental school at ECU until further study could be conducted and would support continued efforts to expand the School of Dentistry at UNC-CH as planned (see Appendix G).

Representative Current did not want two mediocre dental schools in the state and did not want the taxpayers to pay unnecessarily. In a July 16, 2006 article published by the *Winston-Salem Journal*, Representative Current expressed:

A second school is a bad idea. Competition for dental-school faculty is tight. Another school will undermine the quality of new dentists across the state. "I'd rather have one real school that's meeting the needs of the students, rather than two sorry schools turning

out substandard students. This is a major, major expenditure. Once you grant state money to plan a project, it usually slides on through the legislature. I just see so many issues that are higher priority than building a new dental school." (Giovanelli, July 16, 2006, para. 26-28)

An expansion of UNC-CH's School of Dentistry was planned and there was concern that a second dental school would decrease the appropriations allocated for expanding UNC-CH's School of Dentistry (Informant responses, personal communications, June/July 2013).

Also of note was Current's connection to the UNC-CH School of Dentistry. Informant O explained that Current's father, Dr. Alfred Current, Sr., was a dentist and led the campaign for the creation of the dental school at UNC-CH. He and Mr. Henry Lineburger of Raleigh, North Carolina advocated statewide at civic groups such as Rotary chapters, and any others to which they were invited, about the need for including dental education in the healthcare expansion at UNC-CH in the late 1940s. Their work resulted in the establishment of the UNC-CH School of Dentistry in 1950, North Carolina's first dental school and only dental school in the state at the time of ECU's proposal. Representative Current is a 1956 graduate of UNC-CH and a 1958 graduate of its School of Dentistry (Informant O, personal communication, June/July 2013).

From the time Representative Current arrived to the NCGA in 2005, he was informed that there was going to be a new dental school at ECU, yet he did not believe enough consideration and study had gone into the decision to support a new dental school at ECU. While serving on the House Select Committee on Healthcare's Subcommittee on Health Care Workforce, an informant for this study recalled, Representative Current had invited Dr. Ben Barker, a recognized expert in the field of dentistry and dental manpower assessment, to speak to his subcommittee. The dental profession's workforce was among the many areas being studied

by the subcommittee. As such, Representative Current felt that Dr. Barker could offer an expert's perspective on the current status of North Carolina and how best to serve them. Among Dr. Barker's many professional accomplishments, he had previously served as an administrator and faculty member at the UNC-CH School of Dentistry from which he had also graduated with honors. Representative Current had made arrangements for Dr. Barker to speak when he and Dr. Barker received phone calls inquiring about Dr. Barker's credentials and content of his planned remarks. As Informant O recalled, Dr. Barker was not going to talk about the merits of one university over another but had planned to focus on the welfare of North Carolinians as it related to dentistry. Dr. Barker did not have the opportunity to make his remarks to the subcommittee as he was asked to not attend the subcommittee meeting to which he had been invited (Informant O, personal communication, June/July 2013). The House Select Committee on Health Care was established on November 3, 2005 by the Speaker of the House of Representatives, Jim Black. The purpose of this group, appointed by the Speaker, was to study the challenges facing the citizens of North Carolina as it related to quality of and access to health care, especially for those in rural areas and disadvantaged populations. Representative Joe Tolson of Edgecombe County, North Carolina in the East and Representative Becky Carney of Mecklenburg County, North Carolina in the Piedmont were co-chairs of the subcommittee (House Select Committee on Health Care, 2006).

In an e-mail communication between two members of the North Carolina House of Representatives, dated Thursday, June 8, 2006, planning funds for the proposed dental school at ECU were being discussed. The correspondence indicates:

I am in 612 and have to remain here late...At this point...to update on the East Carolina dental school...President Bowles came to 612 and after that the dental school planning

money became popular again. It is back in the budget TODAY...who knows about tomorrow. (Appendix G, personal communication, June 8, 2006)

Thus, it is to be deducted from this communication that although the earlier bills were passed to their respective committees on appropriations in the House and Senate, the funding was questionable until it was signed into law. Informant A and Informant G recalled, "It was a continual battle for dollars" (Informant A, personal communication, June/July 2013; Informant G, personal communication, June/July 2013).

On June 14, 2006, Representative Current's amendment to Senate bill 1741 (S1741-ALH-73 [v.2], see Appendix H) was presented to the House and called for the removal of \$3 million from the proposed \$7 million in planning funds and required that an external feasibility study of a dental school at ECU be conducted before continuing with plans to establish a dental school at ECU. The amendment failed by a vote of 87 to 30 with one abstention. Among those who voted against the amendment were appropriations chairs, the Speaker of the House, and chairs of the House Select Committee on Healthcare and its Subcommittee on Healthcare Workforce's co-chairs (Informant O, personal communication, June/July 2013; Ryals, June 15, 2006).

Shortly after the June 14, 2006 defeat of Representative Current's proposed amendment, S1741-ALH-73 (v.2), and the June 15, 2006 newspaper article "House Attempt to Cut ECU Dental School Funds Fails" published in the *Daily Reflector*, which detailed the amendment's defeat, *The News and Observer* published a "Point of View" column, "Filling our Dental Needs Efficiently" (June 19, 2006), written by Dr. John D. Matheson who is a dentist local to Asheville, North Carolina. Dr. Matheson is also a past president of the UNC-CH Dental Alumni Association and the North Carolina Society of Oral and Maxillofacial Surgeons. He expressed

his belief that spending over \$100 million to study and build a new dental school was not the best use of taxpayer dollars to address the problem of access to oral health care in North Carolina. He also held the view that the eastern and western areas of the state were without dental care as a result of them being without an economic or population base needed to support dental practices.

Dr. Matheson's suggestion was to expand UNC-CH's enrollment, offer incentives to those who might practice in the needy areas, increase Area Health Education Center rotations, and re-visit the 2001-2002 feasibility study that recommended expansion at UNC-CH and no new dental school in North Carolina (Matheson, 2006).

In response to Dr. Matheson's June 19, 2006 "Point of View" column entitled "Filling Our Dental Needs Efficiently," Dr. Gregory Chadwick, Associate Vice Chancellor for Oral Health at ECU at that time, and Dr. John Williams, Professor and Dean at the UNC-CH School of Dentistry, issued a joint letter, "A Dental Program," published in *The News and Observer* on June 22, 2006. Their response letter, demonstrating solidarity and unity between the leadership of the two institutions at the core of the dental debate, emphasized the collaboration between the institutions in the efforts to address oral health care disparities in North Carolina (Chadwick & Williams, June 22, 2006). Informant N recalled:

In any public discussion of this, or talk at the Board of Governors [meetings], Chapel Hill and ECU were always there on the same side, supporting the whole thing, so there was never, at least from the official representatives of the University, never any division.

(Informant N, personal communication, June/July 2013)

Readers were informed as to the support from leadership of the UNC System and inclusion of planning funds for the dental education initiatives in the budgets of both chambers of the NCGA (Chadwick & Williams, June 22, 2006). With this letter of response published in one of the

state's leading newspapers, ECU and UNC-CH were sending a public message to all that they were in cooperation with each other rather than competition.

The "Joint Conference Committee Report on Continuation, Expansion, and Capital Budgets," dated June 30, 2006, supported the \$7 million recommended for the dental school planning funds (North Carolina General Assembly [NCGA], S. 1741, 2006). It detailed allocations of the appropriations for the UNC Board of Governors to be used in collaboration with its priorities set by the UNC System leadership. The recommendations of the Joint Committee were incorporated into the Session Law 2006-66, which was adopted on July 10, 2006 (S.L. 2006-66, § 23.1).

If earlier progress toward establishing a dental school did not incite opposition, the allocation of the full request for planning funds and inclusion of the dental school at ECU, pending program approval by the UNC Board of Governors, triggered a campaign of opposition, especially in Gaston County. The Gaston County Dental Society, a local chapter of the NCDS, issued a packet of information to other dentists that included a Gaston County Dental Society resolution and other related materials in order to educate other NCDS chapters and dental professionals across the state about the dental school proposed for ECU (see Appendix G). Opposition to the dental school at ECU among members of the Gaston County Dental Society was not unlike that of the general membership of the NCDS. In a survey of its membership, 50% of its members opposed the school, 25% supported a dental school at ECU, and 25% did not favor one side over the other (Rogers, October 25, 2006). The Gaston County Dental Society's packet was issued July 20, 2006, 10 days after the planning funds were signed into law. Within the packet, other chapters in the western areas of the state issued similar resolutions to that of the Gaston County Dental Society fully opposing a second dental school and stating that all issues of

access to dental care could be addressed by the UNC-CH School of Dentistry. These included the Blue Ridge Dental Society and the Second District Dental Society. In a seven-page letter included in the packet, Dr. John Pruitt, a Winston-Salem dentist, responded to the second feasibility study chaired by Dr. Bailit; the study commissioned by ECU that recommended the proposed community-based model of dental education to be established there (Bailit et al., 2006, see Appendix G). Among his comments, Dr. Pruitt expressed that it was naïve to assume that dental graduates would want to return to their "small home towns to establish a practice" (see Appendix G, personal communication, May 16, 2006, para. 12). Instead, he presented the following perspective:

Dentists will practice where they can make a living, provide adequate education for their children, have recreational opportunities, make their spouses happy, and can pursue a plethora of other interests. This does not necessarily include returning to a rural area in our state. These are quality of life issues. There is a reason why so few dentists practice in eastern North Carolina. They cannot make a living and there is not much to do. I was born and raised in this state and I love it here. But let's face it, most of the eastern part of the state is flat, hot, sandy, buggy, and boring. (see Appendix G, personal communication, May 16, 2006, para. 12)

Another group of dentists in opposition to establishing a dental school at ECU was

Dentists for Fiscal Responsibility (DFR). It consisted of dentists across North Carolina who

disagreed with the neutral position the NCDS took in response to the ECU dental school

proposal. As such, they came together to petition the NCDS to adhere to its House of Delegates

Resolution 15H2006 established May 20, 2006 (see Appendix G). In an effort educate the public

about their concerns related to the dental school at ECU, the group compiled a document

presenting the arguments in favor of establishing a second dental school at ECU and countered with a collection of facts that challenged the favorable arguments. Among the facts presented was another account of the exclusion of Dr. Ben Barker, past Chair of Dental School Accreditation for the American Dental Association and author of *Assessing Dental Manpower Requirements*, at the November 13, 2006 meeting of the North Carolina House Select Committee on Healthcare's Subcommittee on Healthcare Workforce. The document (see Appendix I) was designed for the media, general public, and legislators.

Regardless of the opposition raised, though, state funding for planning the dental school at ECU was secure. July 20, 2006 ensured the idea of the dental school would continue on its journey to establishment. On July 25, 2006, Mr. Phil Dixon's UNC Board of Governors' update to the ECU Board of Trustees informed attendees that the dental school at ECU was the Board of Governors' number one priority and that ECU Chancellor Steve Ballard was among the senior chancellors in the UNC System (ECU BOT, July 25, 2006).

While the battles for appropriations and public opposition were transpiring during the previous months and continued to do so, the team at ECU was working diligently to plan its DDS program in order to submit their request for authorization to establish the DDS program at ECU. On September 29, 2006, Chancellor Ballard submitted ECU's formal request and required documents for consideration to Dr. Alan Mabe, Vice-President of Academic Planning for the UNC System (see Appendix J). At the October 6, 2006 ECU Board of Trustees meeting, Mr. Robert Hill, Jr., Chair of the Health Science Committee of the ECU Board of Trustees, discussed a chart with the attendees that detailed results of the medical school in primary care and indigent care and explained that the same could be done with a dental school at ECU. Among those in attendance for this presentation were Mr. Jim Phillips, Jr., Chair of the UNC Board of Governors

and Mr. Craig Souza, UNC Board of Governors member. Mr. Phil Dixon, UNC Board of Governors member and liaison to the ECU Board of Trustees, was also in attendance as usual (ECU BOT, October 6, 2006). With the UNC Board of Governors scheduled to meet a week later on October 13, 2006, it was advantageous to have these members in attendance to learn more about the positive impact anticipated for the proposed dental school at ECU.

At the October 13, 2006 meeting of the UNC Board of Governors, the Committee on Educational Planning, Policies, and Procedures updated the full board as to the progress of the dental school. The Committee announced that the UNC General Administration was reviewing the proposal submitted by ECU for the DDS program and expected to have a recommendation for the full Board of Governors, regarding approval of the program, at the November 10, 2006 meeting. A team of three experts in dentistry were scheduled to visit the campuses of UNC-CH and ECU October 25-27, 2006 to conduct an external review of the "Plan for Dentistry for North Carolina," which would be taken into account when the Committee made its decision about approving the proposal to establish a DDS program at ECU (UNC BOG, October 13, 2006).

The external Dentistry Review Team, commissioned by the UNC General

Administration, included three nationally recognized experts in the field of dental education and dentistry. The review was chaired by Dr. Denise K. Kassebaum, Dean of the University of Colorado's School of Dentistry. Additional reviewers included Dr. Richard Valachovic, Executive Director of the American Dental Association, and Dr. L. Jackson Brown, Associate Executive Director of the American Dental Association. The review team's findings supported their endorsement of the Plan for Dentistry for North Carolina and emphasized how critical it was to the success of the plan that UNC-CH and ECU work in collaboration with each other.

Their report concluded that "the Plan for Dentistry is feasible and realistic, and will not adversely

impact existing institutions or programs" (Kassebaum, Brown, & Valachovic, 2006; see Appendix K).

While the campaign for a dental school at ECU was progressing quickly through the UNC System's administrative processes, the public continued to voice opinions about the idea of establishing a dental school at ECU in leading newspapers across the state. The *News and Observer* and *Charlotte Observer* ran editorials in strong favor for the dental school at ECU. In the October 25, 2006 article, "Dentists' Objection Lacks Bite," Dennis Rogers, a staff writer at the *News and Observer*, drew attention to the need for dentists in the East and mal-distribution throughout the state in a humorous way. Among his various points, he noted that if dentists were concerned that a new dental school and its graduates would decrease the supply of patients, then those dentists should:

Go way, way east. Go past the last Mercedes dealership and turn left. There you'll find ample patients in places such as Camden, Gates, Hyde, and Tyrrell counties. They have almost 30,000 people among them and no dentists. You could elect yourself head of the county dental society on your first day. (Rogers, October 25, 2006, para. 5)

For his readers who viewed the East as a means to an end for getting to their vacation homes, Rogers reminded them:

Eastern North Carolina is more than drive-through country for people in a hurry to get to their seaside McMansions. It is the motherland for many of us. And in spite of its recent hard-luck history, it is still a region of subtle beauty where strong people with good values have weathered tougher times than they deserved. It is about time for them to smile again. With good teeth. (Rogers, October 25, 2006, para. 13-14)

Mary C. Shulken, Associate Editor for the *Charlotte Observer*, addressed the fact that so many dentists were against a new dental school at ECU in her article "Down in the Mouth? Just Grin and Bear it," published October 26, 2006. As a native of eastern North Carolina, she informed her readers, she has personally observed the disparities in oral health care and access, reminding readers that the statistics have names and faces. Schulken identified dentists' self-interests being at the core of the opposition for the new school, noting fear of competition among dentists, fear of competition for the alma mater of most of the trained dentists in North Carolina, and the overall high costs for the State to bear on its taxpayers as the primary arguments against the dental school at ECU. She explained that by not addressing the oral health disparities in the eastern part of the state, the State would also pay a price in health care costs as oral health problems have been directly linked to diabetes, heart disease, and stroke (Schulken, October 26, 2006).

The UNC (system) Graduate Council voted unanimously to approve the request to establish the DDS degree at ECU on Thursday, November 2, 2006 (Associated Press, November 3, 2006). With the positive evaluation from the external review team and the unanimous approval from the UNC (System) Graduate Council to establish the DDS degree at ECU, Dr. Alan Mabe, Vice President of Academic Planning for UNC General Administration, presented the request for authorization to establish the DDS degree at ECU to the Committee on Educational Planning, Policies, and Procedures during its committee meeting on November 9, 2006. These documents had been distributed among Committee members prior to the November 9, 2006 meeting on November 3, 2006 (see Appendix K). He reviewed the events that had led to the request and noted that the UNC Board of Governors, in April 2006, had requested that the process, while adhering to all required steps in the process, expedite the process in order to

request authorization to establish a DDS degree by November 2006. In addition to Dr. Mabe the following university representatives were in attendance to answer questions of the Committee: Chancellor Steve Ballard, East Carolina University; Dean John Williams, UNC-Chapel Hill; Dean Mike Lewis, East Carolina University; Dr. Gregory Chadwick, East Carolina University; and Dr. Terri Workman, East Carolina University. Representing dental practitioners, Dr. Jasper Lewis of Greenville, North Carolina was also in attendance to answer questions of the Committee. After a period of discussion and clarification, the Committee approved the request to establish a DDS degree at ECU. As a point of clarification, the DDS degree was the initial degree before changes were later made and it transitioned to a Doctor of Dental Medicine (DMD) degree. The next and final step would be for the full UNC Board of Governors to approve the request. The Committee also approved a resolution of commendation for UNC-CH and ECU, recognizing the positive collaboration of the two institutions in creating the Plan for Dentistry for North Carolina and encouraged them to continue with positive collaboration as they implemented the plan for the people of the State of North Carolina (UNC BOG Committee on Educational Planning, Policies, and Procedures, November 9, 2006).

During the November 10, 2006 meeting of the full UNC Board of Governors, the Committee on Educational Planning, Policies, and Procedures presented the Board with the request to establish a DDS program at ECU that had been approved by the Committee during its November 9, 2006 meeting. The UNC Board of Governors unanimously endorsed ECU's request to establish a DDS degree at ECU, put forth by its Committee on Educational Planning, Policies, and Procedures (Associated Press, November 10, 2006). The UNC Board of Governors also approved the "Resolution Recognizing the Cooperation between the University of North Carolina at Chapel Hill and East Carolina University," which was originally approved by the

Committee on Educational Planning, Policies, and Procedures in its November 9, 2006 meeting (UNC BOG, November 9, 2006). In a span of seven months, the dental school at ECU and its DDS program evolved from being an idea presented to the UNC Board of Governors to a tangible initiative supported by the UNC System to be developed and established at ECU. This was an extremely expedited process. Informant N recalled:

Usually from the time you get planning approved to get a degree approved it's typically about a couple of years. So, Erskine said, "Can you speed this up a little?" I said, "Ok."...See, the idea of getting it approved so quickly was so you could get it in the budget for the 2007 [legislative] session...probably a good thing because that was before the economic collapse and so the state ended up committing to that (dental school at ECU). (Informant N, personal communication, June/July 2013)

Shortly after the decision, UNC System President Erskine Bowles was quoted as saying, "It's the right step in the right direction," referring to the UNC Board of Governors' decision to support the dental school and establishment of a DDS degree at ECU as well as an overall joint plan between UNC-CH and ECU to address oral health disparities in North Carolina that included expansion and renovation of the UNC-CH School of Dentistry (Fisher, November, 11, 2006, para. 3). Meanwhile, the NCDS President, Dr. Rex Card, publicly addressed the decision, explaining that, as an organization (NCDS), it would not fight the dental school at ECU and "did not have an official opinion on the ECU dental school," conveying to the public that its (NCDS) membership would also not oppose the school (Fisher, November 11, 2006, para. 12). However, an earlier survey of its membership confirmed that only 25% of its membership supported the ECU initiative. Regardless of the support for and opposition to the dental initiative at ECU found within its membership, the leadership of the NCDS intended to deliver "the message that

dentists want and expect to see both schools adequately funded;" however, they also noted specific support for UNC-CH in saying it was "on the record in support of expanding the dental school at UNC-Chapel Hill, where most North Carolina dentists trained" (Fisher, November 11, 2006, para. 14).

Now that the campaign for the dental school at ECU within the UNC System had been completed and successfully gained all academic and administrative approvals, it remained an idea of an initiative until the NCGA funded capital and operating costs in its budgets. "Legislative approval, and at that time legislative funding," was at the core of the success of the dental initiative at ECU (Informant G, personal communication, June/July 2013). Those in support of and opposed to the dental school at ECU proceeded to voice their opinions through newspaper editorials and articles. One of the groups who emerged in support of the dental school at ECU shortly after the UNC Board of Governors' decision was reached was Citizens for Higher Education, a political action committee (PAC) composed of UNC-Chapel Hill supporters. In response to a negative editorial published in the *News and Observer* on November 8, 2006, Paul Fulton of Winston-Salem, North Carolina, who was serving as chairman of the Citizens for Higher Education PAC group, was quoted as saying, "We also support East Carolina University's efforts to open a dental school" (Fulton, November 11, 2006, para. 4). The News and Observer editorial had theorized that the PAC group was attempting to make UNC-Chapel Hill an institution independent of the UNC System addressed it by giving examples of how they had helped promote the UNC System as a whole body, not just one institution, which included their support for the dental school at ECU (Fulton, November 11, 2006).

An editorial published in the *Winston-Salem Journal*, after detailing the decision of the UNC Board of Governors to establish a dental school at ECU and expand the dental school at

UNC-CH, acknowledged that "at nearly \$200 million (\$90 million for ECU and \$96 million for UNC-CH), the board's plan is expensive, but something must be done to increase the number of dentist in the state's small towns" ("Dental Care," November 17, 2006, para. 2). The article focused on the disparities in oral health care between urban and rural areas, noting the ECU initiative's planned service and outreach to rural and underserved areas of the state. By also supporting expansion and renovation at UNC-CH's dental school, the plan would "placate concerns that an ECU dental school will diminish state support for UNC Chapel Hill's worldrenowned school" ("Dental Care," November 17, 2006, para. 7). The editorial explained, "Adequate dental care is essential if this is to be a healthy state....This is a matter of significant public health, and it must hold a high priority with legislators" ("Dental Care," November 17, 2006, para. 9-11). Given that it was expected to be almost 10 years before there would be enough dentists graduated by the two dental schools to begin seeing an impact on the shortage of dentists in North Carolina, as addressed in the joint plan, the editorial expressed that this was "all the more reason for the legislature to move on this proposal in 2007" ("Dental Care," November 17, 2006, para. 8).

Timing was critical to the success of this initiative. Informant D remarked:

The timing of that was just masterful, and we didn't know the whole bottom was going to fall out of the economy in the fall of 2008. That was after the legislature had already left town. They had already approved the dollars - the operating and the capital dollars for Dental Medicine....East Carolina was very fortunate...lucky...Whatever it was, we all look back on it and say, "Oh my word, if we hadn't have gotten those things at the time we got them. Given what's fallen, the bottom's fallen out of the economy in 2008...We're now almost five years later and the economy's still really in a very slow

recovery. We have a whole new legislative and gubernatorial contingency in Raleigh now. The probability of us having gotten a dental school and a new family medicine center at any other time since then...absolutely, categorically, no, we would not have been successful. (Informant D, personal communication, June/July 2013)

Informant G explained about the timing:

It was right before the bad economic period. This was a period of growth, and...money, there's never enough money for the need, but it dropped. It started dropping about six years...five or six years ago....It was a significant drop, but, when we first went after it there was money....We'd been working this a long time...started in the late 90s....It had been delayed when other previous legislators were there, and I think [eastern delegation representatives] were feelin' our oats, and we, and by that time Clark Jenkins was in the Senate, he was a great friend of Senator Basnight, and we worked really well with Clark and I just think that it was...I had the feeling that it was now or never during that time. (Informant G, personal communication, June/July 2013)

While the editorial from the western Piedmont area of North Carolina supported the new dental school at ECU, others from that area did not share in the positive view of the direction being taken by the UNC Board of Governors and UNC leadership. Less than one month after the UNC Board of Governors supported the establishment of the dental school and its DDS degree program at ECU, *The Gaston Gazette* questioned the link between a new dental school at ECU and populating the rural and underserved areas of North Carolina with dentists to serve them. It referred to the ECU initiative, approved by the UNC Board of Governors, as a "feather in the cap of ECU, which is often seen as a major economic driver in eastern North Carolina" and expressed that it was not "necessarily the most efficient use of taxpayer money" (Bridges,

December 4, 2006, para. 4). The editorial in *The Gaston Gazette* shared the sentiments of its local NCDS chapter, the Gaston County Dental Society, the group Dentists for Fiscal Responsibility, and native state representative and retired dentist, Dr. William Current, Sr., who explained that a new dental school was not the best answer to the oral health crisis. He noted that "dental school grads, who are carrying high debt, are more likely to go to areas where they can make more money and more easily pay off their college debt" (Bridges, December 4, 2006, para. 5). A more efficient approach suggested in the editorial was to expand the existing dental school at ECU and offer scholarship and loan reimbursement incentives to dental school graduates who agree to work in rural and underserved areas of the state. Furthermore, the article speculated as to whether a crisis in oral health care existed since there had not been any proposed intervention by the private colleges and universities. While the article did not suggest hesitation for the proposed improvements at UNC-CH's School of Dentistry, or make much mention of the \$96 million estimated for expansion and revision of that dental school, it requested that the NCGA review the plan as it related to establishing dentistry at ECU to evaluate if it is "the most efficient use of taxpayer funds. If \$90 million is going to be spent, lawmakers owe it to the taxpayers to make sure that it is being spent wisely" (Bridges, 2006, para. 9). Various editorials and other articles voicing both sides of the campaign emerged in the months that followed. The campaign for the dental school was now fully in the public arena and dependent on success in the NCGA.

State legislators hailing from areas of North Carolina located east of Interstate 95 (I-95) served as critical supporters of the proposed dental school at ECU. This group, referred to as the "eastern delegation," was led by state representatives Marian McLawhorn, Edith Warren, Joe Tolson, and Arthur Williams and state senators Marc Basnight, Clark Jenkins and John Kerr,

These legislators were referred to as the eastern delegation. Informant G, when asked about key legislative supporters, commented:

The eastern delegation – when I say eastern I mean anybody east of I-95 – I don't know of anybody in the eastern delegation that opposed it. It was certainly easy to get a group of legislators that would go out and try and convince the others. (Informant G, personal communication, June/July 2013)

In addition to the legislators belonging to the eastern delegation, the core group of community members, with the help of those individuals employed by ECU and leading the dentistry initiative there, was continuing to work policy communities (elected officials and legislative staff) and key individuals across the state. Once it (ECU dental initiative) arrived in the NCGA, the alternatives available for selection seemed to be to support it or oppose it. Several informants from different stakeholder groups commented that "the train had already left the station" (Informant responses, personal communication, June/July 2013). Informant I recounted a conversation the informant had with then Lieutenant Governor Beverly Perdue who advised the informant to "understand this is going to happen so get on the train and make it happen" (Informant I, personal communication, June/July 2013). Informant O commented that "it was a done deal" (Informant O, personal communication, June/July 2013).

Among the many critical events that took place in 2007, leading to the first appropriations passed (after appropriations for planning funds) that would fund capital and operating costs of the dental school at ECU, was the release of North Carolina Governor Mike Easley's budget proposals on February 22, 2007. As reported in various publications, Governor Easley had recommended the requested \$87 million for ECU's dental school in the 2007-2009 state budgets be included while excluding funding for the UNC-CH School of Dentistry parts of

the "Joint Plan for Dentistry for North Carolina." The governor proposed that funds for the ECU dental school initiative be part of a \$487 million bond package that would fund university construction projects. Proposing that the dental school at ECU be part of a bond referendum did not guarantee that it would be funded, though, since the funding would depend on taxpayers voting for and passing the bond package (Hunt, March 2007; "Editorial: Dental Plan," *Daily Reflector*, March 4, 2007).

According to Informant F, who was personally connected to Governor Easley, the governor's initial proposed budget did not include any funding for either of the dental schools (neither ECU nor UNC-CH). When the community member learned of the Governor's plans to exclude the dental school at ECU from his recommended budget appropriations, which was in opposition to the budget priorities submitted by the UNC Board of Governors, the community member made a call to the governor who shortly thereafter made a revision to his budget, including the dental school at ECU in his proposed budget (Informant F, personal communication, June/July 2013). However, the inclusion, as mentioned, was not guaranteed as the governor's recommended funding relied on taxpayer votes rather than legislators in the NCGA. The publicity of Governor's Easley's decision to include funding for the dental school at ECU and exclude funding for the dental school at UNC-CH incited the public and special interest groups to evoke an advocacy movement to lobby legislators on behalf of the dental schools (Hunt, March 2007; "Editorial: Dental Plan," 2007).

Dr. Steve Slott is a graduate of the UNC-CH School of Dentistry and was among those who publicly advocated for the new dental school at ECU. In a March 6, 2007 editorial in the *News and Observer*, Dr. Slott expressed:

As a proud alumnus of our flagship institution, the UNC School of Dentistry, I hope our brilliant successes don't blind us to our past failures. Those who say that the underserved in this state have no voice are wrong. They have my voice, and many more like it. I hope that our decision-makers will see through the transparent arguments against a new dental school, accord us the help we need to battle this abhorrent situation and go forward with the joint plan. (Slott, March 6, 2007, para. 11-12)

Dr. Slott is a dentist based in Burlington, North Carolina in Alamance County in the Piedmont area. He provides dental care to all income levels and operates a mobile free clinic called the Open Door Dental Clinic of Alamance County, which provides free dental care to some of the state's underserved areas. In traveling to these needy areas of the state, he experienced "hundreds of needy individuals who begin lining up in the early morning hours in order to obtain some relief for the multiple, often staggering dental problems with which they suffer....Their needs far exceed our abilities and resources" (Slott, March 6, 2007, para. 5-7). Among the other points his editorial made, Slott reminded readers that after the 2002 feasibility study, evaluating the creation of a new dental school at ECU, rejected the idea of a new school, the alternatives and incentives proposed to address the oral health crisis in the state disappeared and seemed forgotten until the idea of a dental school at ECU re-emerged in 2005. Slott recalled, "The same ideas were touted several years ago, the last time a dental school at ECU was seriously considered" (Slott, March 6, 2007, para. 3). He also expressed:

Access to dental care is a complex problem and no one approach will resolve it. Dental education can play a larger role. The current UNC/ECU Joint Plan for Dentistry is a well-reasoned, carefully balanced plan that will keep North Carolina at the forefront of dental education. That it does not maintain the status quo may be its biggest threat to

those who have grown comfortable and complacent within the current system. (Slott, March 6, 2007, para. 9)

In an effort to educate state legislators on the importance of the "Joint Plan for Dentistry for North Carolina," informational meetings were planned across the state by leaders of the dental initiative at ECU and lead administrators such as Chancellor Steve Ballard. Legislators were invited to meetings closest to their State Congressional District. A one-page summary of key points was enclosed with the letters of invitation sent from Chancellor Ballard's office that explained it was in partnership with UNC-CH and endorsed with UNC President Erskine Bowles's quote, "It's the right step, at the right time" (see Appendix L, personal communication, February 9, 2007).

Senate Bill 1244 was referred to the Senate Committee on Appropriations on March 26, 2007. This bill requested \$1.3 million in NCGA General Funds to be used for operating expenses at the new dental school and was to be appropriated during the 2007-2008 fiscal year. It also requested \$87 million in general fund appropriations, equally distributed, during fiscal years 2007-2008 and 2008-2009 (\$43.5 million each year) (S. 1244, 2007). House Bill 1240 was referred to the House Committee on Appropriations on March 29, 2007. This bill requested appropriations that fulfilled the budget priority recommendations set by the UNC Board of Governors, which included \$43.5 million each fiscal year between years 2007 and 2009 for capital expenses of ECU's dental school, \$44.940 million during fiscal year 2007-2008 and \$51.060 million during fiscal year 2008-2009 for capital expenses of UNC-CH's dental expansion and renovations, and \$1.3 million for operating expenses at ECU's dental school during fiscal years 2007-2008 and 2008-2009 (H. 1240, 2007). On July 31, 2007, Session Law 2007-323 was signed into law by the NCGA. In this act, Section 29.2 appropriated \$25 million

in capital expenditures from the general fund for both the dental school at ECU and UNC-CH School of Dentistry, for fiscal year 2007-2008 (S.L. 2007-323, § 29.2). The "Joint Conference Committee Report on the Continuation, Expansion and Capital Budgets" appropriated \$1 million in operating expenses for the dental school at ECU during both fiscal years 2007-2008 and 2008-2009 (Joint Conference Committee, 2007). Having successfully secured appropriations from the NCGA General Fund, the dental school at ECU survived the first year of appropriations, and the campaign for a dental school at ECU was becoming reality. However, \$25 million in capital funding was only a small step toward the estimated \$87 million needed for capital funding for the dental school. The success of this initiative (dental school at ECU), as Informant C explained,

was just a matter of [the eastern delegation] keeping the project in the process of funding, and again, the House and the Senate worked together closely, and of course, Senator Basnight was still here at that time, and he was very instrumental in what happened at the Senate, and he was very much in favor of it....Speaker Black was as well. It made it easier for us in the East with Speaker Black being from Charlotte to get that support. And then, even after that, with Speaker Hackney being a Chapel Hill person and serving that area, he was very supportive of the delegation from the East 'cause a lot of those people supported him for Speaker so it made it a lot easier for him to get on board. Of course, I was fortunate enough with Speaker Hackney to be an appropriations chair, a big chair, and it helps when you're sitting in that seat...the chair, well in fact, when I was one of the big chairs...there were 8 chairs...we had a senior chair and then the other 7 were sort of co-chairs. We made the final decision of what the budget would look like, and, fortunately, during that time, Representative Bill Owens was in charge of capital because

he was from that area....He was supportive, and it made it easier to keep the project on that capital list. (personal response, Informant C, June/July 2013)

Representative Bill Owens's positional power was noted in a May 31, 2007 correspondence between Representative William Current, Sr. and Representative Owens. In an ongoing effort to halt the progress of the dental school at ECU, Representative Current had desired to present a bill draft requiring feasibility study commissioned by the General Assembly that would study the feasibility of establishing a second public dental school. Representative Owens refused Representative Current the opportunity to present the bill draft for consideration (W. Current, personal communication, May 31, 2007).

Over the next few years, the oral health initiative at ECU continued to remain on the NCGA's state budgets, surviving each fiscal year with legislative support. Recalling how the dental school was able to succeed throughout the legislature, Informant A summarized the progress of the initiative (ECU dental school) with the following commentary:

You know the old story about politics and making sausage? Neither one of them are very pretty...you don't want to see how they're made. These kinds of things are settled, Amanda, in the last 48 hours of the session late at night, and it's a trade deal. (Informant A, personal communication, June/July 2013)

As mentioned earlier, Informant A conveyed that it was a "continual battle for dollars" (Informant A, personal communication, June/July 2013). Informant G elaborated on the trading, strategizing, and decision-making involved during the appropriations process:

I've been a budget chair...education budget chair...and when they [public higher education institutions] fall under you, you know, there's some things in there and if you get yours, we feel there's a need for ours, and if you want our vote, then support our

project....We felt like it [dental school at ECU] was a real need....Instead of the typical dental school, we would have these satellite units and they would take it out to the remote areas of the state, and that's what we're doing. You know, one is in the western part, or a couple of them, and a couple of them are in the East, one down in the southeast, and it just so happens that when you start to talk about what you want, how you want this to be modeled, you might pick certain locations where influential legislators have their districts, you know, but it's not in mine....But, if it's in an area that's near there, then they'd be crazy not to go ahead and support it because they know the need. You know, there was not one in Senator Basnight's hometown, but there's one up there in Elizabeth City...happens to be where Bill Owens lives, isn't it?...He was very supportive. And so, it was, we always felt like east of 95 and west of say Boone or Charlotte, there are unique needs of our people who are not as fortunate as others who live in between those areas....It's hard for them to understand, and...because we lost representation even more [with the re-districting across the state], the coalitions that you have to build to get something that's located in those areas is very hard...It's so darn hard to get it going because we are obligating the state to pay for these higher ed institutions and the programs that they have...When we went in, it was so hard to try and get that money in the budget each of those years...it was...hard...I mean it was not easy...The things we bucked up against was there was a limited pot of money and there are great needs everywhere. We felt like this was a great one, but I'm sure that other people throughout the state feel that their needs are just as urgent but we didn't think so, and I still don't think so, because with these satellite units, they're going to serve everybody. It not only is, in some of these poor areas, the biggest industry there, it just is...it changes

[communities]...,We hope that these people who are trained and going out there and doing these services while they're being trained will stay in some of these communities; that they will see the need, and rather than...go somewhere where the money is or become a specialist, that they will stay there with that quality of life...[and] serve people who otherwise wouldn't get it [good, quality dental care]. So, it was not easy...We went for several amounts, and we'd take less just to get our foot in the door, but anyway, it spread over a number of years...Thank God for Marc Basnight. I mean, thank the Lord that he lived our way [in the East] and was in such a position of power and with [Senator] Clark [Jenkins] and with [Representative] Edith [Warren] and [eastern delegation representative], and our Speakers [of the House], because Jim Black was Speaker [of the House] for a while and then Joe Hackney was Speaker [of the House]...and they were very supportive of their eastern delegation. It was up to us to push that [dental school at ECU]. (Informant G, personal communication, June/July 2013)

Thinking back on the ways this informant and others in the eastern delegation worked to "push" the dental school to success over the years, Informant G recalled:

I can remember four o'clock in the morning meetings when we were in session, and we'd recess and go back into the Speaker's little room and have all these different people in there with us, and so and so and so and so, and everybody was tired and everybody was ill and we'd talk about money and that's where you'd say well yeah we'd live with that and we knew what we could but we'd never tell 'em. That's where Greg Chadwick came in really handy and they'd [Dr. Greg Chadwick, ECU's Associate Vice Chancellor for Oral Health, and Dr. Mike Lewis, ECU's Vice Chancellor for Health Sciences], be hangin' around but they couldn't go in those meetings, but we would have had all those

previous discussions about well what can you actually do if we get a million...how can you handle it...it's not the two million you need but can you live with it? Well, we're not gonna tell them that but we can...so, we'd go in there and say no, we've got to have the \$2 million, got to have the \$2 million...that's the bottom line...they've cut from four (million dollars) to two [million dollars]....You know, I think the timing was [critical] then.... It was an ongoing process because once you get the permission, then you've got to get the funding, then you've got to get more funding, then you've got to get more funding, and then you've got to do for a certain number of years before the state takes it over, and we did that for the dental school [at ECU]. (Informant G, personal communication, June/July 2013)

Continuing to recall events that led to the successful "push" of the dental school at ECU through appropriations year after year, the informant described additional stakeholders who were involved and political strategies utilized during the initiative's evolution:

Well, you know, when you're in politics, everybody likes to take credit, and some people worked harder than others to get it, but the combination, in my mind, of how successful we were in getting the dental school....I've mentioned [Dr.] Greg Chadwick and [Dr.] Mike Lewis; Greg having the idea and being smart enough to explain it and show (the need). And the need, I mean the need is out there, that's bigger than anything, bigger than any kind of thing, but people who are elected don't always do what needs to be done; they'll find a reason not to...but it was the need, and then Dr. Chadwick had a great idea... and some of us were lookin' for something to be successful. I had a competitive district...and our new Speaker needed to do good things, and then there was Senator Basnight who wanted [Senator] Clark Jenkins to look good, and Senator Basnight didn't

necessarily need it; that was just in his nature...Phillip Rogers came to Raleigh as a lobbyist with the nitty-gritties, or as the [ECU] Chancellor's liaison, with the specifics of what the money – how much they needed and what it would be used for. So, when we were introducing a bill or when the budget appropriations negotiations were going on, we had a lot of conversations with Phillip [legislative liaison for ECU's Chancellor Ballard]. It was more to get facts, and a lot of times, he'd check with Dr. Chadwick...Sometimes, he came with Dr. Chadwick, but there were a lot of private conversations with [Dr.] Greg Chadwick, and with [Dr.] Mike Lewis. (Informant G, personal communication, June/July 2013)

The culmination of the events and alliances described above was in the state budget appropriations for fiscal year 2008-2009. The final capital appropriations for the construction of the dental school at ECU were allocated in the amount of \$69 million, which was designated to come from Certificates of Participation (COPS). COPS are funds derived from special bonds that do not require voter approval in order to issue them. The NCGA traditionally uses COPS to fund higher education construction projects. Since COPS must be used for the full amount of the project, the remaining projected cost of the construction of the dental school at ECU with its 10 satellite service clinics was appropriated (Informant P, personal communication, June/July 2013; Joint Conference Committee, 2008). With the capital appropriation of \$69 million for fiscal year 2008-2009 and the previous capital appropriations of \$25 million for fiscal year 2007-2008, the construction of ECU's dental school, excluding planning funds appropriated in 2006 and overall operating funds, was an investment of \$94 million. In addition to the \$69 million appropriated for capital expenses, the NCGA appropriated \$1.5 million for operating expenses from the General Fund in fiscal year 2008-2009 (Joint Conference Committee, 2008; S.L. 2008-107,

2007). On February 22, 2008, a groundbreaking for the new dental school was held at the selected location on the ECU Health Sciences Campus (ECU News Bureau, 2008).

Legislation leading to the 2008-2009 state budget described in the "Joint Conference Committee Report on the Continuation, Expansion, and Capital Budgets," issued July 3, 2008 and adopted in Session Law 2008-107 on July 8, 2008, included House Bills 2144 and 2201 and Senate Bills 1821 and 1822. House Bill 2144 and Senate Bill 1822 requested that \$62 million be appropriated for the construction of the dental school at ECU and its satellite service clinics. The bills were referred to their appropriations committees on May 19, 2008 and May 21, 2008, respectively (H. 2144, 2007; S. 1822, 2007; S.L. 2008-107, 2007). House Bill 2201 and Senate Bill 1821 requested \$2 million be appropriated for operating expenses associated with the dental school at ECU and its satellite service clinics. The bills were referred to their appropriate committees on May 20, 2008 and May 21, 2008, respectively (H. 2201, 2007; S. 1821, 2007). House Bill 2608 detailed appropriations for the UNC Board of Governors including the appropriations for dentistry at both ECU and UNC-CH. In this bill, referred to the House's Committee on Appropriations on May 28, 2008, it requested \$62 million for ECU and \$69 million for UNC-CH (H. 2608, 2007). However, as detailed in the final state budget, ECU and UNC-CH were appropriated equivalent amounts of funding (\$69 million each) for fiscal year 2008-2009 capital expenses (S.L. 2008-107, 2007).

Fiscal year 2009 presented House Bill 240, referred to Appropriations on February 23, 2009, and Senate Bill 561, referred to Appropriations on March 12, 2009. These pieces of legislation requested \$6 million in appropriations for fiscal year 2009-2010 and \$8 million for fiscal year 2010-2011 to be used for expenses incurred with opening the dental school at ECU and continuing to create is satellite service clinics. These expenses were primarily operating

costs; however, the bills did allow for expenses associated with "establishing" the satellite service clinics, which was rather vague and allowed room for interpretation (H. 240, 2009; S. 561, 2009). The resulting appropriation in the state budget was \$3 million during fiscal year 2009-2010 and \$3 million during fiscal year 2010-2011 was adopted into Session Law 2009-451 on August 7, 2009 (Joint Conference Committee, 2009; S.L. 2009-451, 2009). Informant G noted that this was one of the more difficult years in the fight for appropriations needed for the dental initiative at ECU and would continue into the next fiscal year (Informant G, personal communication, June/July 2013).

The state budget for fiscal year 2010-2011 and its appropriations to the dental school at ECU were vital to gaining accreditation of the school, which was noted in bills referred to committees on appropriations in the House and Senate. On May 24, 2010, House Bill 1925 and Senate Bill 1350 were referred to appropriations committees. These bills requested \$11 million in recurring funds for capital and operating expenses associated with the dental school at ECU (H. 1925, 2009; S. 1350, 2009). At this time, the school was being referred to as the School of Dentistry at ECU but would later evolve to the School of Dental Medicine at ECU with the change in degree programs from DDS to DMD. As in fiscal year 2009-2010, the request was not fully funded by the Joint Conference Committee who agreed to appropriate \$6 million in recurring funds for the operating budget of the ECU dental school (UNC BOG Committee on Budget and Finance, August 13, 2010; Joint Conference Committee, 2010). However, in addition to the Joint Conference Committee's decision to appropriate \$6 million, incorporated into Session Law 2010-31, a statement of intent to fund the remaining \$5 million (which would bring appropriations to the \$11 million requested initially) and support the dental school at ECU in achieving accreditation was included in Session Law 2010-31, Section 9.18. Fiscal year 20112012 was to appropriate \$3.5 million and fiscal year 2012-2013 was to appropriate \$1.5 million for the purpose of securing accreditation (S.L. 2010-31, §9.18, 2009). This statement of intent was not a statement of guarantee. Session Law 2010-31 was signed into law on June 30, 2010 (S.L. 2010-31, 2009).

The fiscal year budgets that followed in 2011 and 2012 would prove much more difficult. The state budgets, which were passed into session laws, were vetoed by North Carolina Governor Beverly Perdue. Governor Perdue had been a staunch supporter of the oral health initiative at ECU and included funds for the new dental school in her state budget proposals (informant responses, 2013; Schulken, 2011). In keeping with her pledge of support, Governor Perdue vetoed House Bills 22, 200, and 950, which were proposed over the 2011 legislative session and did not include funding for the dental school at ECU (H. 22, 2011; H. 200, 2011; H. 950, 2011). However, in the NCGA, bills may be signed into session law without approval of the governor if it passes both the House and Senate, which applied to these bills.

It was a priority of the UNC Board of Governors to fund the SoDM at ECU, and the NCGA responded favorably to the identified priorities of the UNC Board of Governors. Over the span of fiscal years 2011-2013, the NCGA appropriated the recommendations of the UNC Board of Governors for the dental school at ECU. During fiscal year 2011-2012, the school gained \$3.5 million and \$5 million during fiscal year 2012-2013 for operational expenses (UNC BOG Committee on Budget and Finance, August 11, 2011). This final appropriation decision for the 2011 legislative session was a more positive result than the initial requests in House Bill 370 and Senate Bill 403, proposing that the dental school at ECU be appropriated \$3.5 million during fiscal year 2011-2012 and \$1.5 million during fiscal year 2012-2013. These suggested

appropriations were referred to House and Senate appropriations committees on March 16, 2011 and March 24, 2011, respectively (H. 370, 2011; S. 403, 2011).

Although the dental school at ECU had been constructed and was ready to welcome its first class in August 2011, operating funds necessary to pay expenses associated with keeping the school in working order, including salary lines for the school's faculty and staff, were not guaranteed. Informant A for this study, who served in the NCGA during the evolution of the oral health initiative, explained:

They're building the Dental School [now]....Wisdom that I have certainly questioned up here [North Carolina General Assembly] the last go round was here we just built a 65 million dollar dental school and there's a question as to whether or not we want to fund it for operation purposes, which was an issue last year...It's being funded and moving on...I mean, why do you spend 65 million dollars if you're not going to operate it? Who are you gonna sell it to? (Informant A, personal communication, June/July 2013)

When this informant referred to "last year," the informant was recalling 2012, which brought a change in the governor and majority political power in the NCGA. North Carolina had shifted from a Democratic governor and majority power to the other extreme of the political spectrum that included a Republican governor and majority power with the results of the 2012 election.

The School of Dental Medicine at ECU survived and is now a reality. It admitted its first class of 52 students in August 2011. October 2012 officially marked the opening of Ledyard E. Ross Hall, the name resulting from a \$4 million donation from its namesake, a Greenville, North Carolina orthodontist. Ross Hall houses clinical, surgical, classroom, and training facilities for the School of Dental Medicine at ECU ("Dental School Opens," Fall 2012). With construction completed and the school in full operation, it will continue to work to receive necessary funding

and work within the realm of appropriated funding. However, the idea of an innovative dental school that would address oral health disparities in rural and underserved areas of North Carolina is secure with bricks and mortar, evolving from an idea of how to respond to a public need and the community campaign that accompanied it to emerging as a reality that resulted from legislative appropriations and legislator support.

The Study and Its Findings

This study was inspired by the curiosity of what changed after 2002 to warrant establishing a second dental school in the North Carolina public higher education system during what seemed to be difficult economic time given the state budget cuts to public higher education in North Carolina as described in Chapter One of this dissertation. With a feasibility study advising against the creation of a second dental school in the UNC System with cost estimates hovering around \$100 million plus recurring costs for salaries and operations in succeeding years, why was the idea pursued, let alone, established and appropriated for by the NCGA (Bailit et al., 2002). Within a broader context, studying such a successful establishment of a new initiative in public higher education lends itself to better understand the central research question of this study. In using the work of Kingdon (2003) and his Multiple Streams Model, inclusive of his Primeval Soup Concept, as the conceptual framework guiding the study and initial coding of informants' interview responses, this study's findings demonstrate how the SoDM at ECU evolved along Kingdon's path. Supporting questions, resulting from Kingdon's model, that guided the semi-structured interviews included:

- 1. How does the idea of an initiative emerge?
- 2. How do initiatives arrive on the governmental agenda? What does this process entail?
- 3. How do initiatives arrive on the decision agenda? What does this process entail?

- 4. How are initiatives selected to be considered for adoption and implementation?
- 5. Why are certain initiatives chosen by those with power in the government (elected officials) while other initiatives are ignored?
- 6. Why do certain chosen initiatives survive and reach the implementation phase? Secondary coding of informants' responses revealed covert events occurring outside of the public arena that influenced the journey to establish the SoDM at ECU.

The remainder of this chapter will examine the success experienced in the second attempt to establish a new, free-standing dental school at ECU through the stages of policy development within the conceptual framework used to guide this study. In addition to the progression of the SoDM at ECU through the stages of political decision making, this chapter will also explore which policy process streams most frequently occur in various stages of the policy decision making process as well as overall. Furthermore, process streams will be explored within the context of how they tend to work in tandem throughout an initiative's progression as demonstrated by the data collected. Interwoven throughout the remaining account are details provided by informants that were undocumented prior to this study, which illustrate vital interactions influencing the progress of new initiatives of public higher education and thereby enhancing what is currently known about the stages in the political decision making process. Chapter Five will discuss implications of the findings detailed in this chapter and suggest future opportunities for research, prompted by this study's findings, in order to continue to expand the knowledge-base related to the political decision making process in public higher education.

Primary Coding

Initial analysis of this case, the evolution of the SoDM at ECU (from an idea to address a problem to its implementation through establishment, state appropriations, and construction),

examined its evolution through the political decision-making process by coding interview responses for the process streams and stages of the political decision making process as defined by the conceptual framework of Kingdon's Multiple Streams Model that incorporates the Primeval Soup Concept (as described in Chapter Three of this dissertation). In doing so, informant responses to semi-structured interview questions that were guided by this conceptual framework revealed which streams occurred most often throughout the process, which streams and stages contained encounters that propelled the case toward success (catalysts), and which streams joined together most frequently.

In order to obtain an overall view of the influence of process streams (Problem, Policy, and Politics) throughout the political decision-making process, which carried this case from an idea that would address a problem to its implementation (being established, appropriated, and constructed), coded references (gleaned from interview responses) were examined to see which process stream occurred most often overall as well as to observe which process streams couple most frequently, working in tandem during the process.

Figure 10 is reflective of the overall influence of each process stream in the policy process of this case study. According to the coding of responses as described earlier, the politics process stream occurs most often, being referenced in 60% of the responses collected in this study, which yields increased opportunities to influence the overall process. The least often occurring process stream in the overall process was that of the policy stream. This stream appeared in 17% of the responses collected. The problem stream appeared in nearly one-fourth of the responses with 23% of them being indicative of this stream.

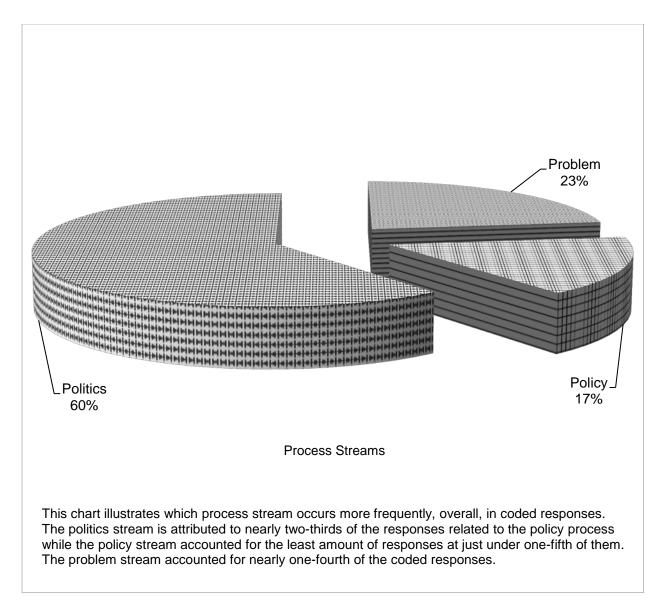


Figure 10. Percentage of references coded for process streams.

In exploring Kingdon's process streams of political decision-making, this study attempted to identify not only which process stream emerged most frequently throughout the process, offering the most opportunity to influence the overall process, but the study desired to expand knowledge of the political decision-making process by exploring which process streams were the sources of encounters contributing to the progress and success of this initiative. This study refers to these encounters as catalysts in the process. In exploring informants' responses for examples of catalysts occurring throughout the decision-making process of this case, catalysts were most often identified in the political stream, followed by the policy stream and problem stream, respectively. In coding for responses identifying an example of something moving the SoDM forward to approval and appropriations, 186 references were coded as such and were also coded for the political stream. References coded as both catalysts and part of the policy stream appeared 54 times. The least number of references to catalysts involved those in the problem stream, which equaled 42 times.

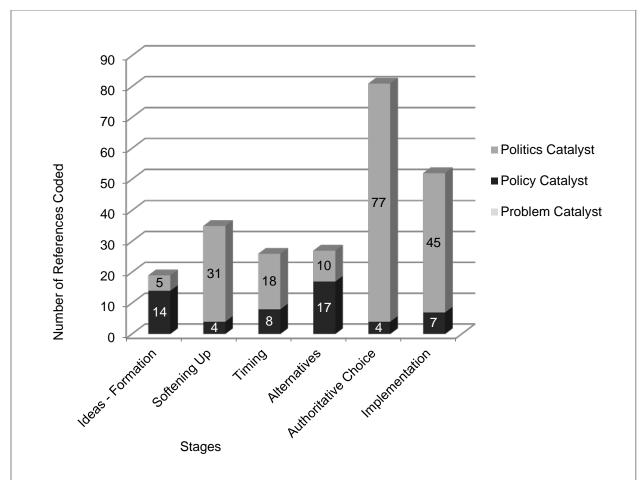
When one more closely examines which type of catalyst (problem, policy, political) occurred most frequently during each of Kingdon's stages of the decision making process, catalysts identified in the political stream occurred most frequently in the softening up and timing aspects of the agenda setting stage, authoritative choice stage, and the implementation stage. Responses coded for catalysts identified in the policy stream appeared most frequently in the idea formation aspect of agenda setting and the alternative selection stage according to the coding of informants' responses. Responses coded for catalysts in the political stream appeared 31times in the softening up phase of the agenda setting stage, 18 times in the timing phase of the agenda setting stage, 77 times in the authoritative choice stage, and 45 times in the implementation stage. In contrast, catalysts in the policy stream appeared in coded references

four times, eight times, four times, and seven times, respectively, in these stages. There were 14 references made to catalysts in the policy stream within the idea formation stage, and five references made to catalysts in the political stream during this stage. References made to catalysts in the policy stream within the alternative selection stage appeared 17 times while ten references were made to catalysts in the political stream within this stage. There were no responses coded as catalysts in the problem stream for any of the stages in the decision making process. Figure 11 illustrates these trends.

Figure 12 is indicative of coupling found in this study. It illustrates which process streams, overall, resulted in occurring together throughout the study. Most frequently occurring together in the coded responses were the politics and policy process streams. There were 17 instances where this occurred. The politics and problem process streams appeared least frequently together in the coded responses collected. There were 7 instances of this coupling pair. The pairing of the problem and policy process streams was the second most frequent coupling with nine occurrences emerging in this study.

Secondary Coding

With the results of primary coding addressing the conceptual framework of this study and establishing an overall understanding of the political decision-making process involved in successfully establishing new initiatives in public higher education, secondary coding of informants' responses enabled other themes of events involved in the evolution of a new initiative in public higher education through the political decision-making process to be identified. The themes that emerged during the secondary coding of informants' responses, woven throughout the evolution of this case, offer additional insight into various influences on the events occurring throughout the process. Particular attention was given to the themes that



This graph illustrates which process streams' catalysts occurred most frequently in each political decision making stage of the process. While responses coded for catalysts in the problem stream did not produce any responses coded as such, responses coded as being in the political stream yielded the most often coded catalysts for the softening up and timing phases of the agenda setting stage, authoritative choice stage, and implementation stage. Policy stream catalysts were identifed to have occurred most often in the idea formation phase of the agenda setting stage and the alternative selection stage.

Figure 11. Frequency of catalysts appearing in process streams and stages of decision making.

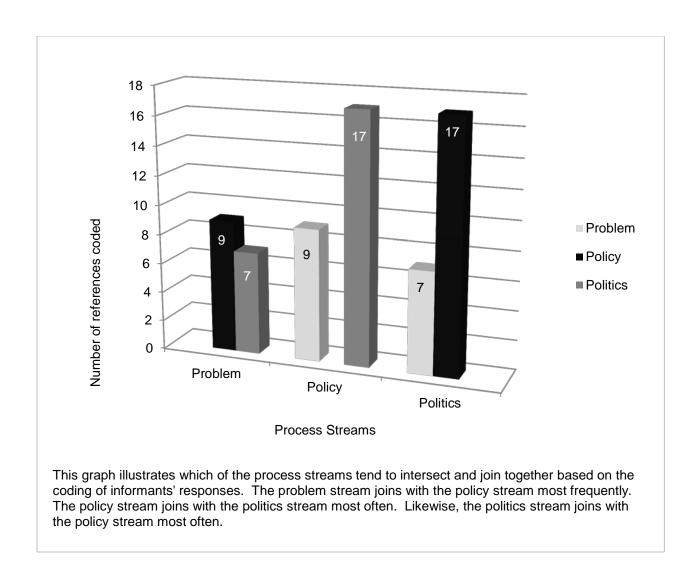


Figure 12. Overall coupling of policy process streams.

contributed to either propelling (catalysts) the initiative (SoDM at ECU) to success or impeding its progress.

Propelling to success. After re-visiting interview transcriptions for additional insight into the events of the case of the SoDM at ECU that led to the success of the initiative, the following themes, reveled in informants' responses, referenced instances that led to the progression of the new initiative (SoDM) to being established and supported by state legislators through appropriations. These included (in order of influence):

- politics,
- addressing a public need / problem,
- economic development,
- cooperation and compromise,
- geography,
- personal experience,
- timing,
- mission,
- political party, and
- priorities.

Figure 13 illustrates what percentage of informants' responses referenced each of these themes.

The politics theme refers to individuals / interactions that involved members in the following categories: community (core community group), institutions (ECU / UNC-CH), University System governance (UNC Board of Governors, UNC General Administration, and UNC System President), and legislators (members of the NCGA). These interactions involved alliances, connections, and positions of influence that were at the foundation of instances that

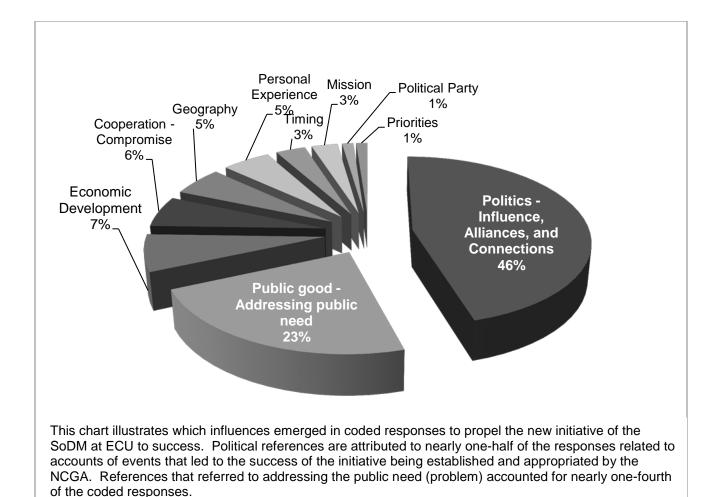
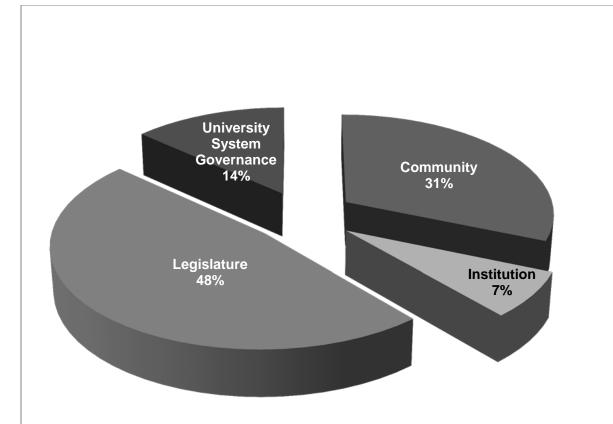


Figure 13. Influences propelling initiative to success.

propelled the SoDM forward. This theme was responsible for nearly one-half (46%) of the references attributed with the success of the dental initiative. Figure 14 offers a deeper understanding of the politics theme, offering data as to which of the categories of political influences were referenced more often by the informants for this study when they spoke of the dental initiative moving forward. Members of the NCGA and the core community group yielded the most references, accounting for nearly one-half (48%) and just over one-third (31%) of the political references, respectively. The legislators and community members combined to account for nearly four-fifths (79%) of the references to political influences gleaned from informants' responses. The remaining one-fifth (21%) of political references coded that contributed to the initiative's success were attributed to members of the University System Governance (14%) and the institutions involved (7%).

These findings were illustrated by Informant B's explanation:

So, you marry somebody in the community with somebody in the University on this idea, and what ends up becoming the engine to push it forward is that that community group goes to an elected official to get them to push for that idea in the General Assembly. It just doesn't happen to be somebody that works for the University, and I would argue, "What's the difference?" Why is it that the person who happens to work for the University makes a better decision about what's needed in the state than the community that's being served and the elected official that's serving that community?... I mean, there will never be a time, I don't believe, that you will see a major funding or bond initiative that will come as the result of some pointy head at the University developing his needs list. And, so, I think that really is what, you know, a public university system is designed to do. I think that's what the Constitution calls on our public university system to do; it's



This chart illustrates which categories of the political references, accounting for nearly one-half of all references to events assisting in the progress of the initiative, were active in the initiative's success. Connections to and alliances in the legislature (NCGA) composed nearly one-half of the political references found in coded responses. Core community members being the source of the initiative's success was referenced in just over one-third of the coded responses. Institutional-level leadership (ECU / UNC-CH) were the least referenced source of positive influence that led to the success of the SoDM initiative at ECU.

Figure 14. Categories of political influences propelling initiative.

to respond to the needs of the community and that's what this project was. (Informant B, personal communication, June/July 2013)

The influence of political alliances and connections with legislators in the success of new initiatives in public higher education was further emphasized in the response of Informant A, who explained:

You know the old story about politics and making sausage? Neither one of them are very pretty...you don't want to see how they're made. These kinds of things are settled...in the last 48 hours of the session late at night, and it's a trade deal.....So, you get down to the last day and you start trading and so you start, you've got a pot here and everything's got to fit in that pot. It's got to balance like any accounting balance sheet at the bottom. You've got to come out at zero and whatever term you want to use it's like pushing the Pillsbury dough boy – you push him here, he'll squirt out over here. I mean you know it's got to finally fit in the jar and that's the way it worked. (Informant A, personal communication, June/July 2013)

The theme of the dental initiative addressing a public need (improved access to and quality of oral health care) was the second most frequently cited reference obtained from informants' responses mentioning reasons behind the success of the SoDM moving forward.

Almost one-fourth (23%) of responses referencing the positive progress of the initiative credited the public need as the reason behind the success of the initiative. When combined with political influences, the two themes (addressing a public need and political) account for more than two-thirds (69%) of the references to instances that propelled the initiative to success.

The themes of economic development and cooperation and compromise contributed to 7% and 6%, respectively, of the references to occurrences that projected the initiative forward in the political decision-making process. Economic development emerged from responses referring to the SoDM and its establishment / construction as being an economic driver for the communities in which it and its service learning clinics would be established throughout North Carolina. In addition to the initiative being an economic engine, cooperation and compromise demonstrated by the joint approach by ECU and UNC-CH to address the oral health crisis in North Carolina assisted in moving the initiative forward.

About one-fifth (20%) of informants' responses attributed the initiative's success to the following themes: geography (5%), personal experience (5%), timing (3%), mission (3%), political party (1%), and priorities (1%). Geography refers to areas of the state and includes east, piedmont, west, rural, and urban. Personal experience references would have included influences based on what an individual had experienced in his or her life and how that might have influenced perspectives. Timing refers to the period of time before and after the economic collapse experienced in North Carolina around the year 2008. The mission theme refers to references to the influence of ECU's intuitional mission on this initiative. Any references to political party have influence on propelling the initiative to success includes informants mentioning that the success was the result of support from either Democratic Party or Republican Party support. The final theme that emerged as being influential in the success of the SoDM was that of priorities. This refers to references describing the influence of priorities set by the UNC Board of Governors.

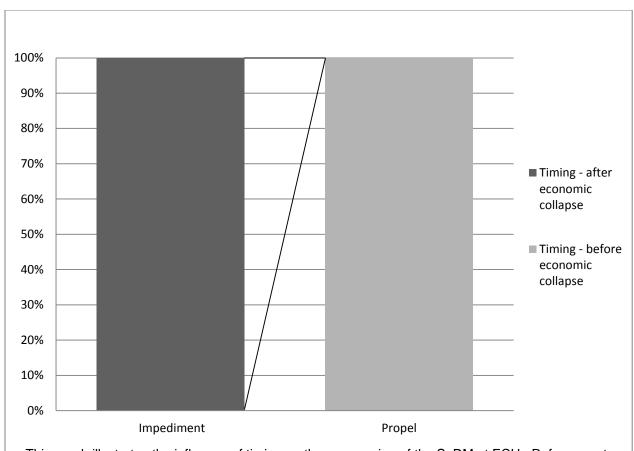
Considering the influence of timing on the advancement of the initiative of the SoDM at ECU, there were two primary periods of time referenced by the informants' responses as

mentioned above: before the economic collapse of 2008 and after the economic collapse of 2008. Upon further review of the responses referencing the influence of timing on either propelling the initiative to success or impeding its advancement, references to the period before the economic collapse of 2008 were associated with the advancement of the initiative (propelling), and references to the period after the economic collapse of 2008 were associated with obstacles to the initiative's development (impeding). Figure 15 illustrates these findings.

Impediments to success. In addition to timing, there were other themes that emerged from secondary coding of informants' responses that not only advanced the initiative (SoDM at ECU) toward success but also impeded progress in some instances. Themes that impeded the dental initiative's progress included (in order of influence):

- politics,
- competition for resources,
- pride and loyalty,
- personal experience,
- exclusion of expert stakeholders,
- geography,
- timing,
- knowledge, and
- political party.

Figure 16 illustrates the proportion of these themes within the context of occurrences that impeded the progress of the initiative.



This graph illustrates the influence of timing on the progression of the SoDM at ECU. References to the effects of timing that advanced the initiative were all associated with the time period before the economic collapse of 2008 while those events that impeded progress of the SoDM at ECU were all associated with the period of time after the economic collapse of 2008.

Figure 15. Influence of timing on initiative's progress to success.

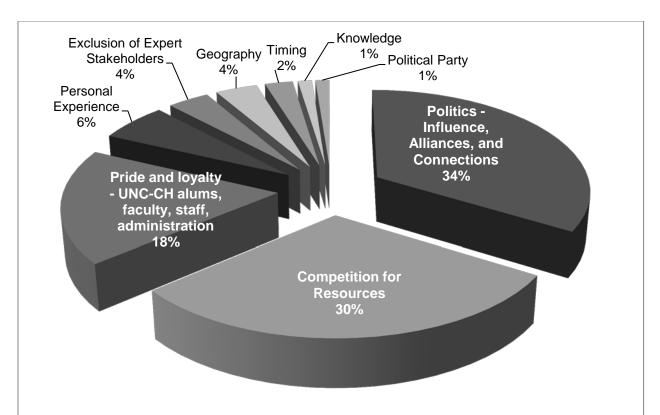


Figure 5.8. This chart illustrates which influences emerged in coded responses to impede the progress of the new initiative of the SoDM at ECU. Political references are attributed to slightly more than one-third of the responses related to accounts of events that challenged the establishment and funding of the initiative. Competition for resources and pride and loyalty were the other primary themes that emerged as impediments in the evolution of the SoDM at ECU.

Figure 16. Influences impeding progress of the initiative.

Themes repeated from those identified as themes that propelled the initiative to success are defined by the same descriptions as those listed above. Themes varying from those included in the group that advanced the initiative included: competition for resources, pride and loyalty, exclusion of expert stakeholders, and knowledge. The theme of competition for resources emerged from references to competition for funding, faculty, and qualified applicants that fueled fears of being disadvantaged in one or more of these categories of resources. References to pride and loyalty included responses that detailed impeding behaviors of alumni, faculty, and staff of UNC-CH that led to instances attempting to prevent the evolution of the SoDM at ECU. References coded from informants' responses that included obstacles as a result from not including the NCDS's membership and leadership, which is the voice of the dental profession in North Carolina, emerged as the theme referred to as exclusion of expert stakeholders. The knowledge theme refers to events attempting to impede progress as a result of a lack of knowledge of the initiative.

Just as it did with the themes that propelled the initiative of this case to success, the politics theme was a source for the majority of references to instances that impeded the progress of the initiative. However, politics did not support as great of a percentage of the references associated with obstacles to the establishment and funding of the SoDM at ECU. Politics was the source for slightly more than one-third (34%) of the references to events that served as impediments (see Figure 17).

Figure 18 details the composition of the politics theme within the context of events that attempted to impede progress.

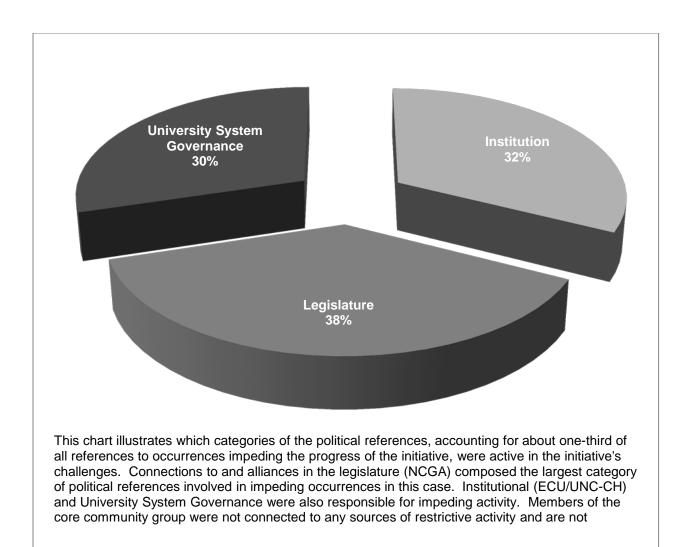


Figure 17. Categories of political influence impeding initiative.

Of the four categories (community, legislature, institution, University System governance) that composed the political theme, members of the NCGA (legislature) was most frequently associated with references to occurrences that challenged the evolution of the SoDM at ECU. Connected to 38% of the references from informants' responses, this category accounted for slightly more than one-third of the impeding instances. The composition of political influences that posed challenges to the initiative's progress was more balanced than those contributing to advancing the progress of the initiative. Institutional (ECU / UNC-CH) sources were the next most frequently cited references, accounting for 32% (about one-third) of the responses. When comparing the references to impediments that were linked to the primary institutions involved (ECU / UNC-CH), ECU was associated with twice as many instances referenced by informants' responses than was UNC-CH. Figure 18 reflects this finding. Informant B offered some insight as to why results such as these may have emerged in this study with the following explanation:

I recall [those in opposition at ECU] being reluctant, and... my impression of the reluctance was not so much [those at ECU were] opposed to this project, but [were] caught up in the competition for resources, and making sure it [SoDM] had come through the University System and been properly vetted....It was more so on the side of hesitancy because here [those at ECU are] a new [leadership role], and [they're] trying to make an impression, and what [they don't] want to do is go out first thing and just rock the boat. That's what I recall about it, but, yeah, very guarded and very hesitant because you know the initiative was a little ahead of [where they were]...I mean [they were] relatively new. (Informant B, personal communication, June/July 2013)

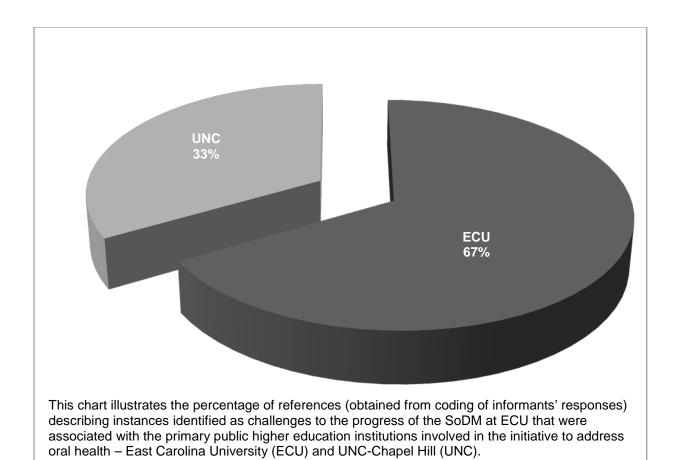


Figure 18. References to institutions in the context of challenging progress of the initiative.

Sources of University System governance were associated with one-third of the responses as well (30%). No references to impediments (obtained from informants' responses) were associated with members of the core community group.

Competition for resources was a theme occurring nearly as often as that of the political influences described above. This theme was noted in about one-third (30%) of the references associated with instances of impediments to the development of the SoDM at ECU. The two themes (politics and competition for resources) combined to account for slightly less than two-thirds (64%) of the references reflecting occurrences that challenged the advancement of the initiative throughout its evolution to establishment and appropriations.

About one-fifth (18%) of references obtained from informants' interviews that described impediments encountered during the evolution of the initiative to establish the SoDM at ECU were influenced by the theme of pride and loyalty, resulting from allegiances to UNC-CH. Individuals connected to these instances were alumni, faculty, staff, and administration of UNC-CH / UNC-CH School of Dentistry. Other influences mentioned above combined to explain the remaining one-fifth of informants' responses and what themes of influence existed in this case that challenged progress of the initiative. These influences included personal experience (6%), exclusion of expert stakeholders (4%), geography (4%), timing (2%), knowledge (1%), and political party (1%) (see Figure 16).

Summary

After coding interview responses for indicators of the various policy decision making stages and process streams, results expressed relationships found between the process streams and decision making stages. Findings indicated that the politics process stream occurred most frequently, allowing this stream to have the most influence on the overall process. The problem

process stream and policy process stream occurred second and third most frequently with the problem process stream having slightly more references than those of the policy process stream.

Catalysts in the politics process stream occurred most frequently for all stages in the political decision-making process, as identified by Kingdon's Multiple Streams Model, with the exception of the emergence of ideas phase in the agenda setting stage and the alternative selection stage. Catalysts in the policy process stream occurred most frequently in the idea emergence phase of agenda setting and during the alternative selection stage. In addition to catalysts (events that lead to the initiative's advancement), coupling of process streams have also been found to be the juncture where change and evolutionary events occur. In studying which process streams joined most frequently throughout the process (coupling), the streams of politics and policy most frequently coupled. When the problem stream joined with a stream, it was most often that of the policy stream.

Secondary coding of informant responses revealed characteristics about occurrences that either propelled the initiative (SoDM at ECU) to establishment and appropriations or impeded the initiative's progress. The characteristics, or themes, that accounted for the majority of the references to instances that advanced the progress of the initiative were politics, addressing a public need / problem, and economic development. Themes accounting for the majority of the references to instances that challenged the progress of the initiative were politics, competition for resources, and pride and loyalty to UNC-CH. Comparisons of the sub-categories of the politics theme revealed that legislators and core community members were primarily associated with the advancement of the initiative to being established and funded by the NCGA. In contrast, references to instances that impeded the initiative's progress were distributed in thirds among the sub-categories of the politics theme that included legislator, institution, and University System

governance. Members of the core community group were not associated with references to impeding the progress of the initiative. The timing of the initiative was not a significant influence on progress either way; however, informant responses did express that events occurring before the economic collapse of 2008 progressed while the time period after the economic collapse of 2008 hindered progress of the initiative.

Discussion of these results, how they apply to the current body of literature and Kingdon's theoretical framework of the Multiple Streams Model will continue in the following chapter. Implications of these results for leaders in public higher education and suggestions for future research will be discussed as well.

CHAPTER 6: DISCUSSION

Findings from this study apply literature and Kingdon's advances with his Multiple Streams Model, incorporating the Primeval Soup Concept, to the field of public higher education, which has not been sufficiently addressed in current bodies of literature addressing political decision-making. Specifically, Kingdon's studies have focused on the federal level of this process and has not addressed public higher education, especially, that of state legislators' decisions to support new initiatives of public higher education at four-year institutions. Study results detailed in Chapter Five revealed themes of events that led to the advancement of the success of the SoDM initiative at ECU as well as those that challenged the progress of the initiative. Through analysis of this study's findings, leaders in public higher education may be better equipped to lead new initiatives of public higher education to success, particularly initiatives requiring support of state legislators through appropriations.

Streams, Themes, and Lessons for Leaders

Politics

In keeping with the literature and Kingdon's Multiple Streams Model, this study supports the idea that politics exudes the most influence on the political decision making process involving state legislators deciding to support new initiatives of public higher education.

Primary coding of informants' responses indicated that the politics stream is deemed to be the process stream with the most influence on the political decision-making process. Informants' responses revealed that the politics stream received the largest percentage of references overall. The politics process stream was also the stream throughout the evolution of the SoDM within which events that served as catalysts to advancing the initiative and overcoming challenges posed by impediments. Secondary coding expanded the knowledge of the influence politics has

on the political decision-making process for supporting new initiatives at four-year, public higher education institutions. Not only was politics the most frequently occurring process stream in this study, but it also emerged as the most frequently referenced theme extracted from informants' responses associated with instances that advanced the new initiative (School of Dental Medicine [SoDM] at East Carolina University [ECU]) toward eventual establishment and state appropriations, which was the measure of success and implementation in this study. The politics theme was further coded to reflect sub-categories of this theme. Sources of politics, expressed in sub-categories, included community (members of the core community group), legislature (members of the North Carolina General Assembly [NCGA]), institution (East Carolina University [ECU] / University of North Carolina at Chapel Hill [UNC-CH]), and University of North Carolina (UNC) System governance (UNC Board of Governors, UNC General Administration, and UNC System President). Informants' responses revealed that the forces moving the initiative along were predominantly legislators and community members with leadership at the institutional level and governing the UNC System provided more of a supporting role in the success of this initiative.

This is an important aspect for leaders in public higher education to consider. Not only is state funding, by itself, critical to new initiatives evolving from an idea to an established reality, but it would benefit leaders in public higher education to acknowledge the interpersonal dynamics and types of alliances that are vital to the success of a new initiative and proceed accordingly. As this case demonstrates, leaders in public higher education at the institutional and system governance levels did not emerge as the dominant sources of advancement for this initiative. Instead, the success of this initiative resulted from the grassroots efforts of the core community group and legislative alliances and interactions. Therefore, leaders will benefit from

partnerships with and support from community leaders who will champion the initiative to their state legislators, especially state legislators who hold positions of influence within the state legislature (which was the NCGA in this case).

Additional complex interpersonal dynamics emerged in this study within the realm of politics and how it impeded progress during the evolution of the SoDM at ECU. Secondary coding revealed that the politics theme was also the most frequently associated theme with references to instances that challenged the progress of the initiative. Unlike the references associated with advancing the initiative where there was a large difference between the percentage of influence held by the various subgroups, references associated with impeding progress were relatively evenly distributed among the sub-groups of legislature, institution, and University System governance. Challenges from legislators were expected, and those referenced at the system governance level were not surprising; however, given that both institutions would benefit from the dental initiative, the institutional level challenges were not expected. As such, further coding was conducted on informants' responses, which yielded twice as many references to challenges from individuals at ECU as those associated with individuals at UNC-CH.

Informants, who were privy to unique opportunities to observe various inner workings during the evolutionary process of the SoDM at ECU, recounted various situations of political influence impacting the evolution of the SoDM at ECU that occurred at the institutional level. Conclusions were drawn by some informants that those at ECU who may have behaved in opposition or been hesitant and assumed a conservative role in advancing the progress of the SoDM at ECU did so as a result of being new in their leadership roles at the institution. The competition for resources was a driving force behind the challenges presented by UNC-CH as well. However, those in leadership roles at UNC-CH, similar to the roles possessed by leaders at

ECU who appeared opposed to the SoDM due to hesitancy and reluctance to passionately pursue the new initiative, were not as new to their roles. Some leaders at UNC-CH who initially voiced concern about the initiative realized the political alliances and connections pushing the initiative and joined the campaign. The interventions by powerful legislators counteracted hesitancy and opposition of institutional leaders at both institutions.

Other examples of the negative politics taking place at ECU, according to informants' responses, dealt with budgetary and personnel decisions there that impacted the new SoDM at ECU. In much the same fashion that various departments and initiatives of state agencies compete for state appropriations, departments and initiatives within public higher education institutions compete for inclusion in the institution's budgets. Allocations of ECU's budget to the new SoDM meant that other departments' initiatives would not receive as much monetary support as it might have initially received or may be delayed and not funded until future budget cycles. Some ramifications of the institutional politics at ECU led to dismissals and loss of leadership appointments connected to the SoDM at ECU. The extended impact of the negative politics taking place at ECU was described by Informant L who explained, "You can't separate out the big issues of the State – why the State supported it – 'cause it was little issues like this going on, and that affected how ECU was seen by the State" (Informant L, personal communication, June/July 2013).

Additional responses from informants indicated that leaders within the UNC System governance were initially reluctant as well but their hesitation and reluctance was also reversed by the influence of legislators possessing powerful positions in the NCGA. Data extracted from secondary coding of informant responses supported this by attributing about one-third of the references to occurrences of impediments to the initiative's progress to the politics sub-group of

UNC System governance. Once powerful legislators began to intervene, leaders within the UNC System governance extended their influence to institutional level leaders who may have been hesitant and reluctant.

Leaders in public higher education who encounter new initiatives at their institutions may discover similar institutional and system level politics during the evolution of their initiatives.

As such, this case offers lessons and perspectives that may assist leaders in circumnavigating / resolving similar situations. At the very least, by calling attention to this aspect of politics involved in the establishment of new initiatives in public higher education, this case offers a data-driven reminder that the politics of gaining legislative support go beyond political alliances and connections attributed to state legislators and community members. In some instances, successfully maneuvering the politics found within the home institution and public higher education system governance is as difficult as strategies necessary to succeed with elected officials and constituents.

Competition for Resources

Competition for resources, as a theme, was not isolated to institutional-level politics as an impediment to the success of the initiative. This theme, extracted from informants' responses through secondary coding, accounted for nearly one-third of informants' references to occurrences that hindered the advancement of the SoDM at ECU to being established and funded. References coded were motivated by fears of exclusion from state appropriations as well as personal biases. Challenges founded in this theme were counteracted by initiative proponents building effective alliances and demonstrating the extent to which the initiative would address the public need. Leaders in public higher education who are aware of the competitive arguments against a new initiative and understand the political balance that exists

will be more able to contribute to the advancement of new initiatives needing legislative support and appropriations.

Many of the individuals and groups who voiced opposition to the initiative and led campaigns against the creation of a second state-supported dental school were motivated by pride and loyalty for their alma mater, which was another weighty theme of impediments discovered with secondary coding. This theme was attributed to about one-fifth of the references coded for challenging the initiative. Feelings of pride and loyalty for a public higher education institution may be difficult for leaders of public higher education institutions to counteract when they are at institutions seen to be in competition with them; however, through building alliances, and institutional leaders demonstrating cooperation for the greater good (as illustrated in this case), leaders of public higher education may contribute to the advancement of their initiatives facing such challenges. Another effective strategy for counteracting arguments posed by challengers motivated by pride and loyalty for their institution was to dispel myths and inaccurate information conveyed by these challengers to the public through forms of mass media and correspondences with state legislators. Such a strategy hinges on educating the public and decision-makers about the initiative to a sufficient degree that dispels myths.

Knowledge

Expanding on the need for knowledge to dispel myths and educate all those involved with accurate information, lack of knowledge emerged from informants' responses as an impeding theme. Informants explained that many challengers did not understand the initiative of the SoDM was greater than ECU expanding it campus and programs. Challengers, especially those living in areas of the state that were not local to ECU and who had not experienced or observed the great oral health needs, were not aware that ECU sought to serve all areas of the state in need

through satellite service learning clinics throughout the state. This theme brings to light the importance of leaders in public higher education to fully educate the public and all individuals of influence such as legislators. Decision-makers base their choices on the predominant message expressed to them, which may be accurate or inaccurate, depending on its source.

Addressing a Need

In addition to the political themes that emerged, described above, as dominant forces for propelling the initiative to establish the SoDM at ECU forward, the theme that this initiative would contribute to the public good by addressing a serious public need / problem (oral health disparities) emerged as being at the core of nearly one-fourth of references coded from informants' responses that were associated with advancing the initiative forward. Interestingly, the influence of this theme (23%) mirrors that of the problem process stream, which was found to be the second most often coded (influential) process stream throughout the study. Although the problem stream did not emerge as an influential source of identified catalysts in this study (according to primary coding), the existence of a problem and its public recognition served as a constant current assisting to advance the initiative. By presenting the initiative as a viable approach to addressing the public need, described as a public health crisis by experts, this theme provided justification for pursuing the establishment of the SoDM and was the initial motivating force for the core community group to embark on its mission to establish the SoDM at ECU. This was a perspective shared by Informant B in comments above that supported the influence of politics in the success of this initiative. If institutions of public higher education are viewed by legislators, who have ultimate oversight of these state institutions, and the public taxpayers as a resource to address public needs, it is crucial for leaders in public higher education to be

cognizant of this fact and approach leadership of their institutions with this in mind; another perspective supported and emphasized by informants' responses such as the one included above.

Coupling

The connection between the themes of politics and addressing a need (problem) demonstrate the interconnectedness of the process streams, which is also reflective of coupling, or joining together of two or more process streams. Kingdon (2003) explains that these junctures at which streams join are where change and progress occur in the political decision-making process of his Multiple Streams Model. Findings of this study supported the interconnectedness of process streams throughout this study. Primary coding of informants' responses revealed that each stream possessed the existence of the other two streams. Results of primary coding reflected the following pairs: the problem stream and politics stream coupled during the policy stream, the problem stream and policy stream coupled during the politics stream, and the policy stream and politics stream coupled during the problem stream. These findings demonstrate that a successful initiative involves all process streams weaving throughout the evolution of a new initiative being established and supported in public higher education. The process streams appear to motivate each other, working in tandem when necessary, while existing independently of one another. As such, leaders in public higher education should be aware of the three streams and how they may be incorporated in approaches taken to establish new initiatives in public higher education that will most likely also be seeking state appropriations in some fashion.

There were several other themes that emerged during secondary coding but did not yield large percentages of references from informants' responses to activities that advanced the progress of the initiative to successful establishment and funding but assisted in the advancement of the initiative.

Economic Development

The idea of the initiative serving as an economic engine (economic development theme) was influential as an argument garnering support in the NCGA. This also reiterates the state values of economic development described in the work of Gittell and Kleiman (2000), which was at the foundational core of the earlier developments of the Research Triangle Park and North Carolina Community College System in North Carolina. The theme of economic development was also seen by some informants as a way to address a problem / public need as informants recalled the need in the early to mid-2000s to rebuild from the difficulties in the East caused by major floods that occurred in the late 1990s and early 2000s. This initiative was viewed not only as a means to address the oral health disparities but also as a way to counteract the economic devastation that had resulted from previous hurricane flooding. Leaders in public higher education may benefit from being knowledgeable of the values of the state and its government from which appropriations would be allocated for new initiatives. New initiatives that are aligned with the state's values, based on findings of this case, are likely to receive support from state legislators.

Cooperation and Compromise

Cooperation and compromise, mentioned earlier as a means to counteract challenges by those motivated by pride and loyalty for UNC-CH, was another theme that emerged but did not possess a large percentage of references made by informants to examples supporting the forward progress of the SoDM at ECU. The "Joint Plan for Dentistry for North Carolina" (example of policy development) was an effort to appease both ECU and UNC-CH and avoid public discord between the two institutions that might be reminiscent of the establishment of the Brody School of Medicine (BSoM) at ECU in the 1970s. As events detailed in Chapter Five of this study

revealed, institutional level leaders, under the direction of University System Leadership that resulted from directives given by powerful state legislators who were informed by members of the core community group, collaborated to create a plan that would include what each institution desired and allowed for collaboration of faculty resources when necessary. In addition to the cooperative aspect of bringing the institutional level leaders together, the inclusion of the established UNC-CH School of Dentistry as one of the recipients of state appropriations would be more likely to garner support from those who were staunch supporters and alumni of UNC-CH than would a plan that was only inclusive of ECU. The appearance of solidarity and camaraderie to the public as both institutions proceeded jointly was a political strategy to appear favorably in the public sphere and demonstrate that rather than being in competition with each other, the two institutions and their dental schools would be partners. Leaders in public higher education that might pursue initiatives that could be viewed in competition with established initiatives / programs at other institutions may benefit from this case and its findings in designing their approach in a similar fashion to that of the leaders in this case who proceeded together rather than against one another.

Exclusion of Expert Stakeholders

Although the institutional leadership at ECU and UNC-CH worked together to proceed in partnership with each other, as far as the public was concerned, a group of stakeholders who were not included in proceedings that designed the approach to address the oral health crisis was the membership of the North Carolina Dental Society (NCDS). Informants' responses revealed the theme of exclusion of expert stakeholders to be a small force (small percentage of the overall impeding themes in this study) but in need of discussion as they were a vocal group during the evolution of the initiative and emerged as one of the themes in secondary coding. There were

characteristics other than exclusion that may have motivated the challenges posed by this group. Most of the membership of the NCDS were graduates of the UNC-CH School of Dentistry and expressed alliances with the established school. Perhaps, the group was not involved in the discussions due to feared biases. However, given the informants' responses specifically stating that there were ill feelings due to exclusion of a group of stakeholders who were the practicing experts in the field of dentistry, there were feelings of animosity among the group as a result of the professional disregard demonstrated by institutional leadership and UNC System governance. When the leadership of the group was included, as Informant Q explained, it was clear to them that decisions had already made and rather than inspiring feelings of inclusion, representation of the NCDS left meetings with UNC System governance and institutional-level leadership feeling insulted and unappreciated. This example reminds leaders in public higher education of the need to include all stakeholders in the process of establishing an initiative, particularly those who may offer expert advice and perspective (although it may differ from the desired opinion). Leaders may benefit from including opposing perspectives in discussions as they reflect not only those of the participants but also others in the public that may emerge throughout the evolution of the initiative. There will always be forces of opposition, some expected and others not so much, involved with a new initiative, especially one as expensive as that of this case, and by including these forces in the process, may not only bring to light arguments that will need to be addressed in order to achieve success, but it may also inspire feelings of appreciation and worth that could promote positive alliances when needed later in the initiative's journey to success.

Personal Experience and Geography

Personal experience and geography were two themes that emerged, influencing perspectives of stakeholders. These themes were revealed to be both sources for advancing the

progress of the initiative as well as impediments to the initiative's progress. Those who had personally experienced or knew of those who had experienced life in the areas affected by the oral health disparities supported the initiative. Similarly, individuals from the areas that would be directly impacted by the addition of the SoDM and were from those regions of the state tended to support the initiative and advance its progress. Leaders in public higher education and elsewhere, as illustrated in this case, benefit from understanding the personal experiences and heritage of those who are needed to support new initiatives in order to advance the initiatives to successful establishment.

A significant aspect of the design of this initiative, detailed in Chapter Five, that assisted with gaining support from legislators and communities not located local to ECU, was the idea of addressing the need throughout the state, not just in eastern North Carolina and strategically locating (geography) the service learning clinics of the SoDM in needy areas that were in legislative districts of powerful legislators such as budget chairs. Individuals who supported the initiative detailed in this case also did so based on personal experience, which shapes perspectives of individuals and influences their reactions. In contrast, individuals who did not live within the immediate service areas of ECU and had not experienced or personally known of those who experienced the negative results of oral health disparities, challenged the progress of the initiative. These individuals did not perceive the SoDM initiative as necessary or something that concerned them. As such, leaders who are aware of perceptions and experiences of those from whom leaders need support for initiatives, may be able to present the initiative in such a way that it is most appealing and convincing to those individuals of influence.

Timing

Timing is another theme similar to those above that are associated with a low percentage of the references connected to events propelling the initiative to success. Timing had been expected to produce a larger percentage of influence but did not in this study. However, considering the connection of the public recognition of a need to be addressed to the timing of the opportunity that allowed for the introduction of this case's initiative (SoDM at ECU), timing is an important element to consider and when combined with the theme of addressing a public need, the combination of the two themes would account for nearly one-third of the references to advancing the initiative. Data retrieved from informants' responses demonstrated the impact of the two time periods – before the economic collapse of 2008 and after the economic collapse of 2008 – on advancing or impeding progress of the SoDM at ECU. Instances occurring after the economic collapse of 2008 impeded progress of the initiative. Since the legislation and permissions from the University System governance occurred before the economic collapse of 2008, the events that were critical for the continued advancement of the SoDM at ECU revolved around funding operating expenses and future service learning clinics. As described by Informant A and Informant G, "It was a continual battle for dollars" (Informant A, personal communication, June/July 2013; Informant G, personal communication, June/July 2013).

At the core of this theme of timing, though, is the idea that had certain events not taken place at certain times during the course of the evolution of the SoDM at ECU, the initiative (most likely) would not have survived to the final stage of implementation. Events evolving during the period of time before the economic collapse of 2008 propelled the SoDM to success.

Throughout the evolution of the SoDM at ECU, though, timing was central to progress made, even from the initial stages of the process. In summarizing informants' responses in this study,

and echoing current literature, the serendipity of the timing of events that led to the passage of the legislation and policy entrepreneurs taking advantage of these opportunities to move their agendas forward was continuously emphasized (Ness & Mistretta, 2009). It is vital that leaders in public higher education and other publicly supported industries are aware of the most appropriate time to present an initiative and work to implement it. The timing of this case's initiative, including when it was resurrected from the first failed attempt in the early 2000s, passage by University System governance, introduction to the NCGA, breaking ground on the physical site, and other events throughout the course of this initiative's evolution contributed to its continual advancement toward success and was at the core of the establishment and funding of the SoDM at ECU. Leaders who are not aware of the intricacies of timing, possibly being too hesitant / reluctant (or appearing as such) or being too hasty in pursuing an initiative before the appropriate time, may miss critical opportunities necessary for the advancement and success of an initiative.

Institutional Mission

The theme of mission emerged from secondary coding with similar results to those of the timing of the initiative. It was expected that the institutional mission of service would have yielded a larger percentage of references from informants' responses that were associated with the success of the initiative. However, if the idea of service is extended to the theme of addressing the public need, which was associated with about one-fourth of the references moving the initiative forward, the combination of the mission and addressing public need would increase to about one-third of the references. This is a similar thought process to that described in the discussion of timing. The idea of service was a noteworthy element as informants for this study commented on how well the initiative fit with the University (ECU). Such references were

offered by informants multiple times. An institution's mission defines its purpose, and for over 100 years, service to its region has been at the core of ECU, the home institution of this case's initiative. Leaders of public institutions of higher education (and extended to leading institutions in general) are in positions to advance their institutions in such a way to fulfill its mission. The initiative in this case addressed a public need found in its region, as well as throughout its state, and as such, the establishment and public funding of the initiative (ensuring its success) was also fulfilling the mission of the institution, which contributed to the initiative's success.

Political Party and Higher Education Priorities

Themes of political party and priorities of University governance barely emerged as themes with secondary coding of informants' responses. Traditionally, legislatures with a Democratic Party majority tended to appropriate more funding and support public higher education and education in general more so than those led by Republican Party majorities. Informants' responses also identified political party as a source of impediment to progress for this initiative, especially as it concerned the Republican Party dynamics. During most of the evolution of the SoDM at ECU, especially in its infancy, the NCGA was held by a Democratic Party majority with budget chairs and other key legislators holding positions of influence who could greatly influence the initiative's success due to positional power.

In much the same way that political party was important to the initiative's success but was not the most frequently referenced with respect to percentage of the references from informants detailing activities of progress for the initiative, priorities of the UNC Board of Governors were yielded similar results. Political party and priorities differed with respect to impeding progress. The theme of priorities was only associated with references to propelling the initiative, not impeding it. It is an important aspect to be considered because priorities set by the

UNC Board of Governors (the public higher education system's governing body) were viewed, politically, as an extension of the NCGA. If the NCGA and UNC Board of Governors are combined as a body of institutional oversight, findings related to the influence of these bodies of institutional oversight offer lessons to institutional leaders highlighting the need for aligning initiatives with the values and priorities of the bodies of institutional oversight to which they answer. Leaders in public higher education might better ensure initiatives' success by demonstrating to bodies of oversight how the initiatives will contribute to their goals and objectives which are defined by values and priorities.

Historical Trends

As the case background and historical context demonstrated, history seemed to repeat itself in each expansion and evolution of the phases of East Carolina, from the East Carolina Teachers Training School initiative to the School of Dental Medicine at ECU initiative. At the core of each initiative's success was the community grassroots effort exerted in the proposal and progress of the new initiatives. Another common thread throughout the stories of evolution and establishment were the political strategies utilized in aligning with influential political leaders. In situations where institutional leadership propelled the initiatives to success, leaders shared a theme of either being native to eastern North Carolina or somewhere else in North Carolina or having served over 10 years in an institutional leadership position prior to assuming the high ranking positions of influence within the institution. The personal ties and vestment seemed to be beneficial to initiatives' successes. Those in institutional leadership positions who advocated for the new initiatives that were seen as benefitting not simply the institution but also the region and state were vocal and strategic in pursuing the initiative's successful establishment and done with community / grassroots / legislative support.

The political realities in local communities, at the legislature, institutionally, and at the system governance level often impeded progress, especially concerning the innate sense of constant competition between flagship or originally established initiatives of public higher education, especially concerning institutional initiatives of expansion. While alignment with the institutional mission was a continuous thread woven throughout the evolution of each new initiative as it progressed to establishment, governing bodies at the system level argued against initiatives based on them going beyond their institution's purpose for establishment and the new initiatives being unnecessary or a drain on resources. Throughout the various initiatives, including the SoDM at ECU, political weight at the system governance level and legislatively supported and protected flagship established initiatives in opposition to the new, emerging initiatives that were evolving elsewhere, such as those at East Carolina in its many phases. It was the community and legislative support (political alliances and connections) that worked to counteract the realities of the more formidable supporters of the established initiatives.

Supporters of the established initiatives also shared the argument that there wasn't enough funding to support multiple similar initiatives and the flagship, established initiative could take care of the state's needs. The competition for resources existed throughout the evolution of initiatives at East Carolina from the inception of the first initiative that evolved into ECU to the new initiative of this case study. Those proposing new initiatives shared arguments that they were solutions to a public need, and the need was not being addressed under current (at the time of the inception of each initiative) conditions by the flagship, established initiatives. In addition to the new initiative being a solution to a problem, which motivated legislative and community support, the new initiatives described throughout this case study were also viewed as economic engines / sources of economic development and aligned with the traditional values of

the State of North Carolina. Legislative support to counteract opposition from those aligned with the flagship, established initiatives was also the result of political geography and influence.

While the new initiatives throughout East Carolina's history, including the new SoDM at ECU, benefitted a larger geographic area than that which immediately surrounded ECU in Pitt County, legislators and community members connected to powerful legislators from the East identified with new initiatives that were local to their constituents and often supported them in order to benefit constituents and gain future votes.

Theoretical Expansion

The case studies utilized by Kingdon (2003) at the national level of governance to support his theory related to industries such as transportation and healthcare rather than public higher education and state level political decision making. This study built on his findings and ventured into the realm of state level political decision making about initiatives of public higher education. In doing so, this study unveiled the reality that Kingdon's concept of multiple streams does not apply only to elected officials. Informants' responses conveyed that Kingdon's theory was active not only at the primary level of state government where support was granted through appropriations, but also at sub-levels involved with the bodies of University System governance and oversight as well as at the institutional level, including the initiative's home institution. At each level of administration (institutional, system, state), where decisions were made to pursue the initiative and needed a champion of the initiative, Kingdon's multiple streams were at work, and progress was not always supported by those who most might assume would be working most diligently to advance the initiative.

Although this study supported most of Kingdon's findings associated with multiple streams, especially with supporting the idea that politics is the most influential (frequently

occurring) stream in political decision-making, data for this study also illustrated that the problem stream was a supporting stream flowing throughout the evolution of the initiative, advancing its progress to success. Without the initiative addressing a problem that was recognized to be a public need, the initiative may not have overcome certain impediments or inspired various political support.

Additional expansion of Kingdon's model included identifying which process streams emerged as coupling most frequently. Kingdon's research noted that coupling is where change occurs in the process, and as such, by knowing which streams join most often, it enables greater knowledge for directing strategies for initiatives in public higher education.

Limitations

A primary limitation of this study was the unavailability of key individuals who influenced the evolution of the SoDM at ECU. Due to death, illness, and refusal to participate, individuals who were at the core of the case were not included in this study. However, these unavoidable obstacles to the study were counteracted with the participation of individuals who worked closely with the individuals and were involved in key events during the evolution of the initiative to the extent that they were able to provide an account of events that took place.

Individuals participating as informants for this study, although assured of confidentiality and steps were taken to maintain their anonymity as described in Chapter Three, may have still had reservations and not been at liberty to offer a full and accurate account that may have portrayed certain individuals in a negative light. As such their responses may have been limited. However, this was counteracted by including informants who could provide accounts on both sides of the initiative (proponents and opponents) and were not in the employment or influence of institutions / organizations involved in the evolution of the initiative. All informants had been

involved in the evolution of the initiative. Also, with this study being a historical case study of an initiative that began over 10 years ago, informants' memories may have possibly been limited in providing a detailed account. Informants' could also possess bias on either side of the initiative, communicating their preferences through their perspectives of the evolution of the case in this study. Historical documents such as meeting minutes of the ECU Board of Trustees and UNC Board of Governors, state legislation and budgets, and accounts in printed media (from the time period of the initiative's evolution) were paired with informants' responses in order to avoid neglecting part of the account of the initiative's evolution or supporting biases that may have shaped informants' responses.

Future Research

Opportunities for future research might include applying this study to new initiatives of public higher education in other states. Given that the UNC Board of Governors is unique in that it is a governing board appointed by the state legislature, it would be valuable to study an initiative that has been successful where governing boards are not seen as an extension of the state legislature whose decisions are typically upheld based on that aspect. It would also be valuable to apply this study to other initiatives within the same public higher education system (UNC System) that were not successful and gain an understanding of what the obstacles were that they were unable to overcome.

Another arena of public higher education that would be interesting to apply Kingdon's model to would be that of the two-year, community college system. This study focused on a new initiative of a four-year public higher education institution, which is ultimately governed by the state legislature. However, governance for the North Carolina Community College System comes, primarily, from the county-level governments served by the various community colleges.

As such, this would contribute to offering a more comprehensive application of this theory to public higher education and political decision making in general.

Additionally, this study unveiled the political intricacies and complex dynamics occurring at institutional and system levels of four-year institutions of public higher education. Future research might benefit from investigation of initiatives within these contexts prior to arriving at the state government level. Findings from such a study would inform leaders in public higher education of a different dynamic of political decision making than that which occurs within governments. Informant responses have shed light on the idea that there are politics at work at all levels, including those within Academia, which have the potential to be as detrimental to an idea / initiative as those within the formal legislative arenas. This study is the start of a body of knowledge that will expand Kingdon's Multiple Streams Model and Primeval Soup Concept into other professional arenas in which political decision making and policy making are natural occurrences with unique cultures that participate in similar processes.

Summary

The findings of this study not only support the limited current body of literature addressing political decision making and Kingdon's (2003) Multiple Streams Model with the Primeval Soup Concept, but also expand the applicability of Kingdon's model to include the professional and legislative arenas of public higher education and state government. The limited applicability, with his focus on the national level of government, was a major criticism of his work. By expanding the applicability of his model to public higher education and state government, it allows leaders within public higher education institutions that are governed at this level to have a resource of knowledge to utilize in attempting to gain support for new initiatives of public higher education.

Findings from this study emphasized the need to build relationships at all levels including the grassroots community level, institutional level, university system level, and throughout state government. Just as Kingdon and other researchers had indicated, the politics process stream emerged as the most influential stream in this study and joined with the policy stream most often where instances that promoted change and development (catalysts) were cited in responses coded for such. Leaders should consider this aspect to the political decision-making process when working to advance new initiatives at their institutions. The policy stream, in terms of public higher education, involves formulating policies and alternatives that guide the initiative and implementation of it. In this case, the "Joint Plan for Dentistry for North Carolina" involved quite a bit of politics in its formulation and implementation. While experts and administrators in Academia might design the policy / initiative, the political aspects of positional influence and relationships contributed greatly to the creation and advancement of the new initiative of public higher education. The problem stream may not have emerged as occurring most often; however, it served as a constant source of motivation to support the initiative and advance its progress.

Themes that emerged to advance the initiative's progress were politics (alliances and connections), addressing the problem, economic development, cooperation and compromise, geography, personal experiences, timing, mission, political party, and priorities. Depending on the context of the event during the evolution of the initiative's progress, some of these themes also served as impediments, which included politics, personal experiences, geography, timing and political party. Themes emerging as only impediments included competition for resources, pride and loyalty for UNC-CH, exclusion of expert stakeholders, and knowledge. Economic development, as a theme, was viewed as a strategy to increase economic impact as well as address a public health crisis, which illustrates the state political culture of valuing economic

impact, education, and healthcare. Historically, taking into account the events of the case background and historical context of the SoDM at ECU, these trends were supported throughout various attempts to establish new initiatives of public higher education at East Carolina that led to its expansion.

These themes and their impact on the evolution of the initiative in this case enlighten leaders as to how they might proceed when in the course or working to advance a new initiative of public higher education. This study confirmed the importance of building alliances and connections beyond the public higher education institution and public higher education in general. When seeking support from state legislators, relationships with the community are essential in advancing a new initiative of public higher education. These individuals drove the success of this initiative from its infant stage of an idea to its establishment as the SoDM at ECU and recipient of state appropriations. Community members and legislators championed the initiative throughout its evolution. Institutional and system level leaders of public higher education did not emerge as the strongest champions of this initiative, and appeared to work against the progress of the initiative at times, which further emphasizes the importance of leaders in public higher education to collaborate with supporters and influential individuals, who are influential through positions of influence and personal connections, in the community and legislature. Leaders seeking to advance initiatives would also benefit from alliance building at the institutional and public higher education system / governing bodies as well. These leaders seeking approval for and advancement of their initiatives may likely discover similar institutional and system level politics to those encountered at the state government level. By calling attention to behaviors of opposition to the initiative found in institutional and system level interactions, leaders are reminded of the politics at all levels encountered in advancing a new initiative of

public higher education. In some instances, successfully maneuvering the politics found within the home institution and public higher education system governance is as difficult as strategies necessary to succeed with elected officials and constituents.

In responding to other themes that emerged in this study, leaders in public higher education who are aware of the competitive arguments against a new initiative and understand the political balance that exists will be more able to contribute to the advancement of new initiatives needing legislative support and appropriations. Feelings of pride and loyalty for a public higher education institution may be difficult for leaders of public higher education institutions to counteract when they are at institutions seen to be in competition with them; however, through building alliances, and institutional leaders demonstrating cooperation for the greater good (as illustrated in this case), leaders of public higher education may contribute to the advancement of their initiatives facing such challenges. Such a strategy hinges on educating the public and decision-makers about the initiative to a sufficient degree that dispels myths, bringing to light the importance of leaders in public higher education to fully educate the public and all individuals of influence such as legislators. Decision-makers base their choices on the predominant messages expressed to them, which may be accurate or inaccurate, depending on its source. This would include leaders exploring the initiative with stakeholders who might seem to be in opposition to the initiative or assumed to be such based on alliances and allegiances. Another strategy utilized by public higher education leaders in this case was to partner with the institution that was viewed as its competition. Leaders working to advance new initiatives would benefit from partnering with other institutions as was done in this study; however, the key to such a strategy is, as a leader, to persuade individuals reporting to the leader (such as faculty,

staff, and administrators) to join in the partnership and actively work in cooperation rather than competition.

If institutions of public higher education are viewed by legislators, who have ultimate oversight of these state institutions, and the public taxpayers as a resource to address public needs, it is crucial for leaders in public higher education to be cognizant of this aspect and approach leadership of their institutions with this in mind. Addressing the public need through service is at the core of the institutional mission in this case. Leaders of public institutions of higher education (and extended to leading institutions in general) are in positions to advance their institutions in such a way as to fulfill its mission. In addition to addressing public needs and fulfilling institutional mission, leaders should express to decision makers, especially legislators, how initiatives will align with the state's values. Leaders might also benefit from expressing the initiative and its projected impact within a context that aligns with personal experiences of decision makers and allows them to identify with the initiative and its impact. This would also apply to gaining support from members of University system governance and institutional level leadership by framing the initiative within the context of priorities (goals / objectives) and values of these decision makers.

Additionally, leaders in public higher education most likely will not successfully advance new initiatives of public higher education to establishment and receive necessary appropriations without acknowledgement of the importance of timing. In doing so, leaders should be able to identify the most appropriate opportunities to present initiatives and time period during which to implement initiatives. Those who are not aware of the complex dynamics involved in successfully responding to the timing of an initiative may not experience necessary opportunities for advancing initiatives forward.

While strategies and applications of the findings of this case were individually detailed within discussions of process streams and individual themes that emerged in this study, the interconnectedness of themes and streams is illustrated throughout this case. As such, leaders of public higher education institutions who desire to advance new initiatives at their institutions should be prepared to implement a mixture of appropriate strategies that might address multiple themes and process streams at once.

Future research might expand this study with its application to other new initiatives proposed within the same university system that did not reach implementation, types of university system governance that are not directly linked to legislators' appointments, and county-level governance in the state where the study occurred. Additionally, one might look to expanding the study of political decision making to one that addresses the dynamics existing at the institutional and system levels of public higher education.

REFERENCES

- Ariz. Const. art. XI, § 6. Retrieved from http://www.azleg.gov/FormatDocument.asp?inDoc=/const/11/6.htm
- Associated Press. (2006, March 27). ECU plans to open a dental school: It would be second public college in NC if approved by UNC. *Winston-Salem Journal*. Copy in possession of Amanda R. Hodges.
- Associated Press. (2006, November 3). Vote by council takes ECU step closer to dental school. Winston-Salem Journal. Copy in possession of Amanda R. Hodges.
- Associated Press. (2006, November 10). UNC's governors approve ECU dental school, to seek state money. *Winston-Salem Journal*. Copy in possession of Amanda R. Hodges.
- Bailit, H., Kotowicz, W., & Myers, D. (2002, June 3). *Feasibility study: School of Dentistry at East Carolina University*. Retrieved from University of North Carolina website: https://www.northcarolina.edu/bog/index.php
- Bailit, H., Butler, W., Feldman, C., Hupp, J., & Ponce, J. (2006, March). Case for a School of Dentistry. Report to Dr. Michael Lewis, Vice Chancellor for Health Sciences, East Carolina University. Copy in possession of dissertation informant and Amanda R. Hodges.
- Baird, K. (2006). Do prepaid tuition plans affect state support for higher education? *Journal of Education Finance*, 31(3), 255-275.
- Bastedo, M. N. (2009). Convergent institutional logics in public higher education: State policymaking and governing board activism. *The Review of Higher Education*, 32(2), 209-234.

- Bendor, J., Moe, T. M., & Shotts, K. W. (2001). Recycling the garbage can: An assessment of the research program. *American Political Science Review*, 95(1), 169-190.
- Beyle, T., & Ferguson, M. (2008). Governors and the executive branch. In V. Gray, & R. L. Hanson (Eds.), *Politics in the American states: A comparative analysis* (pp. 192-228). Washington, DC: CQ Press.
- Black, M. (2008). Capital funding and institutional growth: A case study of regional state universities (Doctoral dissertation, The Florida State University). Retrieved from http://diginole.lib.fsu.edu/cgi/viewcontent.cgi?article=2352&context=etd
- Bogaty, E., & Nelson, J. C. (2013). Moody's 2013 outlook for entire US Higher Education sector changed to negative. Retrieved from Moody's Investors Service website:

 http://www.moodys.com/research/Moodys-2013-outlook-for-entire-US-Higher-Education-sector-changed--PR_263866
- Brady, H. E. (2013). Let's not railroad American higher education. *Political Science and Politics*, 46(1), 94-101.
- Bratton, M. J. J. (1986). *East Carolina University: The formative years, 1907-1982*. Greenville, NC: East Carolina University Alumni Association.
- Bridges, B. (2006, December 4). Best use of resources? *The Gaston Gazette*. Copy in possession of Amanda R. Hodges.
- Cambridge, B. (2011). Research and policy: Antithetical or complementary? WPA: Writing Program Administration, 35(1-2), 137-148.
- Canfield-Davis, K.. & Jain, S. (2010). Legislative decision-making on education issues: A qualitative study. *The Qualitative Report*, 75(3), 600-629.

- Cecil G. Sheps Center for Health Services Research. (2002). *The pharmacist workforce in North Carolina*. Retrieved from Cecil G. Sheps Center for Health Services Research website: http://www.shepscenter.unc.edu/hp/publications/pharmacy.pdf
- Center for the Study of Education Policy (2013a). Table 1: State fiscal support for higher education, by state, fiscal years 2007-08 (FY08), 2010-11 (FY11), 2011-12 (FY12), 2012-13 (FY13). In the *Grapevine report*. Retrieved from Illinois State University http://grapevine.illinoisstate.edu/tables/index.htm
- Center for the Study of Education Policy (2013b). Table 2: One-year (FY12-FY13), two-year (FY11-FY13), and five-year (FY08-FY13) percent changes in state fiscal support for higher education, by state and by source of fiscal support. In the *Grapevine report*.

 Retrieved from Illinois State University http://grapevine.illinoisstate.edu/tables/index.htm
- Center for the Study of Education Policy (2013c). Table 5: State support for higher education in fiscal year 2013, by state, per \$1,000 in personal income and per capita. In the *Grapevine report*. Retrieved from Illinois State University

 http://grapevine.illinoisstate.edu/tables/index.htm
- Chadwick, G., & Williams, J. (2006, June 22). A dental program. *The News and Observer*. Retrieved from http://www.newsobserver.com/702/story/453125.html
- Cohen, M., March, J., & Olsen, J. (1972, March). A garbage can model of organizational choice.

 *Administrative Science Quarterly, 17, 1-25.
- Cook, C. W. (1998). Lobbying for higher education: How colleges and universities influence federal policy. Nashville, TN: Vanderbilt University Press.

- Courtright, P., Moss, G. C., & Phillips, S. (Eds.) (2011). State funding reductions take a toll on all UNC system campuses. *University Gazette*, *36*(14), 1 & 11. Retrieved from http://gazette.unc.edu/archives2/11aug24/8-24-webpix/gaz-low-res.pdf
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Dar, L. (2012). The political dynamics of higher education policy. *The Journal of Higher Education*, 83(6), 769-794.
- DeSantis, N. (2012, May 11). Purdue kicks off global online-education project [Blog]. *Chronicle of higher education*. Retrieved from http://chronicle.com/blogs/wiredcampus/purdue-kicks-off-global-online-education-project/36339
- Demos. (2012, April 9). Decades of state cuts to higher ed threaten millenials. Retrieved from http://www.demos.org/press-release/decades-state-cuts-higher-ed-threaten-millenials
- Dental care. (2006, November 17). Winston-Salem Journal. Copy in possession of Amanda R. Hodges.
- Dennison, G. M. (2003). Privatization: An unheralded trend in public higher education. *Innovative Higher Education*, 28(1), 7-20.
- Dubay, K. L., Parker, M. A., & DeFriese, G. H. (2005, November, December). Issue brief:

 Assuring the accessibility of basic dental care services: Issues of workforce supply, organization of care, and education. *North Carolina Medical Journal*, 430-437.
- Editorial: Dental plan- Funding needed for ECU initiative. (2007, March 4). *Daily Reflector*. Copy in possession of Amanda R. Hodges.

- East Carolina University. (2002, March 19). East Carolina University Faculty Senate full minutes of March 19, 2002. Retrieved from http://www.ecu.edu/cs-acad/fsonline/senateminutes/fsm3-02.cfm
- East Carolina University Board of Trustees. (2005, July 19). East Carolina University Board of Trustees full minutes of July 19, 2005. Retrieved from http://www.ecu.edu/cs-admin/bot/upload/002%20-%20Minutes-5.pdf
- East Carolina University Board of Trustees. (2005, September 30). East Carolina University

 Board of Trustees full minutes of September 30, 2005. Retrieved from

 http://www.ecu.edu/cs-admin/bot/upload/min%20September%2030%202005.pdf
- East Carolina University Board of Trustees. (2005, December 16). East Carolina University

 Board of Trustees full minutes of July 19, 2005. Retrieved from http://www.ecu.edu/cs-admin/bot/upload/min%20December%2016%202005.pdf
- East Carolina University Board of Trustees. (2006, February 24). East Carolina University

 Board of Trustees full minutes of July 19, 2005. Retrieved from http://www.ecu.edu/cs-admin/bot/upload/002%20-%20Minutes-6.pdf
- East Carolina University Board of Trustees. (2006, July 25). East Carolina University Board of Trustees full minutes of July 19, 2005. Retrieved from http://www.ecu.edu/cs-admin/bot/upload/002_Minutes-2.pdf
- East Carolina University Board of Trustees. (2006, October 6). East Carolina University Board of Trustees full minutes of July 19, 2005. Retrieved from http://www.ecu.edu/cs-admin/bot/upload/002_Minutes-2.pdf

- East Carolina University News Bureau. (2008, February 22). School of Dentistry groundbreaking. *East Carolina University*. Retrieved from http://www.ecu.edu/cs-admin/mktg/school_of_dentistry_groundbreaking.cfm
- East Carolina University School of Dental Medicine. (2012, Fall). Dental school opens new home at ECU. *Word of Mouth*. Retrieved from http://www.ecu.edu/cs-dhs/dentistry/upload/SODM_Word_of_Mouth_Fall2012.pdf
- Frost, S. H., Hearn, J. C., & Marine, G. M. (1997). State policy and the public research university: A case study of manifest and latent tensions. *The Journal of Higher Education*, 68(4), 363-397.
- Fisher, J.P. (2006, November 11). ECU dental school ok'd. *The News and Observer*. Retrieved from http://www.newsobserver.com/102/story/509261.html
- Fulton, P. (2006, November 11). An opinion: No separation. *The News and Observer*. Copy in possession of Amanda R. Hodges.
- Gastil, J., Black, L., & Moscovitz, K. (2008). Ideology, attitude change, and deliberation in small face-to-face groups. *Political Communication*, 25, 23–46.
- Giovanelli, L. (2006, July 16). Filling a need: Value of a dental school at ECU debated. *Winston-Salem Journal*. Copy in possession of Amanda R. Hodges.
- Gittell, M., & Kleiman, N. S. (2000). The political context of higher education. *American Behavioral Scientist*, 43(7), 1058-1091.
- Goodchild, L. F., & Wechesler, H. (2008). *The history of higher education*. ASHE Reader Series (3rd ed.). Needham Heights, MA: Simon & Schuster.

- G.S. 120, art. 12H, § 120-70.81, N.C. Gen. Assem. Retrieved from http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_120/Art icle_12H.pdf
- H. 2297, N.C. Gen. Assem. (2005). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=H229 7&submitButton=Go
- H. 2615, N.C. Gen. Assem. (2005). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=H261 5&submitButton=Go
- H. 1240, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=H124 0&submitButton=Go
- H. 1244, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=H124 4&submitButton=Go
- H. 2201, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=H220 1&submitButton=Go
- H. 2608, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=H260 8&submitButton=Go

- H. 240, N.C. Gen. Assem. (2009).
 http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2009&BillID=H240
 &submitButton=Go
- H. 1925, N.C. Gen. Assem. (2009). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2009&BillID=H192 5&submitButton=Go
- H. 22, N.C. Gen. Assem. (2011). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=H22& submitButton=Go
- H. 200, N.C. Gen. Assem. (2011). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=H200 &submitButton=Go
- H. 370, N.C. Gen. Assem. (2011). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=H370 &submitButton=Go
- H. 950, N.C. Gen. Assem. (2011). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=H950 &submitButton=Go
- Horns, P. (2008, October). A promising future for health sciences: A message from Dr. Phyllis

 Horns, Interim Vice Chancellor for Health Sciences. *The Laupus Library Umbrella:*covering eastern North Carolina's Academic Health Center, 3(3), 1. Retrieved from

 http://www.ecu.edu/cs-dhs/laupuslibrary/upload/Umbrella_Oct08.pdf

- House Select Committee on Health Care. (2006, December). Final report to the House of Representatives. North Carolina General Assembly. Retrieved from http://www.ncleg.net/library/Collections/studies/year2005.html and copy in possession of Amanda R. Hodges.
- Howarth, A. (1991). Market forces in higher education. *Higher Education Quarterly*, 45(1), 5-13.
- Hunt, R. F. (2007, March). The Friday letter. *North Carolina Dental Society*. Copy in possession of Amanda R. Hodges.
- Huxley, T. (1868). *A liberal education and where to find it*. Retrieved from http://aleph0.clarku.edu/huxley/CE3/LibEd.html
- Johnstone, D. B. (2004). The economics and politics of cost sharing in higher education: Comparative perspectives. *Economics of Education Review*, 23, 403-410.
- Joint Conference Committee (2006). Joint conference committee report on the continuation, expansion, and capital budgets. *North Carolina General Assembly*. Retrieved from http://www.ncleg.net/sessions/2005/budget/2006/budgetreport6-30.pdf
- Joint Conference Committee (2007). Joint conference committee report on the continuation, expansion, and capital budgets. *North Carolina General Assembly*. Retrieved from http://www.ncleg.net/FiscalResearch/budget_legislation/budget_legislation_pdfs/2007_% 20Budget_%20Report.pdf
- Joint Conference Committee (2008). Joint conference committee report on the continuation, expansion, and capital budgets. *North Carolina General Assembly*. Retrieved from http://www.ncleg.net/FiscalResearch/budget_legislation/budget_legislation_pdfs/2008_B udget_Report.pdf

- Joint Conference Committee (2009). Joint conference committee report on the continuation, expansion, and capital budgets. *North Carolina General Assembly*. Retrieved from http://www.ncleg.net/FiscalResearch/budget_legislation/budget_legislation_pdfs/2009_JointConferenceCommitteeReport_SB202_2009_08_03.pdf
- Joint Conference Committee (2010). Joint conference committee report on the continuation, expansion, and capital budgets. *North Carolina General Assembly*. Retrieved from http://www.ncleg.net/FiscalResearch/budget_legislation/budget_legislation_pdfs/SB897_

 Joint%20Conference%20Committee%20Report%2006-28-10.pdf
- Kezar, A. (2004, Summer). Obtaining integrity? Reviewing and examining the charter between higher education and society. *The Review of Higher Education*, 27(4), 429–459.
- Kingdon, J. (2003). The policy primeval soup. In *Agendas, alternatives, and public policies* (2nd ed.). New York, NY: Addison-Wesley Educational Publishers, Inc.
- Koch, J. V. (2008). The relative decline of a Musgrave 'merit good:' The case of public support of flagship public universities. *The Journal of Economics and Finance*, 32(4), 368-379.
- Key, V. O. (1949). Southern politics in state and nation. New York: Random House.
- Lane, J. E. (2007). The spider web of oversight: An analysis of external oversight of higher education. *The Journal of Higher Education*, 78(6), 615-644.
- Leslie, D., & Novak, R. (2003). Substance vs. politics: Through the dark mirror of governance reform. *Educational Policy*, 17(1), 98–120
- Lewis, M. J., Chadwick, D. G., & Workman, F. T. (2005, November/December). Improving oral health in North Carolina: Exploring the potential of a new school of dentistry at East Carolina University. *North Carolina Medical Journal*, 66(6), 481-483.

- Marshall, C., Mitchell, D. E., & Wirt, F. (1985). Assumptive worlds of policy makers. *Peabody Journal of Education*, 62(4), 90-115.
- Matheson, J. D. (2006, June 19). Filling our dental needs efficiently. *The News and Observer*. Retrieved from http://www.newsobserver.com/673/story/452156.html
- Mayhew, D. R. (2004). *Congress: The electoral connection* (2nd ed.). New Haven, CT: Yale University Press.
- McLendon, M. K., Hearn, J. C., & Mokher, C. G. (2009). Partisans, professionals, and power:

 The role of political factors in state higher education funding. *The Journal of Higher Education*, 80(6), 686-713.
- McLendon, M.K., Mokher, C. G., & Doyle, W. (2009). 'Privileging' public research universities:

 An empirical analysis of the distribution of state appropriations across research and non-research universities. *Journal of Education Finance*, *34*(4), 372-401.
- Metcalf, C. B. (2001). *Legislative report*. Retrieved from the University of North Carolina website: https://www.northcarolina.edu/bog/index.php
- Mumper, M. (2001). The paradox of college prices: Five stories with no clear lesson. In D.E.

 Heller (Ed.), *The states and public higher education policy* (pp. 39-63). Baltimore, MD:

 The Johns Hopkins University Press.
- National Association of State Budget Officers. (2012). Examining fiscal 2010-2012 state spending. Retrieved from
 - $http://www.nasbo.org/sites/default/files/State\% 20 Expenditure\% 20 Report_1.pdf$

- National Conference of State Legislatures Fiscal Affairs Program. (2010). State funding for higher education in FY 2009 and FY 2010. Retrieved from http://www.ncsl.org/documents/fiscal/HigherEdFundingFINAL.pdf
- National Science Foundation. (2012). Chapter 8: State indicators. In *Science and engineering* indicators 2012. Retrieved from http://www.nsf.gov/statistics/seind12/pdf/c08.pdf
- N. C. Const. art. IX, §1. Retrieved from http://www.ncleg.net/Legislation/constitution/article9.html
- N. C. Const. art. IX, §8. Retrieved from http://www.ncleg.net/Legislation/constitution/article9.html
- N. C. Const. art. IX, §9. Retrieved from http://www.ncleg.net/Legislation/constitution/article9.html
- Ness, E. C. (2010). The politics of determining merit aid eligibility criteria: An analysis of the policy process. *The Journal of Higher Education*, 81(1), pp. 33-60.
- Ness, E. C. & Mistretta, M. A. (2009). Policy adoption in North Carolina and Tennessee: A comparative case study of lottery beneficiaries. *The Review of Higher Education*, *32*(4), pp. 489-514.
- North Carolina Institute of Medicine. (2001). 2001 Update to the North Carolina Institute of

 Medicine Task Force on Dental Care Access. Retrieved from North Carolina Institute of

 Medicine website: http://www.nciom.org/wp
 content/uploads/NCIOM/docs/dentalupdate01.pdf

- North Carolina Institute of Medicine. (2003). 2003 Update to the North Carolina Institute of

 Medicine Task Force on Dental Care Access. Retrieved from North Carolina Institute of

 Medicine website: http://www.nciom.org/wp
 content/uploads/2003/01/dentalupdate03.pdf
- North Carolina Institute of Medicine. (2005). 2005 NC Oral Health Summit Access to Dental

 Care: Summit proceedings and action plan. Retrieved from North Carolina Institue of

 Medicine website: http://www.nciom.org/wp
 content/uploads/NCIOM/projects/dental/2005dentalupdate.pdf
- North Carolina Institute of Medicine Task Force on Dental Care Access. (1999). Report to the

 North Carolina General Assembly and to the Secretary of the North Carolina

 Department of Health and Human Services. Retrieved from North Carolina Institute of

 Medicine website: http://www.nciom.org/wp-content/uploads/1999/05/dentalrpt.pdf
- Nownes, A. J. (2012). Interest groups and state politics. In B.A. Loomis (Ed.), *Interest groups* and lobbying in the United States, 445-455. Washington, DC: CQ Press.
- Palmiero, P. (2005). Governance in the public interest: A case study of the University of North

 Carolina System. Retrieved from the American Council of Trustees and Alumni website:

 http://www.goacta.org/publications/governance_in_the_public_interest
- Quinterno, J., & Orozco, V. (2012, April 3). The great cost shift: How higher education cuts undermine the future middle class. Retrieved from http://www.demos.org/publication/great-cost-shift-how-higher-education-cuts-undermine-future-middle-class

- Rogers, D. (2006, October 25). Dentists' objection lacks bite. *The News and Observer*. Copy in possession of Amanda R. Hodges.
- Ryals, J. (2006, June 15). House attempt to cut ECU dental school funds fails. *Daily Reflector*.

 Copy in possession of Amanda R. Hodges.
- S. 1805, N.C. Gen. Assem. (2005). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=S180
- S. 1741, N.C. Gen. Assem. (2005). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=S174 1&submitButton=Go
- S. 1772, N.C. Gen. Assem. (2005). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=S177 2&submitButton=Go
- S. 1244, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=S124 4&submitButton=Go
- S. 1821, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=S182 1&submitButton=Go
- S. 1822, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=S182 2&submitButton=Go

- S. 561, N.C. Gen. Assem. (2009). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2009&BillID=S561 &submitButton=Go
- S. 1350, N.C. Gen. Assem. (2009). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2009&BillID=S135 0&submitButton=Go
- S. 403, N.C. Gen. Assem. (2011). Retrieved from http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=S403 &submitButton=Go
- S.L. 2001-424, § 31.10(c), N.C. Gen. Assem., (2001). Retrieved from http://www.ncleg.net/EnactedLegislation/SessionLaws/HTML/2001-2002/SL2001-424.html
- S.L. 2001-424, § 31.10(d), N.C. Gen. Assem., (2001). Retrieved from http://www.ncleg.net/EnactedLegislation/SessionLaws/HTML/2001-2002/SL2001-424.html
- S.L. 2006-66, § 23.1, N.C. Gen. Assem. (2005). Retrieved from http://www.ncga.state.nc.us/EnactedLegislation/SessionLaws/HTML/2005-2006/SL2006-66.html
- S.L. 2007-323, § 29.2, N.C. Gen. Assem. (2007). Retrieved from http://www.ncga.state.nc.us/EnactedLegislation/SessionLaws/HTML/2007-2008/SL2007-323.html

- S.L. 2008-107, N.C. Gen. Assem. (2007). Retrieved from http://www.ncleg.net/enactedlegislation/sessionlaws/html/2007-2008/sl2008-107.html
- S.L. 2009-451, N.C. Gen. Assem. (2009). Retrieved from http://www.ncga.state.nc.us/Sessions/2009/Bills/Senate/PDF/S202v8.pdf
- S.L. 2010-31, § 9.18, N.C. Gen. Assem. (2009). Retrieved from http://www.ncleg.net/Sessions/2009/Bills/Senate/PDF/S897v8.pdf
- Sabatier, P. A. (1999). *Theories of the policy process*. Boulder, CO: Westview Press.
- Schulken, M. C. (2006, October 26). Down in the mouth? Just grin and bear it. *Charlotte Observer*, p. 17A.
- Schulken, M. C. (2011, February 17). Perdue pledges support for dental school during visit Feb. 17. *ECU Now Blog*. Retrieved from http://blog.ecu.edu/sites/poeight/blog/tag/dental-school/
- Scott, W. R., & Davis, G. F. (2007). *Organizations and organizing: Rational, natural, and open system perspectives*, 260. Pearson Education, Inc.: Upper Saddle River, NJ.
- Shakespeare, C. (2007). Uncovering information's role in the state higher education policymaking process. *Educational Policy*, 22(6), 875-899.
- Shaw, J. (2007, May 14). A dental school for ECU? Proposal has significant political support but its future is uncertain. *Carolina Journal*. Retrieved from http://www.carolinajournal.com/print/print_issue.html?id=4065
- Slott, S. (2007, March 6). Old arguments, sad situation. *The News and Observer*. Retrieved from http://www.newsobserver.com/559/v-print/story/550057.html

- Snider, W. (1992). *Light on the hill: A history of the University of North Carolina at Chapel Hill.*Chapel Hill, NC: University of North Carolina Press.
- Stamm, J. W. (2005, November/December). The dentist workforce in North Carolina 2005: A commentary. *North Carolina Medical Journal*, 66(6), 445-452.
- Stancill, J. (2011, July 8). UNC System will lose \$414 million from state. *The News and Observer*. Retrieved from http://www.newsobserver.com/2011/07/08/1328998/unc-system-will-lose-414-million.html
- State Higher Education Executive Officers. (2012). State higher education finance FY 2011final report. Retrieved from http://www.sheeo.org/sites/default/files/project-files/SHEF-FY11_Tables_from_Report.pdf
- State Higher Education Executive Officers. (2013). State higher education finance FY 2012 final report. Retrieved from http://www.sheeo.org/sites/default/files/publications/SHEF-FY12.pdf
- Stone, D. (2012). *Policy paradox: The art of political decision making*. New York: W. W. Norton & Company, Inc.
- Students Object to Mandatory 'Access Fee'. (2013). Women in Higher Education, 22(3), 6. doi: 10608303.
- Tandberg, D. A. (2008). The politics of state higher education funding. *Higher Education in Review*, *5*, 1-36.
- Tandberg, D. A. (2009). Interest groups and governmental institutions: The politics of state funding of public higher education. *Educational Policy*, 24(5), 735-778.

- Thelin, J. R. (2004). *A history of American higher education*. Baltimore, MD: John Hopkins Press.
- Thiele, M., Shorette, K., & Bolzendahl, C. (2012). Returns to education: Exploring the link between legislators' public school degrees and state spending on higher education. *Sociological Inquiry*, 82(2), 305-328.
- United States Department of Agriculture Economic Research Service. (2013). Rural classifications. Retrieved from United States Department of Agriculture Economic Research Service website: http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx
- University of North Carolina at Chapel Hill. (2011, September 18). Carolina budget information [Informational update]. Retrieved from http://universityrelations.unc.edu/budget/
- University of North Carolina Board of Governors. (2002, January 11). *Board of Governors* approved minutes of January 11, 2002. Retrieved from https://www.northcarolina.edu/bog/index.php
- University of North Carolina Board of Governors. (2002, March 6). *Board of Governors*approved minutes of March 6, 2002. Retrieved from

 https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=2505
- University of North Carolina Board of Governors. (2006, April 11). *Board of Governors*approved minutes of April 11, 2006. Retrieved from

 https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492

- University of North Carolina Board of Governors. (2006, May 12). *Board of Governors*approved minutes of May 12, 2006. Retrieved from

 https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492
- University of North Carolina Board of Governors. (2006, October 13). *Board of Governors*approved minutes of October 13, 2006. Retrieved from

 https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492
- University of North Carolina Board of Governors. (2002, July 12). *Board of Governors approved minutes of July 12, 2002*. Retrieved from https://www.northcarolina.edu/bog/index.php
- University of North Carolina Board of Governors Committee on Budget and Finance. (2006, April 11). 2006-2007 Budget priorities. Retrieved from https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492
- University of North Carolina Board of Governors Committee on Budget and Finance. (2010, August 13). *Final 2010-11 allocations current operations*. Retrieved from https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492
- University of North Carolina Board of Governors Committee on Budget and Finance. (2011, August 12). *Minutes attachment1: 2011-12 Operating allocations*. Retrieved from https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mi m=492

- University of North Carolina Board of Governors Committee on Educational Planning, Policies, and Programs. (2006, April 11). *Approved minutes of April 11, 2006*. Retrieved from https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mid=492
- University of North Carolina Board of Governors Committee on Educational Planning, Policies, and Programs. (2006, November 9). *Approved minutes of November 9, 2006*. Retrieved from https://www.northcarolina.edu/bog/index.php?mode=browse_premeeting&code=bog&mi m=492
- Weerts, D. J., & Ronca, J. M. (2006). Examining differences in state support for higher education: A comparative study of state appropriations for research I universities. *The Journal of Higher Education*, 77(6), 935-967.
- Weerts, D. J., Sanford, T., & Reinert, L. (2012). College funding in context: Understanding the difference in higher education appropriations across the states. Retrieved from http://www.demos.org/sites/default/files/publications/HigherEducationReportDemos.pdf
- Williams, J. N. (2005, November/December). Access to primary dental care: A commentary on the economics of dental practice and thoughts on solutions to improve access to primary dental care. *North Carolina Medical Journal*, 66(6), 477-480.
- Williams, W. C. (1998). *Beginning of the School of Medicine at East Carolina University 1964- 1977.* Greenville, NC: Brookcliff Publishers.
- W. Y. Const. art. VII, § 16. Retrieved from http://legisweb.state.wy.us/statutes/title97/title97.htm

- W. Y. Const. art. VII, § 18. Retrieved from http://legisweb.state.wy.us/statutes/title97/title97.htm
- Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.), Thousand Oaks, CA: Sage Publications, Inc.
- Zahariadis, N. (2007). The Multiple Streams Framework: Structure, limitations, prospects. In P.

 A. Sabatier (Ed.), *Theories of the policy process* (2nd ed.), 65-92. Boulder, CO: Westview Press.

APPENDIX A: IRB APPROVAL LETTER



EAST CAROLINA UNIVERSITY

University & Medical Center Institutional Review Board Office

4N-70 Brody Medical Sciences Building. Mail Stop 682

600 Moye Boulevard · Greenville, NC 27834

Office 252-744-2914 · Fax 252-744-2284 · www.ecu.edu/irb

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB

To: Amanda Hodges

CC:

Cheryl McFadden

Date: 5/17/2013

Re: <u>UMCIRB 13-001056</u>

State Support for New Initiatives of Public Higher Education

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 5/16/2013 to 5/15/2014. The research study is eligible for review under expedited category #7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

The approval includes the following items:

Name Description

<u>Interview Protocol | History</u>

Interview/Focus Group
Scripts/Questions

State Support for New Initiatives of Public Higher Education - Dissertation

Study Protocol or Grant Application

Proposal | History

State Support for New Initiatives of Public Higher Education - Informed
Con

Consent | History

Consent Forms

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: PARTICIPANT CONSENT FORM

I am pleased to invite you to participate in a research study – titled "Legislator Support for New
Public Higher Education Initiatives: A Case Study of the Establishment of the School of Dental
Medicine at East Carolina University" - that I am conducting for my doctoral dissertation in the
Department of Higher, Adult, and Counselor Education at East Carolina University. My goal is
to interview key individuals who were involved in the process of establishing the School of
Dental Medicine (SoDM) at East Carolina University (ECU). These face-to-face interviews will
be conducted in/at various locations convenient to the study participants and are not expected to
take more than approximately 60 minutes to complete. It is hoped that findings from the study
will enable us to better understand the process of political decision making as it relates to
supporting new initiatives in public higher education via state appropriations. Every effort will
be made to ensure that participants' identities are not revealed in the dissertation In the event
that it is determined individuals' identities are necessary to be revealed in the analysis of
findings, the participant will be notified of such before using any identifying information in the
findings / discussion of the study. Identities of participants will not be revealed without
permission of the participant. Your participation in the research is voluntary . You may choose
not to answer any or all questions, and you may stop at any time. There is no penalty for not
taking part in this research study. Please call Amanda R. Hodges at 252.916.2892 for any
research related questions or the Office for Human Research Integrity (OHRI) at 252-744-2914
for questions about your rights as a research participant.
I understand that my participation is voluntary and agree to participate in this study according to
the terms described above.
Participant / Informant Signature Date
Participant / Informant Name (Printed)

APPENDIX C: 2002 ECU FEASIBILITY STUDY

APPENDIX M



The University of North Carolina

OFFICE OF THE PRESIDENT

POST OFFICE BOX 2688, CHAPEL HILL, NG 27515-2688

GRETCHEN M. BATAILLE, Senior Vice President for Academic Affairs

Telephone: (919) 962-1611 * Fas: (919) 843-6813 * E-mail: bataille@northcarolina.edu

Appalachian State University

East Carolina University

Elizabeth City State University

Fayetteville State University

North Carolina Agricultural and Technical State University

North Carolina Central University

North Carolina School of the Arts

.tli Carolina State University at Raleigh

University of North Carolina at Asheville

University of North Carolina at Chapel Hill

University of North Carolina at Charlotte

University of North Carolina at Greensboro

University of North Carolina at Pembroke

University of North Carolina at Wilmington

Western Carolina University

.nston-Salem State University

Carolina

Date: June 3, 2002

To: Committee on Educational Planning, Policies, and Programs

From: Gretchen M. Bataille Schip Vice President, University of North Carolina

RE: Feasibility Study for a School of Dentistry at East Carolina University

During the past legislative session, the Board of Governors was charged in Senate Bill 1005 to conduct a feasibility study for a School of Dentistry at East Carolina University. The legislation stated:

The Board of Governors of The University of North Carolina shall study the feasibility of establishing a School of Dentistry [and a School of Engineering] at East Carolina University...

To carry out this task, I assembled a team of consultants who agreed to provide a report in response to this legislation. All members of the team have served as either a dean or director of dentistry and all have had extensive experience relevant to the task assigned to them. The team included:

Howard L. Bailit, University of Connecticut School of Medicine, Director, Health Policy and Primary Care Research CenterDean William E. Kotowicz, University of Michigan, School of DentistryDean Emeritus David R. Myers, Medical College of Georgia, School of Dentistry

The team received materials from the School of Dentistry at The University of North Carolina at Chapel Hill, The SHEPS Center, AHEC, Health Affairs at East Carolina University, the North Carolina Institute of Medicine, and the American Dental Education Association in preparation for the visit. The planned agenda included an opportunity for the team to meet with key administrators in the dentistry arena in the State as well as Thomas Bacon, the Director of AHEC, and John Stamm, the Dean of the School of Dentistry at UNC at Chapel Hill. The team traveled to ECU to meet with administrators there and visited the Dental Clinic at ECU's Brody School of Medicine where they met with the dental residents, faculty and senior administrators at ECU.

to Equal Opportunity! Officerative betiev Employer

D:\My Documents\G BATAILLE\DENTISTRY STUDY\Dentistry Study EEEP letter.doc

They were asked to assess what would be necessary to establish a School of Dentistry at ECU. The process was informed by a recent study of the dentist shortage in North Carolina that was conducted by the SHEPS Center and by a report on trends in dentistry and dental education conducted by the ADEA. The team was asked to include an assessment in response to the legislation as well as to provide their professional judgment on ways to respond to the need to address the dentistry shortage in North Carolina.

The report from the team of consultants is being provided to the Committee as an information item. The Committee is asked to vote to recommend this report to the Board of Governors for transmission to the Joint Legislative Education Oversight Committee.

I am grateful to the team and to members of the University community who were responsive to the demands of a short time frame to complete this report.

GMB/la

Xc: Molly C. Broad Alan R. Mabe

REPORT TO DR. GRETCHEN BATAILLE SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS THE UNIVERSITY OF NORTH CAROLINA

FEASIBILITY STUDY: SCHOOL OF DENTISTRY AT EAST CAROLINA UNIVERSITY

June 3, 2002

Consultant Panel
Howard Bailit, D.M.D., Ph.D.
William Kotowicz, D.D.S., M.S.
David Myers, D.D.S., M.S.

M-3

Introduction

The State of North Carolina General Assembly (Section 31.10. (d)) requested the Board of Governors of The University of North Carolina to assess the feasibility of establishing a School of Dentistry at East Carolina University. In response to this request three expert consultants from outside the State were employed to investigate and prepare a report to the General Assembly. The specific charge to the consultants is presented in Attachment A. The consultants reviewed several reports on dental personnel and access issues in North Carolina, and during a 24-hour visit, they met with leaders from the University of North Carolina at Chapel Hill and East Carolina University, the dental profession, and the State Health Department. The consultants' schedule is presented in Attachment B. We (the consultants) appreciate the excellent staff work that went into making our visit to North Carolina so productive and enjoyable.

We are convinced that North Carolina has a serious dental care access problem for lower income populations, and especially those living in rural areas. We do not have enough evidence to determine if populations with private dental insurance or the financial means to purchase dental services out-of-pocket have significant financial or physical access problems. Therefore, we focus this report on options for increasing access to dental care for lower income populations. The options considered include: 1) a new School of Dentistry at East Carolina University, 2) an increase in the size of the dental class at The University of North Carolina at Chapel Hill, 3) the development of a Department of Dentistry and dental residency programs at East Carolina University, 4) the expansion of safety net dental clinics in the Greenville area, and 5) the establishment of an educational program in Dental Hygiene at East Carolina University.

School of Dentistry East Carolina University

We estimated the cost of establishing a new dental school at East Carolina University by making comparisons with ongoing dental school construction at the University of Maryland, Marquette University, and the University of Nevada (see Table A). After careful review, we do not recommend the establishment of a dental school at East Carolina University at this time. The primary reasons are that the costs will exceed \$100 million to build an academically strong school; the first class will not graduate for ten years; there are inadequate numbers of qualified students from North Carolina applying to dental school to support two state schools; there is a growing national shortage of dental faculty to staff the new school; and, most of all, the school will have limited impact on increasing access to care for underserved, rural populations.

The analysis supporting this recommendation is based on several assumptions:

- <u>Class Size</u> We assume a predoctoral class size of 75, the average of US dental schools. We do not consider graduate clinical training or dental auxiliary programs.
- <u>Construction Costs</u> The figures presented also include equipment costs.
 Construction costs at Marquette include new dental equipment, but most existing furniture, computers, etc. will be moved to the new building.
- Shared Space The only dental school that provides its own basic science instruction is Maryland. We assume that the dental school at East Carolina University will have a close relationship with the Brody School of Medicine. Incremental costs to the Brody School of Medicine for basic science instruction are not included in the comparative figures. Nevada will share approximately 40,000 square feet of office classroom and research space with the School of Medicine. These costs are not included in Nevada's construction costs.
- Scope of Program Construction and operating costs for Maryland and East Carolina include a significant research infrastructure. The Marquette and Nevada estimates do not include research infrastructure costs.
- <u>Dental Curricula</u> Marquette and Nevada plan to have 4th year students spend considerable time in community clinics providing care to the underserved. This accounts for some of their reduced space requirements.
- University of North Carolina at Chapel Hill School of Dentistry East Carolina construction and operational costs are based on data from the University of North Carolina at Chapel Hill and adjusted to reflect a total enrollment of 300. Each cell in section two of Table A is adjusted to make the comparisons among existing programs.

TABLE A - Comparative Construction and Operating Costs

			Management	Nevada
	UNC Chapel Hill	Maryland	Marquette	
Sq. Ft.	327,200	365,000	125,000	108,000 + (40,000 Shared)
Cost per sq. ft.	\$350.00	\$367.00	\$240.00	\$319.00
Total Construction Cost	\$114,520,000.00	\$134,000,000.00	\$30,000,000.00	\$34,500,000.00
Students	525	585	325	300
Faculty	115	120	75	45
Staff	290	230	91	45
Operating Budget	\$46,400,000	\$42,300,000	\$16,000,000	\$15,000,000
	East Carolina		300/325=.94	0
Sizing Factor	300/525=.57	300/585=.51		108,000 + 40,000
Sq. Ft.	186,500	186,150	117,500	\$319.00
Cost per sq. ft.	\$350.00	\$367.00	\$240.00	\$319.00
Students	300	300	300	300
Faculty	66	61	70.5	45
Staff	165	117	85.4	45
			ī	
Factored Construction Cost	\$65,280,000	\$68,340,000	\$28,200,000	\$34,500,000
Factored Construction Cost Per Student	\$217,600	\$227,800	\$94,000	\$115,000
Operating Budget	\$26,448,000	\$21,573,000	\$15,400,000	\$15,000,000
Annual Operating Cost Per Student	\$88,200	\$71,900	\$51,300	\$50,000

It is evident that the mission, scope of programs, curricular design, and the sharing of space and facilities with other campus programs significantly alter construction and operating costs.

Beyond cost, several factors must be considered, including:

- Applicant Pool The resident applicant pool at the University of North Carolina at Chapel Hill is less than 200, and in a class of 76 students approximately 80% are North Carolina residents. It is unlikely that the remaining North Carolina applicants qualify for acceptance. Thus, East Carolina may need to recruit a large percentage of non-resident students;
- <u>Faculty Recruitment</u> There is a national shortage of qualified dental faculty.
 According to the American Dental Education Association, open faculty positions range between 350 to 400;
- <u>Timeline</u> The creation of a new school will take at least five years. Hence, it will
 be at least 10 years before East Carolina University graduates the first class.
 (Legislative funding: 1 to 2 years; recruiting administrators: 1 year; achieving
 provisional accreditation: 2 years; admission of 1st class: 1 year; matriculation of
 first graduating class: 4 years).
- Impact The impact that East Carolina University dental graduates will have on providing care to underserved population is likely to be limited. While the University of North Carolina at Chapel Hill reports that 85% of its graduates remain in the State, these figures may not hold for a class that is expected to have a higher percentage of non-residents. For comparison, Brody School of Medicine reports that 50% of their graduates remain in North Carolina, 25% practice in eastern Carolina and 12.5% practice in rural counties. Further, it is unlikely that dental graduates will seek to serve low-income populations, since Medicaid reimbursement levels are very low compared to privately insured patients. The most direct impact of a dental school at East Carolina University will come from having students and residents spend part of their training in outreach clinics in underserved areas.

Dental School Class Size

The University of North Carolina at Chapel Hill

We recommend that the class be expanded by 25 students. The existing programs are academically strong and nationally recognized, so the increase in class size will take advantage of the existing University infrastructure.

For comparison purposes, figures and terms provided by Dean Stamm to Chancellor Moeser and shared with the consultants are used in Table B.

TABLE B - Increase in Class Size at The University of North Carolina at Chapel Hill

1	UNC Chapel Hill
Sq. Ft.	75,000
Cost per sq. ft.	\$300.00
Total Construction Cost	\$22,500,000.00
Students	104
Faculty	-?
Staff	-?
Operating Budget	\$4,000,000
Factored Construction Cost per Student	\$216.300
Annual Operating Cost per Student	\$38,500

Recruiting additional qualified students and faculty remains an issue, but with an excellent national reputation, these problems will be easier to overcome at the University of North Carolina at Chapel Hill than at East Carolina University. With creative scheduling and sharing of campus facilities, the timeline for the expansion is around five years. The impact of the additional graduates on providing care to underserved rural populations will be limited for the same reasons presented in the previous discussion of starting a dental school at East Carolina University. The additional students will have a modest impact on the dentists to population ratio in North Carolina.

Dental Department and Dental Residencies East Carolina University

The School of Medicine offers a one year General Practice Residency (GPR) in dentistry. Located in the Department of Family Medicine, the program accepts three residents per year and has a part-time director. The four-chair dental facility is located in the hospital's outpatient clinic. The dental residents do not rotate to extramural clinics.

We recommend that the Medical School establish a separate Department of Dentistry and expand the number of dental residents to 20 to 25 per year.

We recommend that the present academic base for the dental residency program should be strengthened to support a larger number of residents. The program needs to: 1) add four or five full time qualified dental faculty, 2) develop an alliance with the School of Dentistry at the University of North Carolina at Chapel Hill to gain access to their nationally recognized education, research, and patient care programs, and 3) recruit part-time, non-paid, community dental specialists to participate in resident training.

To expand the number of general dentistry residents, we recommend that the School of Medicine establish an Advanced Education in General Dentistry (AEGD) program rather than increase the number of GPR residents. The one-year AEGD residency program has more flexible accreditation standards and allows residents to rotate to extramural clinic sites. The AEGD residents could staff safety net clinics (see next section) located in rural areas of eastern North Carolina. Perhaps, fifty to sixty percent of these residents may open practice in North Carolina.

We suggest that the Medical School establish a Pediatric Dentistry residency program. These residents will also provide care to underserved children in rural eastern North Carolina. An alternative strategy is to expand the Pediatric Dentistry residency program at the School of Dentistry at the University of North Carolina at Chapel Hill and have these residents do part of their training in the East Carolina dental program. This approach may be more cost-effective, but both strategies will require an investment in additional faculty, staff, residents, and facilities.

The costs associated with expanding the general dentistry residency programs (GPR, AEGD) include additional full-time faculty, dental auxiliary and administrative staff, resident stipends, renovations to the present hospital dental clinic, and the development of safety net clinics in the surrounding Greenville area. Per faculty costs are estimated to average \$180,000/year (salary and fringe benefits); for five faculty this comes to approximately \$1,000,000. These costs will be partially offset by faculty generated patient care revenues, if a physician attending teaching model is used, where faculty treat patients while supervising residents.

Dental auxiliary and administrative staff costs will be covered largely by patient revenues generated by faculty and residents.

GPR, AEGD, and Pediatric Dentistry residency programs are eligible for Graduate Medical Education support, which will cover resident stipends and some of the cost of their educational programs. Dental residents are exempt from the federal cap on the number of medical residents.

The costs for the establishment of safety net clinics are considered in the next section.

It will take two to five years to recruit the new faculty and residents and to build additional clinical facilities. These activities will take place in stages so that within two years the dental residency program should be larger by several residents. The recommended expansion of the dental residency programs at East Carolina University Medical School will have a significant impact on improving access to care for underserved patients in rural eastern North Carolina. As noted below, 25,000 to 35,000 patients should obtain dental care from the residents annually. Further, this strategy is more cost-effective than establishing a School of Dentistry at East Carolina University and will take much less time to implement. Finally, a strong dental department in the Medical School better prepares East Carolina University for the challenge of starting a School of Dentistry in the future.

Safety Net Dental Clinics Greenville, North Carolina

The greater Greenville area has few public or voluntary sector operated dental clinics that provide care to the Medicaid eligible population and to low-income people without private dental insurance. This problem is particularly acute in rural areas of the region. There is an immediate need to expand the hospital ambulatory dental clinic affiliated with the Brody School of Medicine and to build several small clinics in rural areas outside of Greenville. These safety net clinics should be staffed primarily, by General Dentistry and Pediatric Dentistry residents from East Carolina University and secondarily, by dental students and residents from the School of Dentistry at the University of North Carolina at Chapel Hill. We are not in a position to recommend the exact number and locations of these clinics.

As a general estimate, the cost of establishing and operating (annually) a four chair dental clinic is \$200,000 and \$170,000, respectively. Patient revenues should cover the operating costs. Once funds are available, it should take no more than nine months to have these clinics operational. These additional clinics and dental personnel will have a substantial impact on improving access to care for low income populations in Greenville and surrounding rural areas. Assuming a total of five new dental facilities (20 dental chairs) that are adequately staffed and managed, 25,000 to 35,000 patients should receive dental care annually.

Preliminary discussions with the State of North Carolina Health Department suggest that public and private funds are available to establish safety net dental clinics. Thus, the new offsite clinical facilities needed to support the expanded general dentistry residency programs may not be a University or hospital expense.

There are financial and education advantages to building safety net clinics that provide both medical and dental care. This will allow clinics to become Federally Qualified Community Health Centers. Qualified Centers are eligible for additional government support.

Dental Hygiene Program East Carolina University

Some evidence suggests a significant shortage of dental hygienists in the State, and especially in eastern North Carolina. East Carolina University has a School of Allied Health and should investigate the feasibility of establishing a program MRY-83-2006 14:26

P.155

Report To
Dr. Michael Lewis
Vice-Chancellor for Health Sciences
East Carolina University

Case for a School of Dentistry

March 2006

Advisory Committee
Howard Bailit, DMD, PhD, Chair
William Butler, DDS, MS
Cecile Feldman, DMD, MBA
James Hupp, DMD, MD, JD, MBA
Julian Ponce, JD, MBA, CPA

Introduction

The Vice-Chancellor, Michael Lewis, appointed an external Advisory Committee of national experts in dental education to determine the feasibility of starting a School of Dentistry (SoD) at East Carolina University (ECU). This report presents the Advisory Committee's findings and recommendation.

The proposed SoD plan is a joint effort of the Committee and the leaders of the ECU Health Sciences Center and is based, in part, on written background information provided by Dr. Lewis' office and interviews with key ECU academic and administrative staff and with community stakeholders. The written material reviewed and the people interviewed are seen in Appendices A and B, respectively.

Recommendation

The Advisory Committee unanimously and enthusiastically supports the establishment of a SoD at ECU and believes that the new school has outstanding potential. The school's innovative community-based patient care programs are expected to improve the quality of dental student and resident education and to significantly increase access to dental care for low-income, rural populations in North Carolina.¹

Background

Oral Health Disparities

There are large, persistent, and possibly growing disparities in access to dental care in the 85 rural counties in North Carolina. The rural areas are characterized by high levels of poverty (15% under the federal poverty level) and large minority populations (34%). Only 20 percent of low-income, rural residents who are Medicaid eligible visit a dentist annually, and this low utilization rate is associated with a high prevalence of the major oral diseases (tooth decay, serious gum infections, and oral and throat cancer). Clearly, access to dental care is a major problem for low-income populations living in rural counties of North Carolina.

The primary reasons for these low utilization rates are:

- The median family income in rural counties is only \$29,000 per year, and many people cannot afford to purchase dental services from private practitioners.
- With little industry in the area, only 10% of the low-income population is covered by private dental insurance.

For reference, the 2002 report, "Feasibility Study: School of Dentistry at East Carolina University" was prepared by Drs. Howard Bailit, William Kotowicz, and David Myers.

- Medicaid fees are low: dentists are reimbursed at 35% of usual and customary fees.² Not surprisingly, only 16% of dentists bill Medicaid for \$10,000 or more per year.
- There is a serious shortage of dentists in rural areas, and 79 counties qualify as dental professional shortage areas under federal guidelines.
- The dental workforce is not as diverse as the population. Ten percent of dentists are African-American and other minorities while the state population is 34 percent non-white.
- The dental safety net system is limited. Only ten of the 23 Federally Qualified Health Centers (FQHCs) in North Carolina provide dental care, and relatively few (21) other community clinics or hospitals offer basic dental services to low-income families.

ECU Health Sciences Center

The ECU Health Sciences Center provides an excellent environment for the establishment of a SoD focused on training dental students and residents to serve the oral health care needs of low-income, rural populations. The Schools of Medicine, Nursing, and Allied Health have the same primary mission, and to date, the Schools of Medicine and Nursing have had considerable success in meeting their missions. Most medical and nursing graduates remain in North Carolina, and many are located in or near rural communities.³ The expectation is that the SoD will be equally successful, since the dental and medical schools will be closely integrated with respect to basic medical science and clinical training, and the two schools report to the same Vice-Chancellor.

Dental Education

State supported dental schools (37 of the nation's 56 schools) are facing major financial and academic challenges. State and federal support for dental education has declined dramatically, and private practitioner incomes are increasing at twice the rate of clinical faculty salaries. Thus, it is difficult for schools to recruit and retain clinical faculty, to adequately invest in maintaining their physical and learning infrastructure, and to improve the quality of academic teaching and research programs. These problems are increasing and may reach crisis levels in the next several years.

The basic problem is that many schools do not have the resources to support the traditional model of clinical dental education. In this model schools own and operate their own dental clinics and run them as teaching laboratories. Students and residents see relatively few patients, because care is not provided efficiently. As a result, very large financial subsidies are required to maintain these operations.

² This estimate was calculated by Dr. Tryfon Beazoglou, a health economist, based on current Medicaid fees compared to current national and southeast regional fees charged by private practitioners. The latter data come from an ADA survey and are adjusted for inflation.
³ Allied Health is now collecting data on the location of its graduates.

The proposed ECU SoD is based on a different model of clinical education that will significantly change the cost structure of dental schools, give dental students and residents more clinical experience in real (patient-centered) delivery systems, and provide dental care to more underserved patients. This model is now used successfully in the clinical training of physicians, nurses, pharmacists, and oral and maxillofacial surgeons.

Goals and Strategy

The goals of the school are:

- To reduce disparities in access to dental care for populations living in the rural counties of North Carolina.⁴
- To provide dental students and residents an excellent education that will prepare them to provide care to diverse groups of low-income, rural patients.
- To generate new knowledge that will enhance the school's and nation's ability to more effectively deliver care to low-income, rural populations.

The strategies to achieve the goals are:

- Provide dental services to thousands of low-income, rural residents in strategically located patient-centered⁶ dental clinics in rural areas of the state.
- Recruit a large percentage of dental students from economically disadvantaged families living in rural and other underserved areas of the state.
- Significantly increase the number of general dentists who practice in or near rural areas of the state within 10 years of graduating the first class of students and residents.⁶
- Partner with other ECU schools to develop an outstanding epidemiology and health services research unit focused on creating new knowledge and methods to reduce disparities in access to medical and dental care in lowincome, rural areas.

Educational Programs

Dental Student Education

Educational Philosophy - Dentistry is a well-established health profession that is closely allied with, but organizationally separate from, medicine.

^{*} The primary focus of the proposed SoD clinical programs is rural areas of the state. However, selected underserved urban areas may also be served by the school.

The primary goal of patient-centered clinics is the efficient delivery of high quality cere to patients. In this setting, faculty, residents, and students provide much more care to patients, compared to traditional dental school clinics.

⁶ The long-term solution to reducing access disparities requires adequate public and private dental insurance for underserved populations.

- There is substantial overlap in the basic medical science (BMS) knowledge needed by students of dentistry and medicine, so where appropriate, the BMS should be taught jointly to both groups of students.
- Dental students should have a basic understanding of clinical medicine in order to effectively treat dental patients, and likewise, medical students should have a basic understanding of clinical dentistry to effectively treat medical patients.
- The clinical training of dental and medical students should take place in the same clinical settings when feasible, so that the two groups of students can interact, as they will in practice.
- The clinical teaching model used in medicine and oral and maxillofacial surgery should extend to all the sub-disciplines of dentistry. In this model faculty provide care to patients as they supervise a small number of residents and students, and residents have a role in training senior dental students.

Curriculum – The four major components of the undergraduate dental program are described:

- 1. Basic Medical Sciences⁷ Dental students will spend most of their first two years in the basic health sciences, and a significant part of their core BMS program will be taken with medical students. During this time, they will receive separate instruction in the basic dental sciences and preclinical technique. In the first two years students will spend time in SoD clinical facilities learning the environment of dental practice and specific practice skills. They will also interact with community leaders and public health officials who are concerned with health at the population level.
- Preclinical Technique In the first and second years of the program, students will receive instruction in basic preclinical techniques. Within this program they will have access to technologies and instructional methods that are known to speed the acquisition of hand-eye skills. This may include some limited patient care experiences.
- 3. Third Year Patient Care Dental students will spend most of their third year in direct patient care in a specifically designed clinic located in Greenville. This 70 chair facility will facilitate the learning of basic knowledge and skills related to the diagnosis, treatment planning, prevention, and treatment of oral diseases and conditions. They will also spend considerable time in didactic courses learning the sciences underlying the clinical care of patients. Some selected students may begin rotations in the rural clinics in the third year, and by the end of the third year, all students will be prepared to provide care in the SoD and other patient-centered clinics located throughout the state.

⁷ The basic sciences include biomedical and dental, behavioral, and material sciences.

4. Senior Year Patient Care — This year will be devoted to gaining clinical judgment and skills in the delivery of care. Working with residents and faculty, students will be assigned a case load of primary care patients. They will also have specialty rotations. During this time, depending on the location of their assigned rotations, they will participate in seminars, grand rounds and other learning formats in their assigned clinics, and use distance learning technology.

Dental Student Recruitment

The SoD plans to enroll 50 students in a class for a total of 200 students over the four year program. Special efforts will be made to recruit students from rural areas of the state and from disadvantaged families. The rapid increase in dental school applicants in North Carolina (and nationally) experienced over the past few years is expected to continue and will provide the SoD a large pool of qualified applicants.

Resident Education

Educational Philosophy – Nationally, only 40% of dental graduates obtain additional clinical training after graduation. The SoD plans to encourage all graduates to take a residency in primary care dentistry (e.g., general or pediatric dentistry) and will guarantee all graduates the opportunity to take a year of residency training in an accredited program at ECU. The majority of graduates are expected to accept this offer. The purpose of this effort is to better prepare ECU graduates to provide high quality care to their patients and to increase the number of low-income patients from rural areas who are treated in the ECU dental care system. This additional year of training is also expected to increase the number of residents who decide to practice in or near rural North Carolina communities.

Curriculum - The training of ECU residents will take place in patient-centered clinics located in rural areas of the state. Here, residents will have the opportunity to experience practice with a full team of experienced faculty, allied dental health personnel, and administrative staff. In this environment they will learn to provide high quality care efficiently to low-income populations. They will also gain experience in directing community level prevention programs that are effective in rural areas.

All residency programs are expected to receive direct and indirect Graduate Medical Education (GME) support from the federal government. The SoD plans to have 40 general dentistry and 10 pediatric dentistry residents. The general dentistry residents are enrolled in a one- or two-year program and the pediatric residents in a two-year program. There are no plans at this time to develop residency programs in the other dental specialties, although specialty faculty are in an integral and important part of the school.

A residency is now required by law in two states (i.e., Delaware and New York), and several states have passed legislation that give dental graduates an incentive to take a residency program.

Delivery System

Unlike traditional dental schools, the ECU SoD will not build large dental clinics in a central location (i.e., Greenville) and expect patients to come to these clinics. This does not make sense in rural areas with widely dispersed populations and limited public transportation. Instead, the school will build, acquire, or lease several (8 to 10) small clinics of 20 to 25 dental operatories in selected rural and possibly other underserved areas of the state and form partnerships with community health centers and other dental safety net clinics for resident and student rotations. All of these clinics will provide care to primarily low-income, underserved patients. To operate efficiently, the ECU clinics need to operate as an independent 501(c)3 corporation.

SoD Faculty

The SoD will employ 65 FTE faculty. They will be distributed as follows:

- Four faculty will be full-time administrators. This includes the Dean and three Associate Deans (Admissions and Student Affairs, Academic Affairs, and Clinic/Business Affairs).
- Five faculty with graduate training in the basic sciences will have joint
 appointments in the BMS faculty of the School of Medicine. They will
 cover the additional teaching of the combined class of dental and medical
 students.
- Two faculty with graduate training in the material and engineering sciences will provide dental students and residents instruction in dental materials.
- Four faculty will be research specialists in clinical dental epidemiology, health services research or management and will have joint appointments in the research and teaching unit that serves all ECU health professional schools.
- Thirty faculty will be general dentists and will provide most of the student and resident clinical teaching and patient care services.
- Seven faculty will be pediatric dentists and will teach students and residents and provide services to children with special needs.
- Thirteen faculty will be specialists, including oral and maxillofacial surgeons, endodontists, periodontists, prosthodontists, and orthodontists.

All clinical faculty will be expected to partially cover a significant part of their income from patient care services, while they supervise senior students and residents. They will also cover the overhead costs of running the patient-centered clinics. This is a significant change from traditional state-supported dental schools, where faculty and clinics require very large subsidies.

In addition, to the full-time faculty, the SoD welcomes and encourages local safety net and private general and specialty dental practitioners to participate in clinical programs on a part-time basis. This participation can take on many forms e.g., giving presentations, leading seminars, presenting at grand rounds, and supervising students and residents. All part-time faculty will be trained and calibrated to supervise residents and students and will receive faculty appointments at the dental school. They will have the same access to ECU resources as the full-time dental school faculty (e.g., library, computer center, continuing education courses).

Physical Facilities

Central - The primary teaching, research, and administrative activities of the SoD will take place in a building located on the Health Sciences campus in Greenville. The central facility will have 112,500 square feet of space. This is substantially below the average amount of space for dental schools nationally, adjusted for the expected number of ECU dental students, residents, and allied dental health students (under consideration), and some use of the facilities by students and residents from the School of Medicine. This is because the central facility does not include most patient care clinics. Importantly, the SoD building will not duplicate any central facilities (e.g., library, learning resources, and biomedical communications) that are already available on the ECU Health Sciences Center campus and have the capacity to meet the needs of the SoD.

The major features of this central facility include:

- Presentation rooms will accommodate a combined class of 50 dental and up to 100 medical students who are taking the same BMS courses in the first and second years of the program. The School of Medicine now takes 75 students per year.
- Presentation and seminar rooms will provide for dental student, resident, and continuing dental education programs. This teaching space will also be a resource for the School of Medicine.
- The preclinical laboratories will accommodate 50 dental students and 20 dental hygiene students. A program in Dental Hygiene is now being considered in the School of Allied Health.
- A 70 chair teaching clinic will accommodate 50 third year dental students and 20 second year dental hygiene students.
- 5. SoD faculty will have office space in the building.
- Research space will be available to accommodate the five BMS, two
 materials/engineering, and the four epidemiological/health services research
 faculty.
- The central computer and servers for all patient care services will be located in the building.

<u>Clinical</u> — With the exception of a specialty clinic located in the Greenville area, all patient-centered SoD clinics will be located in rural areas of the state. The clinics will have from 20 to 25 operatories and will average 10,000 to12,000 square feet of space. Total SoD clinical space is larger than the average dental school of this size, because of the multiple rural clinics where faculty, residents and senior students deliver care in a 'real' delivery system.

Budget Estimates

Capital Budget - The capital budget is presented in Appendix C. The facility in Greenville is expected to cost \$48 million dollars. This estimate assumes a construction cost of \$300/square foot for the required 112,500 square foot building or \$33.7 million. An additional \$14.3 is needed to equip the facilities and make some changes to basic medical science laboratories in the School of Medicine to accommodate the larger class of medical and dental students.

The 10 patient-centered clinics are expected to cost \$3 million each for a total of \$30 million. This estimate includes the cost of construction and equipment. The total capital budget required is \$78 million.

Annual Operating Budget – The operating budget is divided into two sections. Appendix D presents the expected annual academic operating budget. This includes operating expenses for the 3rd year teaching clinic. Appendix E presents the clinical operating budget in the 10 community-based group practices that operate as a 501(c)3 organization. In terms of expenses for the academic operating budget, the salaries of the 65 faculty are the single largest item (\$9.2 million). Other major expenses include support staff located in Greenville (\$3.6 million), supplies (\$1 million) and resident expenses (50 X \$44,000 or \$2.2 million). Academic overhead is \$1,073,000. Total annual expenses come to \$17.9 million.

The expected revenues include the state budget (\$15 million), federal (GME) support for residents (\$2.7 million), and faculty grant support for salaries (\$269,000). The state budget is based on state support of \$16,897,000 less the \$1,897,000 in tuition revenues. Total operating academic revenues are \$17.9 million.

For the clinical operating budget (Appendix E), the estimated expenses are clinic overhead, based on 65 percent of gross revenues (\$11,607,000), and faculty supplemental clinical incomes (\$5.2 million). One million dollars are altocated to uncompensated care. On the revenue side, gross clinical revenues are projected to be \$17.8 million.

For faculty and residents to generate \$17.8 million in gross patient revenues treating primarily Medicald eligible patients, Medicaid fees will need to be adjusted to take into account the fact that current Medicaid fees are low and 2 1

cannot support SoD patient care clinics. Further, the services covered under the Medicaid program, especially for adults, will have to be modified to support the proposed education program. There is already a federally approved state Medicaid plan that allows for reimbursement of actual allowable costs of providing dental services in state-operated educational dental programs.

Appendix F presents the expected gross and net revenues from faculty and residents based on Medicaid reimbursement as just described. More than half of the Medicaid reimbursement received by ECU providers will be covered by the federal contribution to the Medicaid program in North Carolina. The 50 senior dental students are not included in the financial model, since they are expected to generate only enough revenues to cover their overhead. Further, some senior students will be doing rotations in non-ECU clinics.

Program Impact

The proposed clinical program will have a very substantial impact on improving the oral health and well-being of low-income populations living in rural North Carolina. The faculty, residents, students, and hygienists will generate over 200,000 patient visits annually. In addition, hundreds of rural residents will be employed in the ECU dental delivery system. As the SoD matures, many of its graduates will locate in or near rural communities in North Carolina, adding to the supply of dental services and employment opportunities for the region.

Because of the innovative clinical educational model, graduates of ECU SoD will have substantially more clinical experience than graduates of traditional schools. Further, they will have experience treating a more diverse, rural population and will be better prepared to operate successful practices in rural communities of North Carolina.

Appendix A Background Publications Reviewed by Advisory Committee.

- Draft Prospectus: A Dental School at East Carolina University
- 2. Task Force on Dental Care Access, North Carolina Institute of Medicine, 2005
- 3. North Carolina Rural Counties
- Mission: The Brody School of Medicine at East Carolina University, Spring 2005
- Latino Health: A report from the Latino Health Task Force, North Carolina Institute of Medicine in Collaboration with El Pueblo, Inc. 2003
- Fact Book 2004-2005, Office of Institutional Planning, Research, and Effectiveness. East Carolina University
- Alliance, East Carolina University School of Allied Health Sciences, 14(1): 2005.
- 8. Pulse, East Carolina University School of Nursing, 14: 2005.
- 9. Bulletin, East Carolina University School of Medicine, 2005-2007.
- Edge, East Carolina University Research and Creative Activity. Spring 2005.
- 11. ECU Medical School and Residency Grads in North Carolina, 2005.

Appendix B People Interviewed by Advisory Committee

Oral Health Steering Committee

Dr. Michael Lewis

Dr. Gregory Chadwick

Ms. Terri Workman

Dr. Chuck Wilson

Dr. Jasper Lewis

Dr. Gordon DeFriese

ECU Faculty, Administrators, and Board Members

Dr. Sallye McKee

Dr. David Musick

Dr. Virginia Hardy

Mr. Kevin Seitz

Dr. James Smith

Mr. Gary Vanderpool

Dr. Cynda Johnson

Chancellor Steven Ballard

Community Leaders

ECU Faculty
Members of North Carolina Legislature
Leaders of the Dental and Medical Practice Community
Business Leaders
Community Organization Leaders

Other

Dean John Williams, School of Dentistry, University of North Carolina

APPENDIX E: JOINT PLAN

APPENDIX A

Draft Plan for Dentistry in North Carolina March 29, 2006

The University of North Carolina at Chapel Hill and East Carolina University have engaged in collaborative discussions to formulate a plan for dental education and dental outreach in North Carolina that would serve the needs of the citizens of the state. The core steps would be to expand the size of the dental school at UNC-CH with a focus on education, research, and outreach that would move the school into the highest ranks among American dental schools; and to establish a new dental school at ECU which would expand the education of comprehensive general dentistry practitioners, conduct research, and extend dental services into un-served and underserved primarily rural areas of North Carolina. This plan has been initiated as a collaborative activity of the two universities and will be developed and implemented with continuing collaboration. This collaboration is expected to result in shared and complementary missions in dental education, research, economic development and the provision of dental services in the state.

This collaborative dental project is expected to raise the national recognition of dental education in North Carolina through an expansion of the availability of primary care dentists throughout the state especially in underserved areas, the development of innovative clinical educational models for the provision of dental service to the underserved, the extensive use of distance education and teledentistry clinical consultation, expanded basic and translational research, and the sustaining of two dental programs nationally recognized for excelling in their respective missions.

Collaboration is not new to the two campuses. Under the leadership of both Chancellors, ECU and UNC-CH are already collaborating on a number of research projects, including racial disparities in cardiovascular illnesses, and high risk patients in obstetrics and gynecology. Shared resources including principal investigators and intellectual capital already demonstrate the ability of the institutions to successfully work in collaboration.

Dentistry in North Carolina

Within the United States, North Carolina is one of the 10 largest states by population and it is also one of the 10 fastest growing states. Providing current and future dental care services for the North Carolina population is a major challenge that could well become even more formidable. The official US Census 2003 population estimate for North Carolina is 8.4 million. Equally relevant, U.S. Census data show that North Carolina's 1990-2000 population grew by 21.4%, compared to the US population that grew by 13.1% for the same decade. On January 1, 2004 North Carolina had 3,462 in-state registered dentists and 4,095 in-state registered dental hygienists. At that same time point, North Carolina's dentist-to-population ratio stood at 4.1 DDS per 10,000 people, compared to the U.S. national figure of 5.8 dentists per 10,000 people. On January 1, 2004 North Carolina's overall dentist to population ratio ranked 47th out of 50 states. It is estimated that in 2004 North Carolina's annual dental expenditures totaled \$1.65 billion.

There is both a very real shortage of dentists as well as an imbalance in distribution. N.C.'s average in urban areas of the state is 4.7 dentists per 10,000 population, while the average for the state as a whole is 4.2. The rural areas of the state fare far worse with an average of about 3.1. There are four counties in Eastern N.C. without a dentist, three with only one dentist and as many as 28 counties with two dentists. Add to this the fact that N.C. is the second most rural state in the nation with 85% of the counties classified as "rural" and it is understandable that an access challenge exists in many areas of our state.

UNC-CH Dental Program

The UNC School of Dentistry is a national leader in academic dentistry. Since its founding in 1950, the School has educated the majority of primary care dentists practicing today in North Carolina. In addition, it provides comprehensive patient care, creates new knowledge through cutting edge research and serves the state in a variety of ways to improve the oral health status of the state. In recent years, it has been recognized that projected population growth within the state and the need to bolster new economic development opportunities will require an expansion of the dental educational and research facilities. While the main educational program will be at Chapel Hill, it is proposed to create at least two remote clinical facilities located in areas of greatest need within the state. A pilot project should be done to test the concept of community based DDS educational quality and program impact to improve access.

Current educational facilities for the School of Dentistry support a maximum class size of 80 per class. New facilities are required to accommodate enrollment increases and train the next generation of dentists to improve the quality of life and improve the economic vitality of the State. To address this shortage and in anticipation of the large population growth projected in the state, the capacity to educate more DDS students at UNC-CH needs to be increased to at least 100 in the near term. This will bring the UNC-CH dental school to the size approved by the Board of Governors in the 2002 report on dentistry. In addition to educational needs, existing research facilities at the School have exceeded their useful life and no longer support a contemporary research environment. It may be necessary to demolish two building to be able to expand to meet the expanded class size and to provide state of the art research facilities.

Investment in a new dental sciences building supports economic development in two direct ways. First, graduating additional numbers of dentists and dental hygienists increases the dental workforce to add capacity for the provision of dental services. This additional workforce can provide care that raises the quality of a person's oral health and thus provides a healthier labor force and that will treat children who can then attend school without dental pain. Second, the unique national/international reputation of UNC School of Dentistry attracts biotechnology and oral health care entrepreneurs to collaborate with UNC scientists in the translation of scientific knowledge created in university-based laboratories into new business ventures. According to the U.S. government's latest national health spending estimates, the American Dental Association reports that dentistry in the U.S. in 2005 was an \$84 billion dollar industry (Health

Affairs Web Exclusive W5-75). Therefore, the School of Dentistry with a modern educational and research facility as well as some remote clinical sites can provide a unique economic opportunity for the state of North Carolina to improve the health of our citizens and to stimulate new economic development. Development of medical devices generally and dental devices has the potential to have additional economic impact in North Carolina. The joint degree and research programs between UNC-CH's School of Medicine and NCSU's Engineering School provide a backdrop for the expansion of dental device research and development.

Proposed School of Dentistry at ECU

Eastern North Carolina is a region characterized by both small and socio-economically disadvantaged populations. An examination of the data shows that a large proportion of the populations in several counties of Eastern North Carolina have incomes that place them below Federal poverty guidelines. Although the percentage of their populations living in poverty since 1980 has declined, 31 out of these 41 have as many as 20 percent of children living in poverty. Further, median household income in North Carolina statewide was a modest \$38,194 in 2002, but in only four of these 41 counties does median household income rise above this statewide average. The disposable income and healthcare purchasing power of these populations is likely to be restricted, as is access to public health and other subsidized sources of dental and other forms of healthcare.

East Carolina University proposes developing a dental school with a mission similar to the one embraced by the Brody School of Medicine. The beginning class would be 50 students and after four years the proposed school would reach its full size of 200 students. The intent is to develop a "community-oriented" school of dentistry with a primary mission to attract into the profession individuals of high intellectual capacity who have a desire to practice dentistry in this state, and who are oriented toward a professional career of service to communities in significant need of increased dental care. Moreover, the new school of dentistry at ECU will give emphasis to, and expose students to, the variety and excitement of practice in communities throughout North Carolina where dental care is presently in short supply.

Like the Brody School of Medicine, students who are North Carolina residents will be recruited from rural and underserved counties, identified as having a passion for primary care, and will be given intensive exposure to the day-to-day challenges of serving populations with either socio-economic or other barriers limiting their access to care. The school will offer increased educational opportunities to minority and disadvantaged students in a strong academic environment. Students will be provided the opportunity to visit and learn about constructive and effective healthcare organizations within the region that have made substantial efforts to meet the needs of these traditionally underserved populations. Close collaboration with local public health and dental professionals in practice throughout the region will help serve the neediest populations.

There is no question that the oral health care needs of North Carolina's underserved populations will require multiple, not single, strategies. Moreover, the persistent and urgent need for additional dentists, particularly in the largely rural areas of Eastern North

Carolina and the western-most counties of the state, validates the need for multiple initiatives if the oral health of NC's population is to improve. A critical factor in this discussion is the adequacy of professional dental workforce supply, as well as the geographic maldistribution of these professionals within the state.

ECU Community Based Dental Education and Service Sites

East Carolina University envisions ten community-based dental practice sites, beginning with pilot programs in communities that have been designated as dental health professional shortage areas (DHPSAs). These sites are envisioned to be located across the entire state, but the heaviest concentration of these sites may be located in eastern North Carolina, which is the region of the state with the highest number of DHPSAs. Additional sites will be introduced across North Carolina as the model is evaluated and workforce numbers are refined.

There are three primary benefits expected from each community based dental practice site:

- Extend the access of dental services from the urban areas of the state, which have
 the highest numbers of dentists, to the rural areas of the state, which have
 chronically had the lowest numbers of dentists. This extension of the delivery of
 dental services to the rural regions in the state is necessary because of the
 combination of geography, poverty, and transportation challenges for the citizens
 in rural communities. Such a delivery model system is an innovative approach to
 addressing the lack of access to dental services for residents in rural communities.
- 2. Improve upon the preparation of fourth year dental students for the rewards and challenges of an effective and efficient dental practice by relocating these students from the traditional classroom on a university campus to functional dental educational and service sites in chronically underserved areas. In the practice environment, the dental students will be exposed to how a dental practice operates outside the halls of a university campus. Such a move reflects a completely new model in dental education.
- Generate economic development in some of the poorest regions of the state. The economic development is two-fold.
 - First, the communities in which the dental practice sites are located will be
 the beneficiaries of a very significant economic impact generated by the
 dental practices. In addition, these communities will receive indirect
 benefits associated with the expenditures by businesses which provide
 goods and services to the dental practice sites as well as the induced
 benefits (the multiplier effect from the dental practice site payroll and
 from those businesses supplying goods and services to the dental
 practices).
 - Second, the communities will receive the economic benefit of a healthier workforce through reduced days lost from businesses due to illness related to poor oral health. A healthier workforce will generate higher levels of productivity and will make a community more attractive for recruiting new businesses.

While East Carolina University envisions these sites as learning opportunities for its fourth year students and residents, these sites may also be available for students and residents from the University of North Carolina at Chapel Hill School of Dentistry. A core philosophy of the new dental school is graduating North Carolinians to address the needs of the rural and underserved populations of the state. Utilizing distributed settings presents the students with opportunities to provide care while immersed in a rich and productive academic environment. It adds to the healthcare infrastructure, and promotes a sound basis for economic growth in the state.

The unique combination of a new dental service delivery model to the most underserved regions of a state, the new dental education model, and the economic development benefits from these community based dental practice sites will continue North Carolina's tradition as a national leader for dental education and dental delivery.

East Carolina University welcomes the opportunity to work with UNC-Chapel Hill, the dental profession, and community leadership, as well as others, to educate the public on the importance of dental education and its impact on improving oral health. This new model will closely partner with the Community College system in efforts to improve workforce development as dental hygienists and assistants are graduated and employed throughout the state in this new model. As our state looks to the future and addresses emerging issues, we cannot afford to miss this opportunity to invest in all our people.

Areas for Collaboration by the Two Dental Programs

Discussions between the two universities have yielded a number of ways in which they can cooperate in providing expanded dental care to the citizens of the state, especially the underserved. These areas of cooperation will provide cost savings and a more efficient and effective approach to educating dentists for serving the underserved in NC.

- Develop a new AEGD dental residency program at ECU with the capability of providing slots to both institutions for dental residents (Fall 2007)
- Continue to explore the potential for the temporary allocation of a fixed number
 of slots for admission to the School of Dentistry at UNC Chapel Hill for East
 Carolina recruitment. The slots will be strategically filled by students from under
 represented geographic areas with access to dental care needs with the hope these
 students will return to practice in those areas. ECU selected candidates would
 meet UNC DDS admissions requirements (TBD)
- Expand the General Practice Residency (GPR) already present in Greenville, N.C.
 & link program to UNC-CH via distance education for seminars & teledentistry consultation (Fall 2007)
- Consult with and collaborate as appropriate with ECU regarding DDS curriculum, accreditation, faculty recruitment and provision of instruction (Fall 2006)
- Expand the number of Board of Governors scholarships awarded to dental students from NC with priority to DDS students from underserved areas and add the stipulation that recipients must provide dental patient care in an underserved area of North Carolina. (Fall 2007)

- Utilize distance education model between UNC & ECU for some DDS instruction (Fall 2010)
- Develop pilot community based program/s to test financial viability, educational quality and program impact to address access to dental care (Fall 2006)
- · Share placement of DDS students and residents in community-based sites
- Expand opportunities for UNC-CH DDS students to gain additional patient care experiences through ECU's community practices.
- Explore ways to maximize faculty resources by sharing faculty and establishing joint faculty appointments within available resources.
- UNC Chapel Hill to assist ECU with curriculum development and the initial accreditation process.
- Utilize distance education technology for selected DDS instruction, both from ECU to UNC Chapel Hill and from UNC Chapel Hill to ECU. The technology could also be used for selected instruction from UNC Chapel Hill to advanced education programs at ECU (General Practice Residency, Advanced Education in General Dentistry, Pediatric Dentistry).
- Develop research partnerships capitalizing on the respective strengths of UNC Chapel Hill and ECU.

Collaborative efforts outlined above assume adequate investment of new resources for personnel & technology with the exception of using some dental slots at UNC-CH for the startup of ECU's program.

Impact of This Plan for Dentistry on North Carolina's Standing in Relation to the National Average of Dentist per 100,000 Population

When each program is enrolled to the proposed maximum for the near term, 150 dental graduates would be produced in North Carolina. This level of graduates would be reached by the current plan in 2014. Our projections are that this number of graduates would bring NC close to the national average of dentist per 100,000 population but is unlikely to surpass the national average by 2020. Depending on the demand for dentists in North Carolina, the number of graduates produced could be adjusted upward or downward as the circumstances would warrant.

DRAFT Budget for UNC-CH: See attached.

DRAFT Budget for ECU See attached.

DRAFT Recommendation See attached



University of North Carolina at Chapel Hill - School of Dentistry Projected Capital Requirements (March 23, 2006)

DRAFT

Capital Requirements
Dental Sciences Building (includes cost escalation)

,	-	2	3	4	9	9	7	60	Total
Years	(2006-2007)	(2007-2008)	(2008-2009)		(2009-2010) (2010-2011) (2011-2012) (2012-2013)	(2011-2012)		(2013-2014)	IBOO
Preliminary Design	2,140,000								2,140,000
Construction		55,720,000	58,800,000	4,340,000	•				118,860,000
Total	2,140,000	55,720,000	58,800,000	4,340,000					121,000,000
Outreach Clinics	7								
Years	1 (2006, 2007)	2 (2007, 2008)	3 (2008, 2000)	(2009-2010)	(2010-2011) (2011-2013)	6 (2011-2012)	7 (2012-2013)	8 (2013-2014)	Total
	(KOOD-KOOK)	2 000 000	2.000.000	(2003-2010)	(1103-0103)	(2102-1102)	(0102-2007)		4,000,000

Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	Lotal
		-	2,000,000						4,000,000
Total		2,000,000	2,000,000	\$ 500 CO					4,000,000
Total Capital Requirements (Chapel Hill +	ements (Chape		Outreach Clinic Sites)						125,000,000
OT SET 1	University of I	North Carolina	at Chapel Hill -	University of North Carolina at Chapel Hill - School of Dentistry	istry				PPEN
	Projected 0	Projected Operating Requirements	uirements		Building complete				NDIX
SUMMARY	1	Class expanded by 10 in '07-'08			by another 10 in '10-'11				A
	-	2	6	4	2	9	7	00	1
Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	000
Faculty (Incl. FBs)	公司教育	THE STREET	HARDSHIP IN	新一次 图 50 00 00	STATE OF THE PARTY	SHOW MANUFACTURES.		作的 1918年 1918年	世の対象を変
One-Time		では ない		Section Section 12	STATE OF STREET, STATE OF	STATE OF THE STATE	問題の記憶を	美国的	様ななからは変
Permanent		140,000	285,000	580,000	1,020,000	1,470,000	1,755,000		1,755,000
Support Staff (Incl. FBs).	Bsh		の の の の の の の の の の の の の の の の の の の	THE PERSON NAMED IN	記録をはないのか	The second second		Call Lane	
One-I'me				The same of the same of	京 様と 様の	はなく 一大変のか		Same and the	の変形の変形の
Permanent			37,000		75,000	115,000	165,000		165,000
Non Personnel Operating Budget	ating Budget	が と	には、これには、	2 S S S S S S S S S	を	の意思などの		SANGELY SECOND	STATE OF THE PARTY
One-Time	THE REAL PROPERTY.	ないは、一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一			日本の の の の の の の の の の の の の の の の の の の	がは、日本のでは、日本には、日本のでは、日本のでは、日本のでは、日本のでは、日本には、日本には、日本には、日本には、日本には、日本には、日本には、日本に		A SECONDAL PROST OF	STATE OF STATE OF
Permanent		3,000	6,000	12,000	21,000	28,000	104,000		104,000
TOTALS	· · · · · · · · · · · · · · · · · · ·							Name of Street, or other	
One-Time								· · · · · · · · · · · · · · · · · · ·	ののでは、
Permanent		143,000	328,000	592,000	1,116,000	1,613,000	2,024,000	-	2,024,000
GRAND TOTAL		143,000	328,000	592,000	1,116,000	1,613,000	2,024,000		2,024,000

School of Dentistry
Projected Capital Requirements
Foundational Years

DRAFT

Greenville									
	-	2	3	4	S	9		80	Total
Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2010-2011)	(2011-2012) (2012-2013)		(2013-2014)	
Preliminary Design	3 000 000								3,000,000
Construction		27 335 000	28 835 000						56,170,000
Total					THE STATES		新年金融		59,170,000

includes 22% adjustment to project to cover anticipated construction inflation. Total project cost in 2006 dollars is 48,500,000.

Community Based Sites²

	,	2	60	4	io.	9	_	00	
Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2007-2008) (2008-2009) (2008-2010) (2016-2011) (2011-2012) (2012-2013) (2013-2014)	(2011-2012)	(2012-2013)	(2013-2014)	
	,	3 000 000	3.000.000	6.000,000	6,000,000	6,000,000	6,000,000		30,000,000
		000100010	200100010	Contract of the Party State of t	STREET, SQUARE, STREET, SQUARE, SQUARE	Control and Spinish of the last	THE RESERVE OF THE PARTY OF THE	のできないのでは、 では、 では、 では、 では、 では、 では、 では、	
									Prince/Describing 1950
The state of the s			COMMISSION OF THE PERSON OF TH	The second secon					
Total Capital Requires	ments (Greenv	ille + Commun	ity Based Sites)						

No inflation adjustment included due to smaller scale of facilities. Inflation adjustment may be requested in subsequent years depending upon construction market trends.

School of Dentistry

Projected Operations Requirements - State Appropriated Funds - SUMMARY

Foundational Years

		2	en	4	40	9	7	8
Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)
では、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	国际政策的	の	STREET, STREET	THE REAL PROPERTY.				
One-Time	Optionalization plants and a	391,764	489,457	2,187,926	2,508,845	2,396,590	718,246	٠
Permanent	855.783	-	2,322,839	5,538,138	8,007,683	10,086,013	10,452,777	10,452,777
Support Staff 1 188	TANK DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON N		CONTRACTOR OF	THE REAL PROPERTY.	THE RESIDENCE OF			SHEED WATER
Ope-Time	Contract and contract and	479,454	479,454	958,907	958,907	958,907	958,907	
Permanent	342,313	611,274	929,136	2,215,255	3,203,073	4,034,405	4,181,111	4,181,111
Non Personnel Open	ating Budget	医性感觉性	と 名は からから			第17 4 单 第		TAMES NOT THE PER
One-Time	107,547	100,000	75,000	150,000	150,000	150,000	150,000	
Permanent		250,000	200,000	750,000	1,000,000	1,000,000	1,000,000	1,000,000
TOTALSTEN		医	A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· 通知 (1) (1) (1)	STATES FOR STATES	Total Sales Control	
One-Time	107,547	971,218	1,043,911	3,296,833	3,617,752	3,495,497	1,827,153	•
Permanent	1,198,096	2,389,458	3,751,975	8,503,393	12,210,756		15,120,418 15,633,888	15,633,888
GRAND TOTAL	1.305.643	3.360.676	4.795,886	11.800,226	15,828,508	18,615,915	18,615,915 17,461,041	15,633,888

School of Dentistry
Faculty and Students Projections
Foundational Years

;	-	8	m	4	5	٥	,	0	
Years	(2006-2007)	(2007-2008)	(2008-2009)	(2009-2010)	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	
Faculty (Permanent)	4	80	36	52	99	67	67	67	
Faculty (One-Time)		-	-	2	2	2	2		
		はいるとのである	利の数点が接受数	Marchael Allenda					
Students	0	0	0	0,	90	100	150	200	
The one-time funding request for faculty is for the first year in the community-based dental practice sites. The budget request for the community-based dental statement of the first year of operations for the first year of operation for each site. The second year of operations includes a funding request for one of the	request for facu	Ity is for the first	year in the con	nmunity-based of or each site. The	antal practice site	s. The budget re operations includ	equest for the co	mmunity-based of the	ental

includes funding for two faculty positions the first year of operation for each site. The second year of operations is expected to be covered from the revenues generated faculty positions to be funded from the revenues generated at the practice site by the second year.

*Subject to change based upon the potential for the early admission of ECU students by UNC-Chapel Hill.

DRAFT

Committee on Educational Planning, Policies, and Programs Recommendation Regarding the Plan for Dental Education in North Carolina

It is recommended that the Board of Governors endorse the Plan for Dental Education in North Carolina developed jointly by the University of North Carolina at Chapel Hill and East Carolina University to meet the dental needs of the citizens of the State and seek planning funds* to further develop the plan.

The planning funds would be appropriated to the Board of Governors and would not be released until the Board's required procedures and approvals were met, including those for establishing new first professional programs**. The Board would expedite this process as much as possible. The President is to secure consultants who will advise both the campuses and the General Administration regarding the development and implementation of plans for dental education and dental services in North Carolina.

*Seven million dollars is being recommended.

**The process for planning and establishing a doctoral or first professional degree program is as follows:

The campus prepares a document based on Section 4001.1 of the UNC Policy Manual for requesting the approval to plan a new program.

General Administration reviews the proposal to plan and decides if it is ready to be submitted to the University-wide Graduate Council.

If submitted, the Graduate Council makes a recommendation.

Based on the recommendation of the Graduate Council, General Administration decides if it is ready to submit to the Committee on Educational Planning, Policies, and Programs.

If submitted, the Educational Planning Committee makes a decision on whether to approve for Planning.

The campus prepares a document based on Section 4001.1 of the UNC Policy Manual for requesting the approval to **establish** the new program, which has been previously approved for planning.

General Administration reviews the proposal to establish and decides if it is ready to be submitted to the University-wide Graduate Council.

If submitted, the Graduate Council makes a recommendation on the proposal to establish.

Based on the recommendation of the Graduate Council, General Administration decides if it is ready to submit to the Committee on Educational Planning, Policies, and Programs.

If submitted, the Educational Planning Committee makes a decision on whether to recommend that the Board approve the proposed program for establishment.

If recommended by the Planning Committee, the Board of Governors decides whether to approve the proposed program for establishment.

If approved by the Board of Governors the campus may start the program.

APPENDIX F: LETTER FROM CHANCELLORS TO NCDS



An Open Letter to the North Carolina Dental Society



Dear Society Members,

We are seeking your support for the Plan for Dental Education in North Carolina which was jointly prepared and supported by the University of North Carolina at Chapel Hill and East Carolina University and approved unanimously by the Board of Governors of the University of North Carolina. This plan envisions expanded and new roles for the two universities.

It is well-recognized that the UNC-CH's School of Dentistry is a national leader in academic dentistry, but current educational facilities and existing research facilities at the School have exceeded their useful life and no longer support a contemporary, technologically sophisticated education, research, and service environment. This joint proposal strengthens the flagship institution and ensures its ability to remain globally competitive. UNC will expand its dental class size to 100 and have new facilities to accommodate this growth and to replace its research facilities. UNC will explore two outreach clinics and technology transfer in the dental field to support economic development in North Carolina.

The Plan for Dentistry in North Carolina envisions a new dental school at East Carolina University with a facility in Greenville and 8-10 education and service clinics located in the most underserved rural areas of the state. The school would have a class size of 50. Utilizing distributed settings, the clinics present seniors and residents, under faculty supervision, with opportunities to provide care while immersed in a rich and productive academic environment. With a focus on primary care, the clinics add to the healthcare infrastructure and to meeting the dental needs of the underserved, as well as the need for economic growth in the selected regions.

This critical initiative complements the work of the North Carolina Dental Society, private practitioners, and others in achieving our common objective to improve oral health throughout our state. There is no question that a successful approach to addressing North Carolina's oral health care needs will require multiple, not single, strategies, and your participation and support are critical. The persistent need for additional dentists, particularly in the largely rural areas of the western and eastern counties of the state will only be exacerbated by the rapid population growth North Carolina will experience.

Our joint commitment to the Plan for Dentistry for North Carolina is based on a belief that our two campuses can best serve the citizens of North Carolina by a fully cooperative approach to developing the components of the plan. Other prior documents, including the prior ECU feasibility study, have been replaced with our commitment to the Plan for Dentistry in North Carolina.

Chancellor James Moeser

University of North Carolina at Chapel Hill

May 12, 2006

Chancellor Steve Ballard East Carolina University

٠.

APPENDIX G: GASTON COUNTY DENTAL SOCIETY PACKET

Gaston County Dental Society 224 South New Hope Road, Suite A Gastonia, North Carolina 28054

Travis Nixon, DDS Thad Johnston, DDS Will Kelly, DDS President Vice-President Secretary/Treasurer

July 20, 2006

Dear Fellow Dentist:

The members and leadership of the Gaston County Dental Society have provided you with this package to better inform your local dental society and professional network about the proposed second dental school at East Carolina University. Our 85 member dental society has adopted a stance opposing the new school and drafted a resolution stating our position.

Unfortunately, the leaders of our North Carolina Dental Society and its lobbyists have taken a very neutral stance on the issue instructing legislators to vote for the school and encouraging the school to move forward.

In your next meeting, please debate the feasibility of the new school both from the impact it has on our profession and the enormous fiscal irresponsibility it represents. We are encouraging other societies to adopt formal opposition to the school so that our leaders at the state level accurately represent its constituents. Please pass the word about the online petition located at www.ipetitions.com/petition/no_new_school/.

Enclosed in this package you will find the Gaston County Dental Society resolution and other pertinent information related to this matter.

Thank you,

Thad P. Johnston, DDS

Vice-President

Gaston County Dental Society

Resolved, the Gaston County Dental Society opposes any efforts to build a new dental school and objects to the lack of debate, study, and public scrutiny over the funding of the planning of such a school, and be it further

Resolved, the Gaston County Dental Society objects to the lack of enforcement of Resolution 15H2006 (NCDS resolution concerning the proposed ECU dental school) by the leadership of the North Carolina Dental Society and its respective lobbyists, and be it further

Resolved, the Gaston County Dental Society requests an immediate special session of the House of Delegates to clarify the position of the NCDS on the dental school at ECU, consider any changes in leadership or paid staff needed to ensure proper enforcement of House resolutions, and implement criteria for PAC contributions to go to those legislators voting with the society, be it further

Resolved, the Gaston County Dental Society requests the North Carolina Dental Society lobby the UNC Board of Governors to complete a non-biased need and feasibility study on the proposed ECU dental school prior to allocating any planning funds, be it further

Resolved, the Gaston County Dental Society requests the North Carolina Dental Society lobby the North Carolina General Assembly to withhold any future funding for an ECU dental school until manpower has been studied and other options considered through a non-biased third party study.

*** Paragraph 3 is not written to be antagonistic towards the NCDS leadership. Rather, it is included for the purpose of allowing frank dialogue concerning the proposed ECU school. It is our understanding that a special session of the House of Delegates must be limited to its purpose for being called. Therefore, we desire to keep the scope of the meeting wide and inclusive of all possible remedies to the presented grievance.

Included Documents

- The Friday Letter Copy of NCDS resolution Copy of Appropriations Bill
- Letter sent from Rep. Bill Current, Sr., to the legislature with a copy of NCDS resolution (the last paragraph of the resolution was omitted due to an honest mistake in the NCDS office.) The correct copy was distributed later but disregarded by some as something they'd already seen.
- Emails from Rep. Debbie Clary, a "big chair" reporting to Rep. Current what has happened in the appropriations discussion. Note the funding was removed until Erskine Bowles returned to lobby for reinstating the funding.
- 4. Amendment to the appropriations bill making a third party feasibility study mandatory instead of optional (the word "shall" replacing the word "may") and reducing the funding from \$7,000,000 to \$4,000,000. This left money for the study and the UNC-CH expansion. There would have been debate on the results of the feasibility study prior to the allocation of the planning money, had the amendment passed. (The first amendment went to committee, the second on the floor.)
- Roll call vote record.
- 6. Resolutions
- 7. Sample of miscellaneous letters.
- Newspaper articles

The following information is provided for information in regard to building a second dental school at ECU. This information includes a portion of the House appropriations bill concerning the dental school funding and two amendments that were proposed in regard to the school. The purpose of the amendments was to make the funding of the ECU planning (\$3,000,000) contingent upon a third party (non-biased) study stating that the ECU school was needed and would not be detrimental to existing state funded dental education programs (Chapel Hill). The legislation that has been passed by both the House and Senate includes funds for the planning of the ECU dental school and gives full authority to the Board of Governors.

A copy of the resolution passed at the May meeting of the North Carolina House of Delegates is also included for reference. Please note that the before mentioned amendments would have provided much of what the House of Delegates requested in the resolution, an evaluation of other avenues to address the access issues, and an opportunity for future debate.

The North Carolina Dental Society remained "neutral" according to its own lobbyist and did NOT participate in any of the above.

A copy of the roll call vote on the amendment has also been included. The "yes" by a name reflects those representatives that voted in support of having the non-biased feasibility study completed prior to giving the planning funding. The "no" indicates a vote to give the Board of Governors the funding with a feasibility study to be left to their discretion.

Please see how your legislator voted. Also consider that many of those legislators that bypassed the NCDS on this entire issue have received PAC contributions. Leading the effort was Senator Basnight and House Speaker Black. Included in this package is the letters and resolutions our society chapter has seen concerning the proposed ECU school. All reflect a strong opposition to building another dental school. While there is a small number of highly vocal dentists working for the school's establishment, most have conflicts of interest. The debate, however, must remain about the need of a new school and whether it is the best way to meet any need. There is also an article from the fiscally conservative Civitas organization, which provides outside perspective.

The reasons for the opposition to the dental school are listed in the different letters and resolution. Our local society is most concerned, however, by two main facts:

- The ECU dental school has been a back-door effort without debate, involvement of organized dentistry, or any nonbiased study to determine its need
- 2) The North Carolina Dental Society leadership has NOT instructed its lobbyist to enact the resolution passed by the House of Delegates and, subsequently, undermined efforts to have further non-biased assessment of the dental school need and other options to address the issue of manpower.

Please carefully consider the following resolution on behalf of the Gaston County Dental Society. Should your society wish to get involved both your legislative delegation and the NCDS must be contacted immediately.



A Publication of the North Carolina Dental Society

www.ncdental.org

June, 2006

North Carolina Dental Society Telephone (919) 677-1396 P. O. Box 4099 ~ Toll Free in NC 1-800-662-8754 Cary, North Carolina 27519 Fax (919) 677-1397

OFFICIAL RESOLUTION OF 2006 HOUSE OF DELEGATES MEETING RE: PROPOSED DENTAL SCHOOL AT ECU

15H2006: Resolved, that the North Carolina Dental Society supports improving the oral health of the people of North Carolina, through a comprehensive planning process that includes a provision for the appropriate education of a dental workforce necessary to serve-the citizens of North Carolina, and be it further

Resolved, that the leadership of the North Carolina Dental Society requests that it be effectively represented and included in the future planning process and requests that the North Carolina Dental Society be kept apprised of the progress and initiative of the planning process, and be it further

Resolved, that the North Carolina Dental Society lobby the General Assembly to increase funding to the UNC School of Dentistry to expand and improve facilities and provide adequate faculty, and be it further

Resolved, that the North Carolina Dental Society urge the UNC School of Dentistry to recruit applicants from rural and underserved areas of the state, to expand the dental component of existing community service centers and to open additional in-state dental clinics in rural and underserved areas, and be it further

Resolved, that the North Carolina Dental Society continue to lobby the General Assembly to increase the Medicaid fee structure for dentistry, and be it further

Resolved, that all potential alternatives to address disparities in dental workforce, access to dental services and the expanding population be fully investigated prior to the establishment of a new dental school.

NOTE: The Legislature is in session and the following Draft Special Provision/Capital Budget House Only has been included in the Capital Budget as follows:

UNC-CH/ECU DENTAL SCHOOLS

SECTION #.(a) Of the funds appropriated by this act to the Board of Governors of The University of North Carolina for the 2006-2007 fiscal year the sum of seven million dollars (\$7,000,000) shall be used as follows: (I) to complete the plan and design for expanding the School of Dentistry at the University of North Carolina at Chapel Hill, (ii) to conduct a study regarding the feasibility of establishing a School of Dentistry at East Carolina University and the impact that the School would have on the other dental programs provided by The University of North Carolina, and (iii) if the Board of Governors determines that it is appropriate to establish a School of Dentistry at East Carolina University based on the findings and recommendations of the feasibility study, to provide advance planning funds to East Carolina University for the capital improvements needed to establish a new dental school. The funds allocated by this section to East Carolina University shall be held in reserve by the Board of Governors and shall be allocated to East Carolina University only if the Board of Governors decides that it is appropriate to establish a School of Dentistry at that University.

SECTION #.(b) The Board of Governors may contract with a private consultant to conduct the feasibility study required by subsection (a) of this section.

NC Dental Society House of Delegates Resolution

Attached for your information is the Resolution passed by the NC Dental Society House of Delegates on Saturday, May 20, 2006. The House of Delegates is made up of delegates from five districts, which cover the entire state of North Carolina. This House of Delegates establishes policy for the NC Dental Society. Neither the NC Dental Society nor its Board of Trustees has been at the table of discussion about a new Dental School at ECU. Historically, the NC Dental Society has been the major proponent of positive oral health issues in North Carolina. The School of Dentistry at Chapel Hill and its expansions, the Dental Foundation of North Carolina, the Dental Research Center at Chapel Hill, the Dental Foundation financial support of dental education in the AHEC program, the establishment of the dental section of the NC Public Health Department and the Preventive Dental Health Section, which renders preventive care to our public school children, are examples of the role the NC Dental Society has played.

The ECU decision (said to be a done deal) was not discussed in the House Select Committee on Healthcare/Subcommittee on Healthcare Workforce appointed by Speaker Black, which was charged to look at Healthcare needs and the rising cost of health care in North Carolina.

Many of the leading individual dentists, ex-Deans and ex-faculty are amazed that a \$7 million request in House Bill 2297 has been guided into the Appropriations Committee and is found in the Senate version of the budget. This is the initial expense, which would obligate us for vast millions of reoccurring dollars for our budget. I urge each of you in the House of Representatives and the Senate to pause and measure this expensive approach. The concept claims to be an answer to a dental access problem in the poorer counties in North Carolina. There are more economic ways to solve the access issue. We have more pressing demands on Health and Human Services dollars, especially in finding a method of relieving the counties' portion of Medicaid, which is affecting the quality of life and school construction.

I am sure that you would find the majority of North Carolina dentists supporting any increase in the number of trained dentists if it is done in the most logical and economic manner. The bottom line is that we, who are in charge of the public trust, have an ethical obligation to not hurry into a decision that could bring North Carolina two substandard dental schools competing for financial support, faculty and research dollars with no improvement in access to care.

I plan to offer an amendment that will support appropriations to Chapel Hill for its already planned expansion.

I will welcome your call if you want more information on this issue.

Sincerely, Representative William A. Current, Sr. 15H2006:

Resolved, that the North Carolina Dental Society supports improving the oral health of the people of North Carolina, through a comprehensive planning process that includes a provision for the appropriate education of a dental workforce necessary to serve the citizens of North Carolina, and be it further

Resolved, that the leadership of the North Carolina Dental Society requests that it be effectively represented and included in the future planning process and requests that the North Carolina Dental Society be kept apprised of the progress and initiative of the planning process, and be it further

Resolved, that the North Carolina Dental Society lobby the General Assembly to increase funding to the UNC School of Dentistry to expand and improve facilities and provide adequate faculty, and be it further

Resolved, that the North Carolina Dental Society urge the UNC School of Dentistry to recruit applicants from rural and underserved areas of the state, to expand the dental component of existing community service centers and to open additional in-state dental clinics in rural and underserved areas, and be it further

Resolved, that the North Carolina Dental Society continue to lobby the General Assembly to increase the Medicaid fee structure for dentistry, and be it further

Resolved, that all potential alternatives to address disparities in dental workforce, access to dental services and the expanding population be fully investigated prior to the establishment of a new dental school.

FISCAL NOTE: No funds required.

From:

Rep. Debbie Clary

Sent: To: Thursday, June 08, 2006 2:10 PM Wendy Miller (Rep. Current)

To: Subject:

RE: House Appropriations Request

Dr. C.

You will he the opportunity to run this amendment on the floor or a memetr of the edicommittee can do so for you. I would suggest that you activate the dentist to get this passed. I'm with you. Deb

From:

Wendy Miller (Rep. Current)

Sent:

Thursday, June 08, 2006 2:01 PM

To:

Rep. Debbie Clary; Rep. Jim Crawford; Rep. Beverly Earle; Rep. Edd Nye; Rep. Bill Owers; Rep. Wilma Sherrill; Rep. Douglas

Yongue

Subject:

House Appropriations Request

Dear House Appropriations Chairs:

I wish to respectfully request that the dental school planning money be removed from the House budget. As I have expressed before, the leadership of organized dentistry in the state of North Carolina nor any legislative committee has discussed the efficacy of this expenditure.

If it is not your decision to delete this item at this time, I respectfully request that you consider the attached draft as a compromise budgetary item. As you know there are many demands for Health and Human Services dollars. To fast-track; without all knowledgeable players at the table is not good public policy.

Sincerely, Representative William A. Current District 109, Gaston County North Carolina General Assembly 418A Legislative Office Building Raleigh, North Carolina 27603 billcu@ncleg.net (919) 733-5809

<< File: 2006-UNC-H2 Draft.doc >>

rom:

Rep. Debbie Clary

ient:

Thursday, June 08, 2006 12:44 PM Rep. Bill Current

subject:

About the dental society meeting...

lease contact Rep. Current if he has left to advise of below.

am in 612 and have to remain here late. I will NOT be rit the Dental Society meeting. Ask him to please make my poligies to the group.

it this point...to update on the East Carolina dental school...President Bowles came to 612 and after that the dental chool planning money became popular again. It is back in the budget TODAY...who knows about tomorrow.



NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

Senate Bill 1741

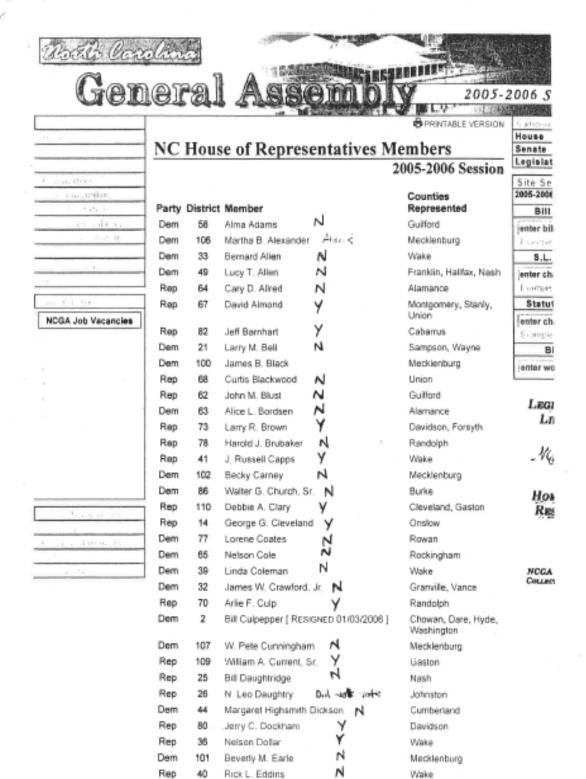
	AMENDMENT NO.
	(to be filled in by
	S1741-ALH-69 [v.3] Principal Clerk)
	Page 1 of
	Date
	Comm. Sub. [YES] Amends Title [NO] S1741-PCS20533-LR-52
	Representative Current
1 2 3	moves to amend the bill on page 104, line 50, by reducing the figure on that line by \$3,000,000; and
4 5 6 7	moves to amend the bill on page 107, line 5, by deleting "seven million dollars (\$7,000,000)" and substituting "four million dolla (\$4,000,000)"; and
8 9 10 11 12 13 14 15 16	on page 107, lines 7-18, by rewriting those lines to read: "Chapel Hill, and (ii) to conduct a study regarding the feasibility of establishing School of Dentistry at East Carolina University and the impact that the School wou have on the other dental programs provided by The University of North Carolina. SECTION 23.11.(b) The Board of Governors shall contract with a priva consultant to conduct the feasibility study required by subsection (a) of this section. and
17 18 19 20 21 22 23 24	Moves to amend the House Appropriations Committee Report dated June 13, 2006, On page M-5, Item #35, By decreasing the amount for that item by \$3,000,000, and rewriting the explanator language for that item as follows: "Provides capital planning funds for the expansion of the School of Dentistry at UNC Chapel Hill and provides funds to study the feasibility of establishing a School of Dentistry at East Carolina University."; and
25	By adjusting the appropriate totals in both the bill and the committee report accordingly



NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

Senate Bill 1741

S1741-ALH-69 [v.3]		(to be filled in by Principal Clerk)	0
			Page 2 of 2
SIGNED Amendment Sponsor			
SIGNED Committee Chair if Ser	nate Committee Amendment		
ADOPTED	FAILED	TABLED _	



Dem	112	Bob England, M.D. N	Cleveland, Rutherford
Dem	50	Bill Faison N	Caswell, Orange
Dem	24	Jean Farmer-Butterfield N	Edgecombe, Wilson
Dem	114	Susan C. Fisher N	Buncombe
Rep	74	Dale R. Folwell Y	Forsyth
Rep	84	Phillip Frye N	Avery, Caldwell, Mitchell, Yancey
Dem	69	Pryor Gibson N	Anson, Union
Rep	85	Mitch Gillespie N	Burke, McDowell
Dem	45	Rick Glazier N	Cumberland
Dem	115	Bruce Gotorth N	Buncombe
Dem	66	Melanie Wade Goodwin N	Montgomery, Richmond
Rep	15	W. Robert Grady N	Onslow
Rep	103	Jim Gulley Y	Mecklenburg
Dem	54	Joe Hackney N	Chatham, Moore, Orange
Dem	119	R. Phillip Haire N	Haywood, Jackson, Macon, Swain
Dem	7	John D. Hall [DECEASED 03/17/2005]	Halifax, Nash
Dem	90	Jim Harrell, III N	Alleghany, Surry
Dem	57	Pricey Harrison N	Guilford
Dem	20	Dewey L. Hill N	Brunswick, Columbus
Rep	96	Mark K. Hilton Y	Catawba
Dem	81	Hugh Holliman N	Davidson
Rep	88	Mark W. Hollo Y	Alexander, Catawba
Rep	91	Bryan R. Holloway Y	Rockingham, Stokes
Rep	92	George M. Holmes Y	Iredell, Surry, Yadkin
Rep	79	Julia C. Howard N	Davie, Iredell
Dem	5	Howard J. Hunter, Jr. Absent	Bertie, Gates, Hertford, Perquimans
Dem	56	Verta Insko N	Orange
Dem	59	Maggie Jeffus N	Guilford
Rep	83	Linda P. Johnson N	Cabarrus
Dem	60	Earl Jones N	Guilford
Dem	7	Edward Jones (APPOINTED 04/05/2005 W	Halifax, Nash
Rep	16	Carolyn H. Justice N	New Hanover, Pender
Rep	117	Carolyn K. Justus N	Henderson
Rep	97	Joe L. Kiser N	Lincoln
Rep	28	James H. Langdon, Jr. Y	Johnston, Sampson
Rep	10	Stephen A, LaRoque N	Greene, Lenoir, Wayne
Rep	53	David R. Lewis Y	Harnett
Dem	42	Marvin W. Lucas	Cumberland
Dem	30	Paul Luebke N	Durham
Dem	34	Grier Martin N	Wake
Dem	43	Mary E. McAllister	Cumberland
Rep	19	Daniel F. McComas Y	New Hanover

Rep	75	Wm. C, "Bill" McGee Y	Forsyth
Dem	9	Marian N. McLawhorn N	Pitt
Rep	104	Wm. C, "Bill" McGee Marian N, McLawhorn W, Edwin McMahan Henry M, Michaux, Jr. Paul Miller Tim Moore	Mecklenburg
Dem	31	Henry M. Michaux, Jr. N	Durham
Dem	29	Paul Miller N	Durham
Rep	111	Tim Moore	Cleveland
Rep	52	Richard T. Morgan N	Moore
Dem	22	Edd Nye N	Bladen, Cumberland
Dem	1	Bill Owens N	Camden, Currituck, Pasquotank, Tyrrell
Dem	72	Earline W. Parmon N	Forsyth
Rep	11	Louis M. Pate, Jr. N	Wayne
Dem	48	Garland E. Pierce N	Hoke, Robeson, Scotland
Rep	13	Jean R. Preston N	Carteret, Jones
Dem	118	Ray Rapp N	Haywood, Madison, Yancey
Rep	95	Karen B. Ray N	Iredell
Rep	108	John M. Rayfield Y	Gaston
Rep	98	John W. Rhodes Y	Mecklenburg
Dem	38	Deborah K. Ross N	Wake
Rep	51	John Sauls N	Hamett, Lee
Dem	99	Drew Saunders N	Mecklenburg
Rep	89	Mitchell S. Setzer N	Catawba, Iredeli
Rep	116	Wilma M. Sherrill N	Buncombe
Dem	2	Timothy L. Spear (APPOINTED 01/27/2008)	VChowan, Dare, Hyde, Washington
Rep	37	Paul Stam Y	Wake
Rep	87	Edgar V. Starnes Y	Caldwell
Rep	76	Fred F. Steen. II N	Rowan
Rep	17	Bonner L. Stiller N	Brunswick
Dem	47	Ronnie Sutton Y	Robeson
Dem	23	Joe P. Tolson N	Edgecombe, Wilson
Dem	4	Russell E. Tucker N	Duplin, Onslow
Dem	3	Alice Graham Underhill N	Craven, Pamlico
Rep	105	Doug Vinson Y	Mecklenburg
Dem	12	William L. Wainwright N	Craven, Lenoir
Rep	113	Trudi Walend Y	Henderson, Polk, Transylvania
Rep	94	R. Tracy Walker N	Wilkes
Dem	8	R. Tracy Walker N Edith D. Warren N Jennifer Weiss N Roger West N	Martin, Pitt
Dem	35	Jennifer Weiss	Wake
Rep	120	-	Cherokee, Clay, Graham, Macon
Rep	61	Laura I. Wiley	Guilford
Dem	55	W A. (Winkie) Wilkins N	Durham, Person
Dem	6	Arthur Williams N	Beaufort, Pitt
Rep	93	W. Eugene Wilson N	Ashe, Watauga

Francis Caronina (verteina canentary - tyc trouse of representatives interioris (2002-2000 ... Frage 4 of 4

Dem	71	Larry Womble	Ν	Forsyth
Dem	27	Michael H. Wray	Ν	Northampton, Vance, Warren
Dem	18	Thomas E. Wright	Ν	New Hanover, Pender
Dem	46	Douglas Y. Yongue	Ν	Hake, Robeson, Scotland

Harthir arthur Griend Assembly * Legislative Outday * 15 West Tones Street * Rateoth, NC 27604 * 1919 71; 70;51

Blue Ridge Dental Society

April 18, 2006

Officers

The University of North Carolina Dental School was founded through the North Carolina General Assembly to educate North Carolina residents because other state dental institutions had closed their doors. In 1947, NINE students where accepted out-of-state and in 1948, SEVEN students attended dental school. All present, the University of North Carolina Dental School has maintained 80% to 83% of its students as North Carolina residents. White the State of North Carolina has continually reduced its financial support of the dental school (presently the Legislature allocates 33% of the dental school's budget) the dental of North Carolina, UNC-School of Dantistry Alumni, and friends of the dentalstry, have made it possible for it to maintain its educational prestige.

As of the April meeting of the Blue Ridge Dental Society, in a general innembership meeting, a discussion on the effects of a second dental school in the state, which could only compate and ultimately decrease funding for thoth schools, motivated a unanimous vote by those attending to pass the following resolution:

Resolved, that the Blue Ridge Dental Society recommends that the NCDS oppose all efforts to establish a second dental school in North-Cerolina due to:

- it will undermine the North Ceroline financial support for both institutions (both State Funds and private fund raising)
- (2) It will increase a dental education faculty shortage (presently a nationwide problem, and a North Carolina problem)
- (3) It cannot correct any "access to dental care" problems that UNC-School of Dentistry cannot address while using less funding, less faculty, and less capital investment.
- (4) "Access to dental care" can be best addressed with less State taxes, by increasing medicald reimbursement, dental student externships in dental shortage areas, scholarships to dental school for dental students from dental shortage areas, and dental practice residencies.

p. 3

in dental shortage areas.

(5) because "access to dental care" is not regional but state-wide, why would The North Carolina Dental Society support only a regional solution?

114

Second District Dental Society Resolution Re: Second Dental School April 27, 2006

The University of North Carolina Dental School in Chapel Hill has an outstanding record of training dentists in the state of North Carolina. The school is excellent in education of dentists and auxiliaries to serve the public with primary emphasis on the citizens of NC. This is evidenced by the maintenance of 80% of the enrollment as NC residents. The school has and continues to adjust according to the needs of the state. The state maintains more than the national average of 5.8 dentists per 10,000 residents in all but eight counties in the state. Therefore, 92% of the population of NC has greater than the national average of dentists per capita. The UNC dental school proposed to increase its class size by 40 students to accommodate the increase in demand and cover shortages in some areas of the state. This class expansion at UNC would be reduced by half in order to accommodate a new dental school at ECU. However, officials at UNC and ECU are concerned with the potential shortage of dentists as the population of NC expands.

Even if UNC expands its class size and a new school is created at ECU, the problem with access to care may still exist in the underserved counties. "The problem of underserved areas isn't with the number of dentists. We need more incentives for dentists to work in rural communities in NC." "Dentists tend to locate where the market is." Several of the counties that have no reported dentists, have been without a dentist for 30 years. How can we entice a practitioner to move to these areas? The state could spend a lot less than the multi million-dollar cost of a new dental school by expanding an already existing program and providing incentives to practice in underserved areas. Twenty years ago, the town of Huntersville, NC built a medical office and brought in two family physicians to satisfy their need. Those physicians are still practicing today. Dr. Tim Powell of Holly Ridge, NC was a recipient of a former Department of Human Resources. Grant repayable by working in a rural/underserved area. He still practices in that same rural area today. These are just a few examples of more economical ways to solve the problem in underserved areas.

There is a faculty shortage of over 450 faculty across the country, UNC-CH has open faculty positions at the present time. To add another dental school in NC would further compromise the existing crisis situation. The ECU proposal involves sharing of UNC faculty and hiring another 60 faculty members, raising the faculty shortage nationwide by 12% to 510 open positions.

ECU originally proposed a dental school in 2002 at a cost proposal of \$100 million. It was to be a research-based facility. The UNC Board of Governors did not support this proposal. As quoted in The Daily Reflector, ECU officials decided, "a new focus may fare better with the state board," The new focus is to base the school on training dentists with an emphasis on rural training. ECU has been using this approach in their GPR program but two recent grads are now practicing in the Charlotte area. Dental schools (education) are created to train/educate dental practitioners and auxiliaries at a defined proficiency level to provide competent dental care to the public. They are not created to solve access to care problems.

115

There are 13 states with more than one dental school. Dental society membership in these states is lower than any states in the country except NJ and Maryland. Adding another school would involve duplicating many programs the dental society provides for dental students, faculty, and support of the schools in funding. In states with more than one dental school, membership falls into the 60% range. States without more than one dental school have society membership in the upper 70 to 90% range.

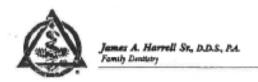
The state has cut funding in recent years to the dental school at UNC and presently, provides only 32% of the operating cost of the school. The rest is made up of alumni and friends of the school. A second dental school would further tighten budgetary concerns of the state.

At the Second District Executive Council meeting, issues of the impact of a second dental school on the citizens of NC and the dental society were discussed. The following resolution is being submitted with one dissenting vote on the council.

9D: Resolved, that the Second District Dental Society executive council recommends that the NCDS oppose efforts to establish a second dental school in North Carolina, and be it further

Resolved, that the NCDS establish a task force to resolve the shortage of dentists in underserved areas by working with the state and local governments to identify and implement incentives and methods of enticing dentists to work in the underserved areas of the state and that citizens of underserved areas have access to dental care.

FISCAL NOTE: No funds required



500 Partured Medical Park - Elkin, NC 28621 Office: (336) 835-4323 - Fax: (336) 835-4308

March 17, 2006

President Erskine B. Bowles General Administration Building 910 Raleigh Road Chapel Hill, NC 27514

Dear Erskine,

I am the father of Jim, Jr. and the grandfather of Jim, III. I was at Carolina with your father and we have been friends for a long time. I went with him to Los Angelos to the <u>Carolina-UCLA</u> game for the championship! I was so bitterly disappointed when Skipper was not elected Governor and when you were not elected Senator.

Thru many years, I've been Chairman of the four times we have raised money for our Dental School. I am very concerned about building another Dental School in this state.

My father, Dr. R.B. Harrell practiced dentistry in North Carolina for 60 years!

Counting two times in the United States Navy, World War II and the Korean War, I have practiced for 61 years and I have two sons, Jim, Jr. and Gavin that are dentists. All four of us have a total of over 175 years of practicing for the public, including Medicaid patients, and not for an exclusive practice. So we understand the privilege granted by North Carolina to practice dentistry in this state!

When I left the University of North Carolina I had to go to Virginia, because North Carolina did not have a Dental School. All these years (from 1930 to 1940), we had an average of 150 North Carolina students studying Dentistry! After World War II, in 1947, we had nine students studying Dentistry! In 1948, we had seven studying Dentistry, because other states had to take care of their own and could not take many out of state students. The North Carolina Dental Society went to the State General Assembly and asked for a small, top-notch Dental School. As you know-we have the top in the United States! We also have the Second largest Dental Research in the WORLD! We also offer more continuing Dental Education than any other Dental School in the United States!

As just another dental practitioner in North Carolina-I have spent my entire life supporting the Dental School at Chapel Hill for better dental treatment for the public. I am not a professor and I have not received any compensation from the University! I am

the only dentist in North Carolina that has been President of three of the National Dental organizations; Academy of General Dentistry, Academy of Dentistry International, American College of Dentists, and Vice-President of the American Dental Association and President of the North Carolina Dental Society. The majority of the dentists in this state have given their time and money to build the best dental school we could have. How can I or the University tell the dentists of North Carolina that have given money, expecting the last building that we need so importantly, that there will not be a new building. Do we return money? We have told them the following needs in order to raise the money!

- To have a place to assemble all four dental classes together in one room and this room is so necessary to continue courses at the school for the practicing dentists.
- To provide a cafeteria for the over 1200 people at the school daily-now there are only small vending machines.
- 3. Parking for the handicapped.
- 4. To have space to add fifty more dental students.
- 5. To have more space for the second largest Dental Research Center.

These are the facts we have been giving in order to raise funds for the past seven years for an additional building!

Facts against building another Dental School in the state:

- Why build another school to create competition with the #1 Dental School in the United States.
- We are now receiving only 33% of operating cost from the state. Another school means two fighting for the same funds.
- Why have two schools fighting for the faculty members. There are presently over 400 vacancies in the United States for faculty. It is stated that by 2010, we will have 1000 vacancies to fill.
- 4. The school at Chapel Hill can add on fifty students with very little addition to the faculty, we just need the building. A new school will require a complete new faculty to start with which is a big increase in cost and creates a stiff competition for new faculty!
- Why favor the Eastern part of the state for a new school on the basis of need when the Western part has just the same amount of need or more because of the mountainous areas.
 - the South, Coordinate Dental School, now Emory was the biggest and best school in the South. Georgia built another Dental School in Augusta, which eventually led to the closing of Emory Dental School! Competition for a line of the coordinate for a line of the line of the coordinate for a line of the line o
- 7. Northwestern Dental School for years was the number one Dental School. About the factor of the factor, for the public and to be self-supporting. It did not succeed from the very beginning and led to closing the school hemana of the last of revenue.
- There has not been a Dental Clinic run by the faculty in the United States that has succeeded financially.

 I believe it is against the State to go into a business that is in competition with free enterprise.

10. We are struggling to raise funds to keep the Chapel Hill school surviving with the State continually cutting funds to run the school. In fact we are becoming a private school! Another school will cut a larger number of dentists and others who give funds to keep the school going. Why create competition for the support of the #1 School in the country.

11. Our new Dean, John Williams, has experience, being the Dean of the Louisville Dental School, having two schools in the state of Kentucky fighting for the same

funds.

12. I do not believe the majority people in Chapel Hill or in this State realize what a great school this is and how valuable it has been to the State. This school has led the State to a 38% reduction in dental caries. I do not believe this has happened in any other state.

13. Last week, in Washington D.C., the Representative of the American Bontal Educators Association stated that they heard that North Carolina was going to build another Dental School, and that was the most ridiculous thing they had heard off

14. If UNC proposed building Dental Clinics in North Carolina the dentists would be beating our doors down!

the Apolling from the Federal Government and decreases in available furnity, some states may have to close Dental Schools, so why build two schools to accomplish the same goals!

The second of the University of North Carolina in obtaining this new building and according us with in dental education in the <u>United States</u>!

I appreciate very much your being our new president. With my very best wisbes

Most Sincerely,

James A. Herrell &. D.D.S.

James A. Harrell, Sr., D.D.S.

cc: J.C. Moeser

J.N. Williams

J.W. Stamm

R.B. Card

J.B. Black

T. Rand

J. Harrell, III



Dear Representative Bill Current,

As a practicing general dentist and leader in the dental profession in North Carolina for twentyeight years, I am extremely concerned about access to dental care and the need for more dentists in our rural and underserved areas. However, I am shocked by the request by the UNC Board of Governors in their budget to endorse a new dental school at East Carolina University. Please consider the following information in your deliberations of the budget.

Two separate feasibility studies have failed to show that a second dental school in North Carolina would be viable and/or successful, yet Chancellor Moeser of UNC-CH and Chancellor Ballard of ECU wrote a joint letter to the members of the North Carolina Dental Society requesting our support for two dental schools. Their last sentence is "Other prior documents, including the prior ECU feasibility study, have been replaced with our commitment to the Plan for Dentistry in North Carolina." Why are they ignoring facts?

The recent ECU feasibility study promotes success of an additional dental school dependant on assumptions that differ substantially from existing funding and academic realities. Examples of these assumptions are the necessity of an unrealistic Medicaid fee increase and an ill-advised change in the adult coverage profile. Others include the assumption of state funding for a new school at a much higher percentage of their operating budget than the current 28% provided to UNC-CH Dental School and the recruitment of an adequate number of qualified faculty in the midst of a national faculty shortage crisis (UNC has 9 vacant positions and approximately 400 nationwide at established dental schools).

The most efficient, cost-effective, and flexible alternative to address the dental workforce needs is to capitalize on the existing infrastructure, facilities, faculty, and resources at the UNC-CH Dental School. Recruiting applicants from underserved areas of the state to increase enrollment plus an expansion of the dental component of the existing community health centers including additional in-state dental clinics in underserved areas will cost the citizens of this state fewer tax monies and occur in a shorter time frame versus creating an entire new dental system on another campus.

The request for seven million dollars includes one million for ECU to have a third feasibility study to explore the idea of a second dental school on their campus and three million dollars for ECU to plan the details of this school. How can we spend tax payers' monies to implement the results of a study which has not occurred? If you feel a third study is warranted, please consider

GENERAL DENTISTRY
415 Vick Avenue • Releigh, North Carolina 27612
(919) 767-0355 / FAX 787-1837
www.bimdds.com

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

funding only the study and wait for those results before deciding whether to offer additional funding. The three million dollars could be better used to increase Medicaid rates or added to the two million dollars appropriated to the existing UNC-CH Dental School to expand their facilities and recruit more faculty.

The North Carolina Dental Society voted to lobby the General Assembly to increase funding to the UNC-CH School of Dentistry to expand their facilities and provide adequate faculty to address the dental workforce needs and to request that all potential alternatives to address disparities in the dental workforce, access to dental services and the expanding population be fully investigated prior to the establishment of a new dental school.

Thank you for your time and consideration of the most cost-effective and efficient way to address the dental workforce needs in the state of North Carolina.

Sincerely,

Buttic R. McKaig DDS, MPH

Bettie R. Mckaig DDS MPH
North Carolina Dental Society Past-President
North Carolina Academy of General Dentistry Past-President
North Carolina State Board of Dentistry Past-President

J. Harry Spillman, DDS 2860 Holyoke Place Winston-Salem, N.C. June !, 2006

Representative William A. Current 418A Legislative Office Building Raleigh, NC 27603

Dear Representative Current:

It is likely that in the near future, you will be asked to consider a bill to begin the process of establishing a dental school at East Carolina University. I have been closely associated with our UNC school of dentistry in Chapel Hill since its beginning in 1950 and have watched it grow into one of the finest dental schools in the country.

Our school's high ranking has been accomplished by support from the state as well as by the enthusiastic support of North Carolina's dentists who have contributed to the school's many successful fund drives.

Recent pledges from the dental community of about thirty- five million dollars have been made to erect a new building in Chapel Hill which would provide expanded facilites and would allow the enrollment of fifty more students. This student increase could be accomplished by the addition of only four more faculty members.

Although the NC Dental Society was intimately involved in starting the school in Chapel Hill, it is my understanding that no one from the NC Dental Society was involved in the beginning discussions of a second school. Many dentists in the state feel that a second school would dilute funds available from the state and support from the dentists resulting in two mediocre schools instead of the present one of which we are so proud.

The NC Dental society passed a resolution in May of this year that all potential alternatives to address disparities in dental work force, access to dental services and the expanding population be fully investigated prior to the establishment of a new school.

I am enclosing a copy of the resolution that was unanimously approved by the Forsyth County Dental Society, representing about 200 dentists. I hope that you will study this closely and agree that this matter, so important to the state, deserves more study in the legislature.

Respectfully,

J. Harry Spillman DDS Past -President North Carolina Dental Society We now have in Chapel Hill, NC the finest dental school in the nation. We, the undersigned members of the Forsyth County Dental Society strongly object to the formation of a second dental school in the UNC system and petition the North Carolina Dental Society to formally oppose a second school for the following reasons:

- Chapel Hill is so centrally located that students from dentally underserved areas
 of both eastern and western North Carolina already have easy access to excellent
 established training.
- Practicing and retired dentists from all over the state have shown their support for the present school by endowing it with millions of dollars for new construction, outstanding faculty and top ranked research facilities.

The dilution of this support by a competing school would bring unfavorable results to both institutions.

- As taxpayers, we are aware that a second dental school would be a burden on the tax structure of our state for duplication of buildings, faculty and equipment.
- 4. With the addition of the proposed new multipurpose dental building in Chapel Hill, for which many millions of dollars have already been pledged, fifty more North Carolina students could be enrolled to supply the state's need for dentists with very few additions to the fine faculty already there.

There would be no need to recruit another school full of expensive faculty members which are in short supply nationwide.

- State support for all programs at UNC Dental School comprises only 33% of the institution's operating expenses. A second school would surely drain away some of this funding which is critically needed to maintain the school's top ranking programs.
- 6. We know that all over the nation, dental schools have closed because of extremely high operating costs. Why should the State of North Carolina deliberately bring upon itself the problems of operating a second school when it now has an established facility which can easily meet all of its dental needs?

The Forsyth County Dental Society submits the following resolution:

Resolved, the members of the Forsyth County Dental Society strongly oppose the establishment of a second dental school in North Carolina for the reasons stated above. rshowe 10.

CULBREATH, PRUITT, MILLER AND STOWE, D.D.S., P.A.

1410 PLAZA WEST ROAD WINSTON-SALEM, NORTH CAROLINA 27103

(336) 765-1881

CHARLES CULBREATH, D.D.S.
 GENERAL DENTETRY
 COSMETIC RESTORATIVE DENTIETRY
 COSMETIC TOOTH MOVEMENT

DAVID E. MILLER, JR., D.D.S. GREBAL AND FAMILY DOMISTRY May 16, 2006

JOHN P. PRUTTT, D.D.S., M.A.G.D.
GDBBAL AND FAMILY DENTHIBY
COMMITTE METERATIVE DENTHIBY

ROBERT P. STOWE, D.D.S.
GENERAL AND PANEL Y DENTISTRY

Regarding the recommendations of Howard Bailit, DMD, PhD concerning the establishment of a second dental school in North Carolina

To Whom It May Concern:

The report and study proposing the establishment of a second dental school in North Carolina contains innuendo, assumptions, and fallacies. The first page of the letter to President Erskine Bowles states that "just graduating more dentists will not increase access to care for underserved populations." The report then goes on to propose doing this.

In this study you can frame a question to qualify or quantify whatever conclusion you desire. However, this feasibility study does not address distribution, retention, quality of life issues, or the economic survivability of a dentist. If you build it they may come, but will they stay?

Comparing the ECU medical model of family practice physicians to the dental model of general dentists is misleading. A medical practice has a substantially lower overhead, less capital expenditures, expanded duty staff (including PA's), a patient base that cannot refuse to receive treatment, a higher Medicaid reimbursement rate, and a hospital-based referral system. The dental model does not compare favorably. Dentistry has a high overhead, expensive capital expenditures, staff that is dependent on the presence of the dentist, a patient base that can elect to refuse many procedures offered, and a low Medicaid reimbursement rate. Seventy-three percent of dentists in the United States practice in a stand alone (solo) facility with no ties to a hospital.

- 1. Page one of the report states that only 20% of low-income rural residents who are Medicaid eligible visit a dentist annually. In the general population, only an estimated 50% of the populace visit a dentist annually. Our practice sees a large portion of the Medicaid population, and they consistently cancel appointments, break appointments, and come late to their scheduled appointments. The question is: What percentage of the Medicaid population seeking a dental appointment actually make an appointment and keep if? I believe this percentage is very low.
- "The median family income in rural counties is only \$29,000 per year, and many of these cannot afford to purchase dental services from private practitioners." How will

this change with your proposed program? These same folks do not qualify for Medicaid, so access for them has not changed. Is it not more a matter of priority in how income is spent, and on what? With limited financial resources families and individuals consider dentistry a low priority.

3. "Medicaid fees are low, and dentists are reimbursed at 35% of usual and customary rates (UCR)." The fees under your proposal do not change. How can dentists have a viable practice if they accept these fees? We cannot operate at a loss, whether we practice in urban, suburban, or rural areas. Yet on page 9 of your report you state that your clinics cannot survive at the current Medicaid reimbursement rates. You then say that state-operated educational dental programs qualify to receive special dispensation from the government to cover their costs. What about the young dentists you are trying to place into these same rural areas, to treat these same patients, who do not qualify for any special dispensation? This reasoning is illogical.

Your proposal also states that current Medicaid fees must be adjusted (raised) to take into account the fact that current Medicaid fees are too low (p8). Why is this suddenly a priority for ECU when those of us in private practice have complained about these fees for decades? I believe that this requires legislative authority that you cannot guarantee. Where has the safety net been for those of us in private practice, who treat Medicaid patients every day and have done so for years? You have allowed us to operate at a loss for many of our procedures, but now this must be changed because the School of Dentistry at ECU (SoD) clinics are unwilling to operate at a loss?

4. "It is difficult for dental schools to recruit and retain faculty." Your proposal demands the recruitment and retention of sixty-five faculty that are difficult to find in today's world. Your proposal also adds the additional burden on this faculty of producing enough dentistry to cover "a significant part of their income" (p.6) to maintain their very employment. Your proposal of staffing seven pediatric dentists is optimistic to say the least. A group practice in our city has sought a pediatric dentist for two years, and was recently successful in finding an individual from another state who was willing to relocate.

Nationwide there are 5,300 full-time dental faculty positions. Currently 350 faculty openings exist in these dental schools. This shortage continues to increase with each passing year. A great number of these faculty are fifty years old or older and reflect the coming baby boomer retirement dilemma. Faculty pay is 1/3 to 1/2 of the salary of a private practice dentist. Faculty recruitment and retention at ECU will be a real challenge.

5. The recruitment of students with preference given to those living in rural areas is discriminatory at best and illegal at worst. Does this mean that instead of seeking academically qualified students the state seeks students who live in a certain geographic area or have a certain ethnicity? Potential candidates can say whatever

they please in order to be accepted into this program, but they have no obligation to fulfill their commitments.

6. On page 3 you express the assumption that these same students will return to their small home towns to establish a practice. (In the Draft Plan March 2006 p.5 you state: "with the hope" these students will return to these underserved areas). Dentists will practice where they can make a living, provide adequate education for their children, have recreational opportunities, make their spouses happy, and can pursue a plethora of other interests. This does not necessarily include returning to a rural area in our state. These are quality of life issues. There is a reason why so few dentists practice in eastern North Carolina. They cannot make a living and there is not much to do. I was born and raised in this state and I love it here. But let's face it, most of the eastern part of the state is flat, hot, sandy, buggy, and boring.

You also state the dentists locating in rural areas will provide employment opportunities for the people in these regions (p.9). One of our partners practiced just east of Wilson in a small town called Stantansburg for ten years. He employed ONE individual who was a combined dental assistant and front desk secretary. He was never able to find or employ a certified dental assistant or a dental hygienist during the entire ten years that he practiced. Staff in these areas are very difficult if not impossible to find. Your practice income is limited and staff salaries amount to your largest expense, so you limit the number you hire. These practices will not be employing many individuals.

- 7. You do not mention in your report the impact a dental school will have on the private dental practices in and around Greenville, N.C. I believe it would have a profoundly damaging impact and could possible eliminate some of these fine dental practices. As a matter of fact, would your patient-centered clinics not have the same effect on other practices wherever they are located? This would result in harming the practices of dentists who have already elected to practice in the very communities you are trying to help.
- 8. Your proposal to acquire or lease 8 to 10 clinics of 20 to 25 operatories is confusing and misleading. I practice in a large city and the largest private office has a total of 17 operatories. Where, in these rural areas, are you going to find clinics with 20 to 25 operatories to acquire or lease? They do not exist.
- 9. Your proposal also states that these graduating dentists from ECU will have experience treating a more diverse, rural population (p.9). Our partner that practiced in a small rural town rarely did any crown and bridge procedures. He seldom treated teeth with root canals, and performed very few eatheric procedures. He routinely extracted teeth, fabricated removable partials, and fabricated dentures. He had no hygienist and therefore performed prophylaxis many times every day. The number of procedures were limited because of the patient base and the patients' limited financial

resources. Fifty percent of his gross production was from Medicaid procedures. The Medicaid program in and of itself limits the dentist's procedural mix.

10. A colleague of mine has practiced for twenty-five years in a small town in eastern N.C. He recently told me he was considering relocating his practice to a town twenty miles from his original location. I asked him why and he said, "John, the town I practice in has lost much of its industrial base and subsequently the businesses that supported that base. I cannot continue to practice in a town where I cannot make a living. I must consider moving for my economic survival."

This is the reality of practicing dentistry and running a small business. Those in the academic ivory tower are like the engineers who design my dental equipment. It may look good on paper but they are not the ones who have to use and maintain that equipment every day. The simple fact is that many of those proposing this dental program at BCU have their own agendas. And those agendas are not necessarily in the best interest of the students who will be graduating from this program.

- 11. To generate the \$17.8 million in net revenue needed to supplement the overhead of the SoD, clinics these clinics will have to produce gross revenues of \$35.6 million. This is necessary because of the 50% Medicaid write-off of UCR fees. If there are 8 clinics, this is an annual gross billing of \$4.45 million per clinic. Do you believe this is realistic? Are the students going into this program to experience the realities of a general dental practice? Or are they being used as uncompensated labor to support the state's SoD clinics?
- 12. How reliable are the numbers in this report? Will capital needs consume 78 million or 150 million dollars? I do not believe you can buy supplies for ten SoD clinics for only one million annually. I practice with five dentists and five hygenists and our supply costs, pro-rated for a clinic with ten to twenty dentists, operating five days per week (extrapolated for 8 to 10 clinics) would be significantly more than one million dollars. The average cost for supplies in a solo office is \$35,000 to \$45,000 annually. SoD clinics with one-hundred students and twenty or thirty faculty would require a supply budget of \$3 to 4.5 million. One could easily double or triple all of this-report's estimates and still not cover the true costs.
- 13. Is the state going to assume the responsibility and liability for these students at ECU as they travel back and forth to these rural clinics? Who pays for the expense of transportation, food, lodging, and any other related costs associated with these students' clinical requirements? Are they required to provide their own transportation?

14. Is access to dental care an issue? Yes, three counties in North Carolina do not have a dentist. This is a problem in many counties throughout the country. These states do not try to solve their problem by founding new dental schools. I have patients who drive seventy-five to one-hundred miles to see me. There is an access problem when there is no dentist to see at all.

What do the numbers reveal? North Carolina has a population of 8,250,000. We have a dentist population of 3,700 which equates to a ratio of one dentist to 2,230 people (1/2,230). If only 50% of the population see the dentist in any given year then the ratio is (1/1,115). It is common knowledge that a dentist can carry a patient population load of 2,000 to 2,500 patients with no problem. So the capacity and ability to see many more patients in the average practice in this state already exists with the present dentist population ratio.

I have practiced dentistry for 26 years and during all those years I have talked with only one dentist who closed his practice to accepting new patients (he practices in Newton). Therefore, if most if not all of the rest of us are accepting new and emergency patients how is there an access to care problem? It appears that we have an abundance of dentists, but a misdistribution of these dentists.

- 15. The state-has a history of poor decision making when given limited information from a select group of individuals. For instance, the state has an intricate road system in the eastern part of the state on which few cars travel. Yet, it took decades to widen US 421 to four lanes between Winston-Salem and Boone on which tens of thousand of cars travel every day. The state spent millions of our tax dollars developing and promoting the air cargo park in Kinston which has been a complete failure. Please spend time talking with those of us in private protice who know the true picture of patient care within this state. The agenda of someone trying to become a dean in the UNC system does not necessarily reflect the true clinical picture or address the clinical needs of the residents in the eastern part of the state or the best way to meet those needs. You are spending our tax dollars. Please do not waste them on a dubious solution when less expensive, more efficient solutions exist.
- 16. No one in private practice will want to be within 50 miles of a SoD clinic. The practices are already competing for patients in low density and sparsely populated areas. This alone is counter intuitive to the stated purposes of this initiative.
- 17. What if Medicaid is discontinued? SoD clinics are already competing for limited fee-for-service dollars from private paying patients. If Medicaid degreases its reimbursement or the program is eliminated these clinics will have intense pressure on them to compete in the private, indemnity market place. They are not designed to do so. And if these clinics begin to increase their private pay portion of their patient care how will dentists from the ECU program be able to compete with the very clinics that trained them?

I believe that many egregious assumptions are being promoted by this report. Why not expand the program that already exists in Chapel Hill? I know part of this proposal advocates adding twenty students to the program in Chapel Hill. Why not expand it to forty instead? The buildings, staff, equipment, and the infrastructure already exist. The cost to the state per student would certainly be significantly less than the cost of establishing a new program in a different location. A program, I might add, that could struggle and quite possibly fail.

Why not promote a student debt forgiveness program for graduating dentists who are willing to establish practices in underserved areas for a specific time period? Dental school student debt is at an all time high, with the average for public dental schools like the one in Chapel Hill averaging \$78,000 to \$85,000 per graduating student. The state could allow students to work off a portion of their debt for each year they practice in a designated underserved area within our state. The federal government has done this for years through the Indian Health Service program.

A dental classmate of mine accepted a Human Resource Loan when he started dental school. The loan paid for his tuition, books, and provided a small stipend each semester. His obligation to the state was to pay back one year of clinical service for each year he received this loan. He graduated and set up practice in one of the states designated underserved areas. His loan was paid off in four years but he elected to stay in this small town, build an office, and has practiced for 24 years. He has just recently started to build a new second office. What a success story! The state would be much better served, as would our citizens, if loans such as these were reinstated for students.

Why not financially supplement these same practices to cover start-up cost and cash flow requirements? Once a dentist begins practicing in an underserved area the state could financially supplement these practices in order to help them become established. This program could taper off after a three or four year break-in period.

Why not supplement these same practices by providing tax credits for setting up in an underserved area? These credits could be substantial at first to help the dentist become established. The credit could taper off and end after a five year period.

Why not raise the Medicaid reimbursement rates now, as you suggest in your draft, and promote the involvement of more dentists already in private practice? The number one reason dentists do not participate in the Medicaid program is because the reimbursement rates are too low. If the state raised the rates to 80% of the UCR and you signed up just 5% more dentists this would provide 150 more dentists participating in the program. This is a conservative estimate of increased participation.

Why not require a fifth year to graduate from dental school? Use the last year as an externship and place these students into rural health care clinics that already exist. Use

Public Health Clinics, the Community Care Clinic in Winston-Salem, the Open Door Dental Clinic of Alemance County, Inc, the Shack Clinic in Chapel Hill, the Baptist Dental Bus, the AHEC program, and the many other Free Clinics that already exist as a site for these fifth year students to practice in. The public receives free or reduced fee care, the state spends almost no money funding these clinics, the students receive valuable experience under the tutelage of experienced general dentists and specialists, and you don't have to establish a costly, untested, dubious program at ECU.

This fifth year proposal would place these 120 dentists into underserved areas in our state. That's twenty more than would be practicing in these same areas from the SoD clinics. This would provide 120 dentists every year without the immense expense of: a new dental school, dental equipment, support staff, dental faculty, supplies, and on-going overhead. These fifth year students would be much more proficient and experienced than the third or fourth year students from the ECU program. Therefore, one could assume that much more comprehensive dentistry would be accomplished on the underserved residents of our state.

Allow students to practice dentistry in these same clinics during their clinical instruction while at Chapel Hill. Allow them to do their summer rotations and externships within the state to help those who live here. Why are we sending these students overseas or to rotations in other states when the need is so great here? The state is already supplementing these programs elsewhere through the cost of educating these future dentists. Therefore, the state should expect some benefit for its citizens from these students.

In my opinion, this report, and those involved with it, have not thoroughly and thoughtfully considered all of the alternatives that are available. I have practiced dentistry in North Carolina for 26 years and have treated Medicaid patients all of those years. I have also volunteered at many of the free clinics in our fair state. The opportunities to provide free or reduced care to the underserved and the indigent in our state are abundant.

I do not presume to have a comprehensive understanding of all aspects of this problem. Index know a boundoggle when I see one, and I am afraid this proposal qualifies as one. Those proposing this program have good intentions, but they may also be promoting their own agendas. I cannot second-guess their interest, but I see many other, less expensive, more effective ways to address the state's access to care dilemma.

Sincerely

John P. Pruitt, DDS, MAGD, FADI

Clarion Call Questionable Need for New ECU Dental School



No. 353

By Shannon Blosser

March 30, 2006

For the past year, leaders at East Carolina University have been promoting the idea that North Carolina needs second dental school, one that would be housed on the school's campus. They have been able to rally the support of several legislators in the General Assembly, including Senate leader Marc Basnight and embattled Speaker of the House Jim Black. It is anticipated that a proposal for a new dental school will be discussed in the General Assembly's upcoming short session.

Advocates of the plan say that there is a need for more dentists in certain areas of North Carolina, especially eastern North Carolina, and that a new school would help to alleviate that need.

Before legislators commit any state money to this plan, they should demand answers to two key questions. Is there really a shortage of dentists in any part of the state? If so, is building a new dental school the most efficient way of addressing that shortage?

They might begin by taking a look at dental education throughout the United States. There are 56 dental schools accredited by the American Dental Association in the U.S. and Puerto Rico. An interesting fact is that quite a few states don't have even one dental school. (Among the states without a dental school are Delaware, New Hampshire, Maine, Kansas, both Dakotas, Montana, and Hawaii.) Of course, there are dentists in all those states; they get their training elsewhere.

If there are states with no dental schools, can North Carolina get by with only one?

In the market for dentistry, state boundaries don't mean much. Competent dentists can get their state licenses wherever they decide to set up a practice. The place where they received their dental training is irrelevant.

What about the claim that eastern North Carolina has counties that are "underserved" by dentists? It's true that there are eastern counties with few dentists – sometimes none. It's also true that there are counties in central and western North Carolina with similar "shortages." And there are eastern counties with numerous dentists. The conclusion to draw is that dentists will go where they believe they can establish a profitable practice.

Just because a county has a low number of dentists per capita doesn't mean that the people who live there aren't able to get dental services when they need them. People are, after all, mobile. When someone has a tooth problem, he'll get to a dentist even if it means driving an hour to get there. People often drive at least that far to get to a shopping mall.

Legislators should also ask how the state has been faring with just one dental school. Between 2002 and 2006, there was a 14 percent increase in the number of licensed dentists. Over roughly the same period of time (2000 to 2005), state population grew by 7.8 percent. From those statistics, it certainly looks as though the state is doing just fine with regard to the number of dentists.

The initial cost of building the ECU dental school is put at \$80 million. Since it appears that the state is able to meet the demand for dentists with the school at UNC-Chapel Hill plus dentists trained in other states who see good opportunities here, the expense is hard to justify.

Now what if we did build the new ECU school – would that necessarily mean more dentists in eastern North Carolina? No. Graduates from ECU would no more stay in that region than graduates of Chapel Hill's dental school stay in the Triangle.

Construction of a new dental school appears to be a lot of cost to solve no real problem. That suggests that the motive may have much more to do with politics than with serving people's needs. Last year, there was a proposal for a new optometry school at UNC-Pembroke that was justified on the same grounds as we have here – that part of North Carolina was "underserved" by optometrists. (See Clarion Call for April 7, 2005.) Fortunately, that plan was dropped when the cold light to reason was shone upon it.

This proposal looks to be just another way for powerful politicians to steer taxpayer money where they want it. The taxpayers of the state should no more have to pay for needless spending on education than they should have to undergo needless root canals.

APPENDIX H: AMENDMENT TO SENATE BILL 1741



NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

Senate Bill 1741

	AMENDMENT	NU
	(to be filled in b	*
S1741-ALH-69 [v.3]	Principal Clerk	P .
		Page 1 of 2
	Date	.2006
Comm. Sub. [YES] Amends Title [NO] S1741-PCS20533-LR-52		
Representative Current		
moves to amend the bill on page 104, line 50, by reducing the figure on that line by \$3,000,000	; and	
moves to amend the bill on page 107, line 5, by deleting "seven million dollars (\$7,000,000)" (\$4,000,000)"; and	and substituting "four	million dollars
on page 107, lines 7-18, by rewriting those lines to read: "Chapel Hill, and (ii) to conduct a study rega School of Dentistry at East Carolina University have on the other dental programs provided by TI SECTION 23.11.(b) The Board of C consultant to conduct the feasibility study requi and	and the impact that the he University of North C	School would
Moves to amend the House Appropriations Comr On page M-5, Item #35,		
By decreasing the amount for that item by \$3,0 language for that item as follows:		
"Provides capital planning funds for the expansi Chapel Hill and provides funds to study the f	on of the School of Den feasibility of establishin	ntistry at UNC-

By adjusting the appropriate totals in both the bill and the committee report accordingly.

Dentistry at East Carolina University."; and



NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

Senate Bill 1741

S1741-ALH-69 [v.3]			(to be filled in by Principal Clerk)		
			Page 2 of 2		
SIGNED Amendment Sponsor					
SIGNED	te Committee Amendment				
Committee Chair ii Senai	e Committee Amendment				
ADOPTED	FAILED	TABLED _			

Dentists for Fiscal Responsibility

The following is a sample of the most recent numbers related to oral health and dental manpower. Dentist for Fiscal Responsibility began as a group of dentists petitioning the North Carolina Dental Society for not enforcing the resolutions of its governing body. Since that time over 150 dentists from across the state have petitioned the NCDS. Unfortunately, both the media and the general public have heard an opinion in favor of building a second state-supported dental without all the facts. We hope this information helps the media in their research, the public in their knowledge, and the governing in their pursuit to be good stewards of our tax dollars. It is our belief that the numbers don't lie. Once you've studied the information contact your legislator. Together, we can take care of the underserved while showing fiscal responsibility!

The Argument

"North Carolina cannot presently meet its own academic and non-academic needs for dentists with the number of graduates one program can produce, nor is it making a significant contribution to the distribution of its graduates." (the NC Institute of Medicine's Report on Dental Care for Low-Income Persons (2002) is referenced with no reference to statistics since that date).

The Facts

Since the 2002 Institute of Medicine report the NC Board of Dental Examiners, under the authority granted by the NC Legislature, has begun granting dental licenses by "credentials". Note the following statistics:

Statistics for Licensure	2004	2005
Out of State Applications	80	76
for Exam		
Out of State Applications	12	3
who failed exam		
# Licensure by Credentials	64	70
Applications		
# Licensure by Credentials	6	6
Applicants that were denied		
Total # of Out of State	144	146
Applicants		
Total # Out of State	126	137
Applicants Licensed		

NC State Board of Dental Examiners

In addition, the UNC School of Dentistry has already been authorized to increase its class size. The impact of credentialing and increasing the UNC class size has already resulted in a trend towards increasing the provider to population ratio.

The Argument

Dr. Greg Chadwick has argued that the ECU dental school will be "different" than other dental schools since "students recruited for this program must possess a strong sense of personal and professional obligation and have a desire to build their careers in the rural environment... The DDS program will model the successful philosophy and delivery system used by the Brody School of Medicine." ECU, Request to Establish a Doctor of Dental Surgery

The Facts

ECU's Brody School of Medicine does have a successful record of putting graduates in rural locations (RELATIVE to other medical schools): 28.1%. Nevertheless, 71.9% of graduates go to urban locations. ECU graduates make up just 4.7% of primary care physicians in rural NC.

The criteria for faculty recruitment at the proposed ECU dental school include five requirements. The first, fourth, and fifth requirements relate to the ongoing research of the candidate. ECU, Request to Establish a Doctor of Dental Surgery

These are the minimum requirements for student admission:

- Bachelors degree from an accredited school
- Three references from individuals with expertise to comment on the applicant's capability for research and scholarship
- An interview with a member of the faculty to include a discussion of congruence between the student's interest / career goals and the expertise and research of the faculty

Conclusion

A second state supported dental school has not been shown as an efficient of effective way to improve access to dental services. Rather, a comparison with the impact on primary care physicians by the establishment of the Brody School of Medicine suggests a second dental school will have little effect on the current distribution challenges. Furthermore, the claims that the ECU dental school would be clinically oriented are contradicted by the standards submitted for faculty and student recruitment.

The Argument

A second dental school will address the lack of access in underserved areas.

"The educational mission of the DDS program is to prepare dental practitioners who will address the substantial oral health needs throughout NC, particularly in the underserved regions of the state." ECU, Request to Establish a Doctor of Dental Surgery

The Facts

"People are going to go where they can make a good living, whether it's dentists or anyone else." Dr. Rebecca King, chief of the state's oral health division as quoted by the Winston-Salem Journal, July 16, 2006.

In an analysis of the current public health figures (2005, NC Health Professions Data System) in was noted that "the dentist shortage areas mirror physician shortage areas both in scope and actual location (HPSA and DHPSA overlap is significant)." Colleen Bridger, MPH

North Carolina has four medical schools yet 70% of primary care physicians are from out of state. NC Health Professions Data System 2004.

APPENDIX J: REQUEST FOR AUTHORIZATION TO ESTABLISH DDS AT ECU



Office of the Chancellor

East Carolina University 105 Spilman Building • Greenville, NC 27858-4353 252-328-6212 office • 252-328-4155 fax www.scu.edu

September 29, 2006

Dr. Alan Mabe
Vice President of Academic Planning
The University of North Carolina
P. O. Box 2888
910 Raleigh Road
Chapel Hill, North Carolina 27599

Dear Dr. Mabe:

I am pleased to submit the enclosed request for authorization to establish the doctor of dental surgery (DDS) degree at East Carolina University. Our administrators, faculty, and staff developed this proposal with the benefit of expertise from a national panel of dental and business authorities. The proposal to establish the DDS has been reviewed through the campus faculty review process and recommended for approval, and it has my full support.

The proposed dental school and the curriculum of the proposed DDS will expand oral health care opportunities for North Carolinians in rural and underserved areas across the state. This unique program will graduate general dentists who are trained to provide oral health care specifically to underserved populations. The faculty and student activities involved in this approach will enrich the potential for multidisciplinary health services across the various health care disciplines at ECU as well as among providers in the service learning center communities. We believe that this program will strengthen the workforce in the rural and underserved areas, and that the service learning centers involved with the program will have a positive economic impact on the state.

The Division of Health Sciences at East Carolina University is well poised to develop the infrastructure of a new dental school and to work in tandem with new dental faculty to offer the DDS. By working symbiotically with the other professional schools in the Division of Health Sciences, the School of Dentistry will strengthen our ability to fulfill the mission of the division, the university, and the UNC system.

Your consideration of this request to establish a doctor of dental surgery degree at East Carolina University is greatly appreciated,

Steve Ballard Chancellor

Enclosure: Appendix C: Request for Authorization to Establish a New Degree Program (Original and 5 copies)

James L. Smith, Provost and Vice Chancellor for Academic Affairs
 Michael J. Lewis, Vice Chancellor for Health Sciences
 Deirdre Mageeur, Vice Chancellor for Research and Graduate Studies
 D. Gregory Chadwick, Associate Vice Chancellor for Oral Health
 Terri Workman, Associate Vice Chancellor for Communications and Constituent Relations
 Patrick Pellicane, Dean of the Graduate School

REQUEST TO ESTABLISH THE DOCTOR OF DENTAL SURGERY

EAST CAROLINA UNIVERSITY DIVISION OF HEALTH SCIENCES PROPOSED SCHOOL OF DENTISTRY

SEPTEMBER 29, 2006

EAST CAROLINA UNIVERSITY REQUEST FOR AUTHORIZATION TO ESTABLISH A DOCTOR OF DENTAL SURGERY DEGREE

Table of Contents

Request to E	stablish the Doctor of Dental Surgery	1
Appendix A:	Societal Need	A-1
Appendix B:	Comparison of East Carolina University School of Dentistry to U.S. Dental Schools.	B-1
Appendix C;	Curriculum Advisory Group for East Carolina University School of Dentistry	C-1
Appendix D:	Planning Process Employed to Develop East Carolina University School of Dentistry Curriculum.	D-1
Appendix E:	East Carolina University School of Dentistry Courses, Curriculum Themes, Course of Study, and Degree Requirements	E-1
Appendix F:	East Carolina University School of Dentistry Faculty Assignments	F-1
Appendix G:	East Carolina University Division of Health Sciences Organizational Chart	G-1
Appendix H:	Letters of Support for the East Carolina University School of Dentistry	H-1
Appendix I:	East Carolina University School of Dentistry Business Plan.	F1
Appendix J:	Request for Authorization to Establish the Doctor of Dental Surgery Reference List	

THE UNIVERSITY OF NORTH CAROLINA REQUEST FOR AUTHORIZATION TO ESTABLISH A NEW DEGREE PROGRAM

	Date:	Septembe	r 29, 2006		
Constituent Institution: School/College: Division of Health Sciences, School of Dentistry					
Program Identification: CIP Discipline Specialty Title: Dentistry					
CIP Discipline Specialty Code: 51.0401	Level (B, M, I, P	rof, D):	First Profes	sional	
Exact Title of the Proposed Degree: Doctor of Dental Surgery Exact Degree Abbreviation (e.g., BA, BS, MA, MS, EdD, PhD):	DDS				_
Does the proposed program constitute a substantive change as de		Yes	No	×	
 a) Is it at a more advanced level than those previously authorize 	ed?	Yes	No	×	
b) Is the proposed program in a new discipline division?		Yes	No.	×	
Proposed date to establish degree program (allow at least 3-6 mon Do you plan to offer the proposed program away from campus duri	ths for proposal ng first year of o	review): peration?	November 2	006 No _x_	

I. DESCRIPTION OF THE PROGRAM

Describe the proposed degree program (i.e., its nature, scope, and intended audience).

The educational mission of the doctor of dental surgery (DDS) program is to prepare dental practitioners who will address the substantial oral health care needs throughout North Carolina, particularly in the underserved regions of the state. The DDS, a 5,034 contact-hour degree program, comprises six curriculum themes: foundation biological sciences, dental care foundations, clinical practice of general dentistry, community oral health and practice, assessment and treatment, and primary dental care in the community. Course work and clinical practice in these themes will prepare the DDS graduates to practice dentistry, follow a career in dental education, and design and conduct empirical research to understand the etiology, manifestation, and amelioration of dental problems consistent with the guidelines of the American Dental Association.

Students recruited for this program must possess a strong sense of personal and professional obligation and have a desire to build their careers in the rural environment. The curriculum of this first-professional degree program is designed for completion in four academic years, consisting of sixteen-week fall and spring semesters and an eight week summer semester in years one through three (40 weeks per year), and fall and spring semesters in the fourth year (32 weeks) for a total of eleven semesters and one hundred and fifty-two weeks. Success in this degree program will enable the graduates to function as competent and contemporary general dentists as well as community leaders who contribute to the shaping of health care policy and services in their practice region. They will be prepared to function as sources of continuing professional development for their colleagues in dentistry and other health care disciplines and participate actively in community enhancement efforts throughout their dental careers.

The doctor of dental surgery (DDS) degree program will be offered through the East Carolina University School of Dentistry, one of four schools in the Division of Health Sciences. This School of Dentistry will be one of the first public dental schools in the United States established in the past forty years with an emphasis on serving the oral health care needs of rural America. The DDS degree supports the school's mission to improve the quality of oral health among the citizens of North Carolina by implementing community-oriented educational, research, and service programs that focus on prevention of dental disease, which further supports the mission and strategic plan of the Division of Health Sciences.

According to Points East, an annual ECU publication, East Carolina University prepares more nursing and allied health professionals than any other university in North Carolina. The doctor of dental surgery degree program complements and augments the existing biomedical education, research, and health service programs of East

Carolina University.

The Division of Health Sciences is well positioned to develop and offer the DDS degree. The Division of Health Sciences at East Carolina University, particularly The Brody School of Medicine (BSOM), has been recognized for its success in primary care. The U.S. News & World Report (4/3/06) magazine's annual listing of the best

professional schools ranked the BSOM in the top ten among medical schools in three categories that emphasize primary care. The Brody School of Medicine at East Carolina University

- Tied for sixth among primary care schools with Duke University in Durham, the University of Colorado-Deriver, and the University of Wisconsin-Madison, up from 34th in 2005.
- Ranked 9th in family medicine, up from 11th in 2005.
- Tied for 7th in rural medicine.

The DDS program will model the successful philosophy and delivery system used by the BSOM. As many as 75 percent of BSOM's graduating students have entered primary care residencies in recent years. More than 28 percent of BSOM graduates practice in rural North Carolina, which is over 50 percent more than the other publicly-funded medical school in the state. The ECU School of Dentistry will use an educational and clinical delivery system unlike those of traditional dental schools. It will not build large dental clinics in a central location (i.e., Greenville) and expect patients to come to these clinics. Instead, the school will build, acquire, or lease several small service learning centers of approximately twenty dental operatories in selected rural and underserved areas of the state where there are widely dispersed populations and limited public transportation. The School of Dentistry will form partnerships with community health centers and other dental safety net clinics for resident and student rotations. All of these sites will provide care to primarily low-income, underserved patients.

The educational philosophy of the dental school at East Carolina University has six tenets. Our philosophy will be implemented through the curriculum goals and strategies described subsequently in this report and through student recruitment methods that will target residents from rural and underserved areas who demonstrate a strong personal commitment to serving rural North Carolina as health care providers. We believe that

- A substantial portion of our students' learning experiences should occur in the types of communities in which they will be educated to serve.
- Our graduates should be leaders in rural communities in the areas of health policy, wellness promotion, and education of the public and other health care providers.
- Our students should be exposed to the challenges of serving populations with socio-economic, geographic, cultural, and other barriers that may limit access to oral health and other types of medical care.
- Our students should have enhanced patient assessment skills beyond that normally associated with a
 general dentist because as dentists they will often function autonomously as a sole source dental
 provider in a rural region of the state.
- Our graduates should be thoroughly trained in a wide range of dental therapeutic strategies in order to
 provide a full scope of oral health services within the framework of communities that have limited health
 care resources and few other health care providers to serve as a referral safety net.
- Our graduates should understand the health care infrastructure and economic foundation of small
 communities so that they have the capacity and resourcefulness to function effectively within this
 environment and to assume leadership roles in regional dental associations and other health care
 organizations.

The recruitment strategies and admissions standards of the School of Dentistry will be implemented in concert with this core educational philosophy. Student recruitment activities will focus on attracting academically solid individuals from the rural and underserved areas of North Carolina who have a passion for a professional career of service to the community. The recruitment strategy would include cultivating partnerships with undergraduate schools and colleges, including community colleges, and area high schools to identify and encourage underrepresented and other applicants to consider the school and a career in dentistry. This approach mirrors the successful method in place for admissions to the Brody School of Medicine.

The educational and service goals of the School of Dentistry are to

- Give very strong preference to qualified residents of North Carolina who apply for admission.
- Matriculate up to fifty students annually (reaching an enrollment of two hundred by year four) and graduate at least 95 percent of the entering students within five years of enrollment.
- Increase the number of general dentists in the rural and underserved areas of the state and document
 the number of the graduates from the first ten classes of the School of Dentistry who establish practices
 in or near small rural communities or other areas that are underserved in terms of dental care.
- Provide graduates with a broad-based education in all aspects of primary care dentistry, which will allow competent delivery of a full range of oral health services to diverse groups of low income and primarily rural patients in communities where the population has limited access to other dentists, particularly dental specialists.

- Implement a curriculum that provides students with community-based service learning experiences
 throughout the program, and features an intensive immersion experience in community health care in
 the final year of their education.
- Provide graduates with a strong education in patient assessment and systemic medicine so they can
 provide dental care in the context of patients' overall health and can provide care for the increasing
 elderly population in rural communities who have chronic diseases that predominate in that age group.
- Prepare graduates of this dental school to function successfully and maintain long-term practices within
 the economy, infrastructure, and health care resources of small and primarily rural communities.

B. List the educational objectives of the program.

To achieve the goals included in 1.A., above, the doctor of dental surgery degree program will educate and graduate oral health clinician/scientists who will

- Expand health care opportunities for the children and adults of North Carolina, primarily in the rural and underserved areas of the state.
- Provide leadership that will extend and enhance health care services in their practice communities.
- Provide training for other dental practitioners that will facilitate the translation of oral health research into patient care strategies.
- Incorporate biomedical advances into dental practice and as lifetong self-directed learners pursue professional enrichment and scope of practice enhancements through continuing education and advanced training.
- Implement patient care strategies that are based on wellness and prevention and serve as health education resources for the community.
- Enrich the potential for multidisciplinary health services research among the various health care disciplines at East Carolina University and among various types of health care providers in the community.
- Increase awareness of oral health issues and problems among other health care providers with perticular focus on dental diseases among children.
- Provide avenues for educational interchange and career-enriching professional development among
 physicians, nurses, dentists, pharmacists, and allied health providers, which will enhance the overall
 quality of health care services for the public.
- Provide a network of School of Dentistry graduates in the community who understand health services and public health research and are willing to participate in studies designed to assess and improve the health care delivery in North Carolina.
- C. Describe the relationship of the program to other programs currently offered at the proposing institution, including the common use of: 1) courses, 2) faculty, 3) facilities, and 4) other resources.

East Carolina University has given a school of dentistry its focused attention for the past several years, but most intensively since early 2004. The implications of adding a school of dentistry to the Division of Health Sciences have been carefully considered, and the faculty and administration of the Brody School of Medicine and other academic units within the division are well aware of the demands of adding yet another health care professional school at ECU.

1) Courses

The DDS program comprises all new courses developed as a part of the planning process.

Dentistry is a well-established health profession that is closely allied with, but organizationally separate from, medicine. Philosophically there is substantial overlap in the basic medical science (BMS) knowledge needed by students of dentistry and medicine; however, dedicated state-appropriations are being requested to recruit additional faculty in the basic sciences to ensure no dilution of the quality of education in existing programs.

Dental students require a basic understanding of clinical medicine in order to effectively treat dental patients, and likewise, medical students should have a basic understanding of clinical dentistry to effectively treat medical patients. Clinical exposure for medical and dental students will take place in the same clinical settings when feasible. The clinical teaching model used in medicine and oral and maxillofacial surgery should extend to all the sub-disciplines of dentistry. In this model, faculty provide care to patients as they supervise a small number of residents and students. Residents have a role in training senior dental students.

2) Faculty

If new faculty were not being requested for the DDS program, the pressures of such an expansion would likely be felt among those faculty in the basic sciences who are already committed to teaching in the Schools of Nursing and Alled Health Sciences as the curricula of those schools require. However, the hiring of new faculty to teach in the basic sciences will alleviate this concern.

3) Facilities

New facilities will be required for the School of Dentistry and the doctor of dental surgery program. Currently, the Laupus Health Sciences Library, which is the primary information resource for the Division of Health Sciences, provides office space for D. Gregory Chadwick, DDS, MS, associate vice chancellor for oral health, in the newly constructed Laupus Library facilities. Dr. Chadwick will continue to be housed there until the dental school is approved and built.

4) Resources

Extensive computer support systems and technological resources are available on campus for faculty and students. In addition to wired technology, ECU has participated with an international leader in wireless technology in the OWLS (online wireless learning solutions) project, using wireless technology in teaching. ECU has also partnered with CISCO Systems in a project that will provide wireless communications on the campus. A functional wireless corridor has already been established on the ECU campus and discussions are underway to include all new buildings in the wireless communications plan. Additionally, the Brody School of Medicine has partnered with University Health Systems of Eastern Carolina to deploy Health Span (a comprehensive electronic medical record system) throughout the region. Collaboration is underway to identify and incorporate a dental module into this system. Use of an electronic record system will support evidence-based practice and enhance quality initiatives.

Additionally, ECU is nationally recognized as a leader in telemedicine. The ability to offer telehealth consultations and clinically-oriented distance education translates to the dental program. The Telemedicine Center, itself, provides the necessary functions for conducting clinical telemedicine transactions, including scheduling, network operations, troubleshooting, training, and administrative support. The center develops and maintains standard operating procedures for telehealth, which are used by the telemedicine coordinators at the center, the Rural Telemedicine Coordinators (RTCs), and physicians. The RTCs act as the primary facilitator for telemedicine and distance learning activities at their site and are responsible for patient scheduling, operating the equipment during telehealth encounters, training other local clinical staff, obtaining patient consent, and reporting issues and new ideas to the center. Engineers are on site at the center during normal business hours for technical support, troubleshooting, and setting up telemedicine calls and bridging for telehealth and distance learning applications.

Statistical expertise is available to faculty and students on a part-time basis through the Biostatistics Center in the School of Allied Health Sciences and will be increased as research projects increase. When fully operational, the School of Dentistry plans to employ a full-time dental health applied research coordinator to support research both at the main campus in Greenville and throughout the outlying education and service sites.

II. JUSTIFICATION FOR THE PROGRAM (Narrative Statement)

A. Describe the proposed program as it relates to the following:

1. Institutional Mission and Strategic Planning.

The motto of East Carolina University is "to serve," which facilitates a mission of excellence in teaching, research, and service that encompasses a commitment to serving the people of eastern North Carolina and beyond.

To serve through education. This component describes development of the learner's ability to discover, evaluate, and communicate knowledge, to make informed decisions, and to recognize a decision's ethical dimensions. It also includes a sense of citizenship and personal responsibility, fostering lifelong learning, and nurturing an understanding of the interdependencies of people and their environments.

Through education, the DDS program will offer an opportunity to enter an in-state, outstanding, first-professional dental degree program that has different service and research emphases than the currently available program at UNC-CH and of those in contiguous states.

To serve through gesearch and creative activity. This component is addressed through the advancement of knowledge, encouragement of creative activity, solving significant human problems, and providing the foundation for professional practice through support of basic and applied research.

Through research and creative activity, DDS students and graduates will advance the science base of dentistry and assist in the development of interdisciplinary approaches in both basic and applied research. These outcomes will strengthen contributions in improvement and expansion of quality of oral health care to citizens and enhance the reputation of the institution as a leader in research opportunities.

To serve through leadership and partnership. This component provides leadership and engages in partnerships to support public education, health care and human services, cultural activities, and regional development.

Through leadership and partnership roles, the dental school and the expertise, quality, and competencies of its faculty, students, and graduates will advance new role development and knowledge dissemination that will make a difference in dentistry and oral health care. Graduates of this program will have an interdisciplinary understanding of how to provide dental care in a rural environment and develop strong partnerships with community leadership. Dental clinics throughout the state will result in the expension of partnerships in the health services arena. Providing services to individuals who might ordinarily not access these services along with producing highly-trained, knowledgeable dentists who will become practitioners in the state and region will contribute to the improved health status of our communities.

The doctor of dental surgery degree program will support and enrich the university's mission of service throughout the state of North Carolina by expanding the scope of educational programs at the first-professional level and providing a unique opportunity to meet a predominant need in the rural and underserved areas of North Carolina. The DDS clearly fits within the university's emphasis area of improving human health and quality of life. The program will lead to enhanced capabilities for the development and implementation of dental prevention, intervention, and care programs by graduating practitioners that can improve services offered in our rural service area and beyond. The improved health status of the population will contribute both directly and indirectly to economic development of the region and the state, another emphasis area for the overall mission of East Carolina University. In addition, the presence of this degree program will enable faculty to develop more complex interdisciplinary research teams and research projects that will enhance the university's ability to attract external funding for research as well as offer emerging health prevention and intervention to our people.

The School of Dentistry as well as its students and alumni will contribute directly to the fulfillment of East Carolina University's strategic directions for the university. Specifically, this first-professional program will increase access to advanced education for students in the state and region as well as provide much needed dental care to economically disadvantaged parts of the state. This strategically placed School of Dentistry will also provide lifelong learning for practicing dentists at all levels by offering workshops, classes, and other educational activities that will meet continuing education needs for licensed practitioners in dentistry.

The proposed DDS degree also supports the strategic planning goals of the university's Division of Health Sciences to expand educational opportunities provided on and off campus; enrich learning environments for students; increase productivity of faculty, staff, and students in research and creative activities; and extend external leadership and partnership in North Carolina. The DDS program will also support the division's goal of providing leadership in the development and application of information technology and distance education in higher education and improving the quality and efficiency of its services and operations. Faculty will work closely with the Eastern Area Health Education Center to provide dissemination of information through continuing education to dentists in this multicultural and underserved region of the state. The School of Dentistry's mission and priorities directly address the university's mission as well as the goals of the Division of Health Sciences.

East Carolina University's mission and strategic plan strongly support the UNC Board of Governors' long-range plan and strategic directions for The University. Initiation of the doctor of dental surgery degree program will increase access for students in the state and region, the first strategic direction of the Board of Governors. Further, access will be improved in a rural part of the state in which students now have to travel a considerable distance, change residence, or forego professional educational opportunities. It will enhance the need for lifelong learning as researchers, scholars, and practitioners; develop a value for continued knowledge acquisition; and stimulate the development of this value in students and graduates.

The second Board of Governors strategic direction focuses on intellectual capital formation through offerings of excellent graduate, professional, and undergraduate programs and development of an educated citizenry that will

enable the state to flourish. This degree program addresses this direction in that it is based on a need demonstrated through multiple survey studies for an additional opportunity for increasing the number of dentists in the state. The emphasis on interdisciplinary education and health care practices is especially fitting with the mission of The University of increasing primary care providers that function successfully in primary and tertiary care settings.

A third strategic direction focuses on the need to propose and support the need and initiatives of the state's public schools and community colleges. The DDS degree will contribute to this direction through its initiative on oral health programs and workforce development. Health promotion activities designed to prevent dental caries need good evaluative data to discover their effectiveness over both short and long-term spans of time. Finally, exploring and evaluating approaches to involve parents in maintenance of oral health and early identification of oral health problems in their children is an area of need. Community college graduates (dental assistants) and dental hygiene programs associated with the new School of Dentistry will augment and support the accomplishment of the mission of The University. Our vision is that DDS graduates will make significant contributions in these areas.

The fourth direction is the creation and transfer of knowledge to expand knowledge through scholarship and research and to stimulate economic development in North Carolina through application of basic and applied research, technology transfer, and public service activities. The School of Dentistry will engage in core research to explore the expansion of distance education and teledentistry for monitoring, assessing, and providing dental care and oral health education to outlying sites, and specifically to patient groups who have health problems. The use of this type of electronic media is increasing, and this initiative will assist in determining how well this approach might substitute for other delivery methods. Students will have a variety of opportunities to collaborate with the telehealth program for which the Brody School of Medicine at ECU is a leader. The use of technology to improve immediacy, access, and monitoring of health care is a means for transforming traditional approaches of providing dental, nursing, and medical care. The proposed program will also use distance learning opportunities for select courses. As technologies emerge and are tested in clinical settings and community sites, students will be on the front-line to participate and contribute to advances.

The fifth direction in the plan focuses on transformation and change through the use of information technology and effective educational, administrative, and business practices to enable the university to respond to the competitive global environment of the twenty-first century. Information technology of various kinds is already well integrated in teaching and research activities in the Brody School of Medicine, School of Nursing, School of Allied Health Sciences, and the university. Electronic transfer of information, vital to research endeavors, is being rapidly expanded to make available new sources of information on a global basis. Students in the proposed program will be expected to know of research needs based on oral health care and clinical practices in other geographic regions and be able to compare these with similar problems in this county and the region. They will open dialogue via electronic means with students and researchers in other areas, share problems, and collaborate in the development of multi-site projects, which will provide diversity for preparing students to acquire a global perspective.

In summary, the establishment of the doctor of dental surgery degree within the ECU School of Dentistry will make a significant contribution to the achievement of The University's five-year plan for education in North Carolina. Additionally, it will provide significant contributions to the health care needs and quality of life of the citizens of North Carolina, thus fulfilling the mission of East Carolina University and The University of North Carolina. It will contribute to an increase in professionally-prepared scholars and researchers, which the state will need as the population continues to grow.

2. Student Demand.

ECU currently receives more qualified applicants for its first-professional and some doctoral health sciences programs than can be accommodated. This, coupled with the public knowledge that there are far more applicants for each seat in the UNC-CH School of Dentistry than can be accommodated, indicates that there is a large pool of applicants interested in pursuing a health sciences professional degree in a public institution in North Carolina. ECU is one of the few research campuses in The University of North Carolina. That fact alone is likely to make ECU attractive to the best and most capable students from every NC institution seeking professional health science education. Also, the ECU Brody School of Medicine graduates do very well at each step of the United States Medical Licensing Examination (USMLE) and, therefore, are competitive with medical students at all other U.S. medical schools. This performance and subsequent reputation will be a good recruiting tool.

ECU has a good track record and history of commitment to important social goals. Not only has the university

worked diligently to recruit minority students to the Brody School of Medicine, but ECU's performance in this regard puts us at or near the top of all U.S. medical schools, just behind the three historically black educational institutions (Meharry, Morehouse, and Howard). The university and the Division of Health Sciences will carry this same level of commitment and achievement into the effort to build a dental school that will garner the same level of national attention as has come to the Brody School of Medicine in this regard.

Societal Need. (Note: For graduate, first-professional, and baccalaureate-professional programs, cite
manpower needs in North Carolina and elsewhere.)

North Carolina cannot presently meet its own academic and nonacademic needs for dentists with the number of graduates one program can produce, nor is it making a significant contribution to the distribution of its graduates.

Since the publication of the North Carolina Institute of Medicine (NC IOM) report on Dental Care for Low-Income Persons (2002), there has been a growing consensus that the state faces a shortage of dentists and that the supply is not likely to meet demand in the near-term given current levels of productivity from the existing School of Dentistry at UNC-CH or the recruitment of dentists from other states and schools of dentistry.

In North Carolina, the dental workforce is growing old. In order to keep current ratios of dentists-to-population, at least one-third of the 3,628 dentists in the current professional workforce will need replacing in the next ten-to-twenty years. As important, the number of dentists of African American or other minority group status is only 10 percent compared with a state population consisting of 34 percent non-white. There are still as many as forty North Carolina counties where there are no dentists providing services to persons covered by Medicaid; there are four counties (in eastern North Carolina) with no dentist; there are too few pediatric dentists in North Carolina (a total of 108 as of 2004, representing 3 percent of the total NC dental workforce); there are many counties, particularly in the eastern part of the state, where residents would have to drive at least two hours to find an emergency care facility that would be able to treat the dental care needs of a child. To meet the anticipated needs represented by current demand, it is estimated that North Carolina needs an additional 1,209 dentists to enter practice over the coming ten-to-twenty years, and this does not give consideration to deaths and relocations of NC dentists out-of-state. This situation will become more acute as new positions and roles are created and an aging dental workforce retires its experienced researchers and faculty. While new graduates from UNC-CH concentrate in the urban, more affluent areas, the ECU School of Dentistry and DDS graduates will reach the rural and underserved areas of the state.

North Carolina was the eleventh largest state as of 2000 in terms of total population (8.0 million), and it is one of the seven fastest growing states. With a population of 8.4 million in 2003, it is expected that North Carolina will become the seventh largest state by 2030 (with a population of 12.2 million, representing an increase of over 50 percent), and absorb the seventh largest population increase among the 50 states. North Carolina has the second largest number of rural residents; only Pennsylvania has more.

Nationally, there are 5.7 dentists per 10,000 population. As of 2004, North Carolina had 4.2 dentists per 10,000, representing a slight increase since 2003. The ratio of dentists-to-population is quite different in metropolitan and rural areas of the state, where there were 4.8 dentists per 10,000 population in urban areas, and only 3.1 dentists per 10,000 population in rural areas. Despite the rapid increases in our state's population, the dentist-to-population ratios for NC have remained relatively unchanged since 1987, and NC's ratios are consistently low by national standards, placing North Carolina forty-seventh out of the fifty states. It is significant that only 7 out of 100 NC counties have dentist-to-population ratios that either meet or exceed the national of 5.7 dentists per 10,000 population, while there are as many as 28 counties where two dentists or fewer serve as many as 10,000 population.

If North Carolina were to bring the state as a whole up to the national level of 5.7 dentists-per-10,000 population, this effort would require the addition of 1,251 dentists. If an effort were made to raise the ratio of dentists-to-population statewide to the current state rate for urban areas (i.e., 4.8 dentists per 10,000 population), an additional 480 dentists would be required. Since population increases, retirements, deaths, and relocations will place additional demands on workforce numbers, improving those ratios will be more difficult to achieve. It is clear that current levels of workforce productivity cannot meet either of these goals. Additionally, recent studies conducted by the NC Institute of Medicine* have documented the extreme health needs of the state's rapidly-growing minority populations.

Recent studies conducted by the NC Institute of Medicine[®] have documented the extreme health needs of the state's minority populations, especially African Americans and Latinos. Between 1990 and 2000, the NC Latino population grew by almost 400 percent, more rapidly than in any other state. Latinos are estimated to constitute

at least 5 percent of the state's total population. While Latinos at this point in time demonstrate somewhat better dental health indicators when compared with non-Latino whites and African Americans, they are beginning to show some of the signs of chronic and lifestyle diseases that come with acculturation into mainstream American culture. If it is expected that as this population increases in size and geographic dispersion in NC, they will constitute a major concern of both public health and private dental care service providers, and this is expected to happen at its earliest point in the eastern-most counties of our state.

Eastern North Carolina is a region characterized by both small and socio-economically disadvantaged populations. An examination of the data shows that a large proportion of the populations in several counties of eastern North Carolina have incomes that place them below federal poverty guidelines. Although the percentage of their populations living in poverty since 1980 has declined, thirty-one out of these forty-one counties have as many as 20 percent of the children living in poverty. Further, median household income in North Carolina statewide was a modest \$38,194 in 2002, but in only four of these forty-one counties does median household income rise above this statewide average. The disposable income and health care purchasing power of these populations is likely to be restricted, as is access to public health and other subsidized sources of dental and other forms of health care.

See Appendix A for additional information.

East Carolina University is the ideal setting for this program. The university is strategically located within the eastern region of the state, where the dental shortage is most acute. ECU can provide state-wide access to dental care through this distributed model and its leadership in distance education programs. The multidisciplinary knowledge bases available from unique programs such as bioenergetics and health and human performance at ECU present new perspectives and knowledge about energy transpositions influencing human behaviors. The new dental school will provide opportunities to explore a variety of health disparities among children, a growing elderly population, and sizeable social and ethnic populations of economically and medically underserved families across the state.

4. Impact on existing undergraduate and/or graduate academic programs at ECU, (e.g., Will the proposed program strengthen other programs? Will it stretch existing resources? How many of your programs at this level currently fail to meet Board of Governors' productivity criteria? Is there a danger of proliferation of low-productivity degree programs at the institution?)

The implications of adding the School of Dentistry to the Academic Health Center have been considered carefully. The faculty and administration at East Carolina University, and in particular at the Brody School of Medicine, are well aware of the demands of adding yet another health care professional school at ECU. The university is in the fortunate position of having existing land sufficient to accommodate the footprint of any physical plan that might be designed for the School of Dentistry. Moreover, the utilities infrastructure within the health sciences campus is already in place and will not require significant up-fitting to facilitate such construction. The faculty numbers requested in the budget require new state appropriated funding for the basic sciences. It is not the intention to require the current faculty members to support the additional dental students.

The proposed doctor of dental surgery degree program will have a positive impact on existing health sciences programs in several ways. One of the most important will be the availability of shared research experiences for all graduate students. Current doctoral students in medicine, nursing, and allied health sciences may serve as guest lecturers in the DDS program, and will share experiences with students of how research-based disciplines have changed clinical applications in ways that made a difference in patient-client outcomes. Collaboration in seminars and clinical experiences with other students, particularly in the outlying facilities, will provide effective role models of how professional care delivery teams function in interdisciplinary health care decisions and applications.

Collegial dialog and collaborative research between students and faculty members will enhance the community of scholars and research environment for the school and the university.

Another positive impact will be the interdisciplinary relationships between the DDS and other programs. Faculty and student interdisciplinary experiences will provide diverse perspectives and life experiences. Such dialog will facilitate the integration of academics and research in the learned and clinical aspects of dentistry. Such stimulation has the potential for encouraging students to envision dentistry as an academic career as opposed to preparation for a private practice. This impact will gradually address dental school faculty shortages. Shared research experiences might include presentations, seminars series participation, shared laboratory resources, and equipment.

The School of Dentistry and the DDS degree program will not dilute the monetary support or use of faculty resources for other programs, either on campus or throughout The University of North Carolina. Monetary support will come from appropriated funds passed through university allocations specifically targeted for the designated program, including one-time and recurring monles, start-up costs, and capital construction.

Current collaborative relationships within the university will be strengthened by implementation of the proposed DDS program. As interdisciplinary research activities grow, all programs involved should see an increase in quality and quantity of undergraduate and graduate students who want to come to a university where they can achieve their academic goals and participate in a quality learning environment.

The 2006-2011 ECU Long Range Plan, submitted to the UNC-General Administration in spring 2005, did not include any low productivity reports for first-professional or doctoral programs as none were designated by UNC for review. Enrollment in this proposed program should far exceed productivity standards.

- B. Discuss potential program duplication and program competitiveness.
 - Identify similar programs offered elsewhere in North Carolina. Indicate the location and distance from the proposing institution. Include a) public and b) private institutions of higher education.

At the present time, there is one DDS program in North Carolina. It is located at the University of North Carolina-Chapel Hill School of Dentistry, 120 miles from Greenville, North Carolina. There are no private dental schools in North Carolina.

2. Indicate how the proposed program differs from other programs like it in the University. If the program duplicates other UNC programs, explain a) why it is necessary or justified and b) why demand (if limited) might not be met through a collaborative arrangement (perhaps using distance education) with another UNC institution. If the program is a first professional or doctoral degree, compare it with other similar programs in public and private universities in North Carolina, in the region, and in the nation.

Comparison to In-State Program:

By focusing on a different emphasis area (primary care) from the existing program at Chapel Hill (research extensive), a second dental degree program will contribute to the statewide goal of improving oral health for all North Carolinians. Through ECU's emphasis on rural and primary health care, research by dental students and faculty will contribute to the development of interventions, protocols, and guidelines to serve as standards for oral health care effectiveness and outcome determination. Dental science research can explore uses of both objective and subjective phenomena to obtain a holistic knowledge base from which both dental and interventions may be developed. The need for this type of information is shared globally.

East Carolina University School of Dentistry will place an emphasis on serving the oral health care needs of rural America by focusing the curriculum on the education of general dentists to provide dental care and health policy leadership in North Carolina communities that have limited health resources and few other dentists, particularly specialists. Dental schools in other states operate admirable community education programs and provide valuable service learning opportunities for their students. However, in most dental schools, these community programs are often elective experiences or relatively brief two-to-four-week rotations designed to supplement the core in-school clinical training. ¹ A recent study found that the typical senior student in U.S. dental schools receives an average of only eleven days of patient care experience in community settings. ² No other dental school emphasizes the unique culture and challenges of health services delivery and medical/dental disease patterns in small town America. This School of Dentistry is also unique in that the primary focus of student recruitment will be individuals from rural and underserved areas who desire to return to this environment as health care providers. The school will also take the unique approach of preparing graduates to fulfill leadership roles in these communities and will provide students with curricular experiences designed to help them succeed as general dentists and as small business operators in the often economically challenging environment of rural counties.

The School of Dentistry will educate graduates to function autonomously as the sole dentist within a region and thus will emphasize the diagnostic role of the general dentist since timely referral to dental specialists is often not feasible in the rural practice environment. School of Dentistry students will enter school with the expectation that substantial components of the curriculum will be implemented outside the confines of the core campus and with

the expectation that their capstone learning experience will be an extended immersion in a dental clinic located in a rural community away from the ECU campus.

In summary, the ECU School of Dentistry will provide a unique dental education experience with emphasis on preparing graduates to fulfill an expanded primary care role that requires well-developed assessment skills and the capacity to provide a broad array of dental care services without support from dental specialists such as endodontists, oral surgeons, and pediatric dentists who are often not available in rural North Carolina.

As a result of this DDS program, North Carolina will depend less on other states to provide graduates to fill the need for researchers, teacher-scholars, and administrators within the state. Accessible doctoral study will be provided at two universities within the state which will lessen the need for traveling outside the state for dental adjustion.

Comparison to Out-of-State Programs:

The School of Dentistry curriculum replicates the emphasis on basic biological science foundations found in U.S. dental schools (800 hours at school of dentistry; 800 hours national average); provides students with a more indepth exposure to behavioral and community health issues (school of dentistry = 314 hours vs. 158 hours national average), which is a reflection of the mission and educational philosophy of the dental school at East Carolina University; and provides students with clinical/patient care experiences at the same level as the national average of all U.S. dental schools (school of dentistry = 3930 hours vs. 3895 hours national average). The number of total curriculum weeks and instructional hours per week are also consistent with national averages for all U.S. dental schools.

Appendix B compares the DDS curriculum to those of all U.S. dental schools as well as eleven specific public dental schools in the Mid-Atlantic or Southern States. The differences in the out-of-state programs and the DDS at ECU are in the emphasis areas of research, the unique opportunities available in geographic areas with different kinds of vulnerable populations, and a diversity of different kinds of health disperities these populations experience.

C. Enrollment (baccalaureate programs should include only upper division program majors, juniors, and seniors):

Headcount Enrollment

Show a five-year history of enrollments and degrees awarded in similar programs offered at other UNC institutions (using the format below for each institution with a similar program); indicate which of these institutions you consulted regarding their experience with student demand and (in the case of professional programs) job placement. Indicate how their experiences influenced your enrollment projections.

ΙП			

University of North Carolina at Chapel Hill

Program Title:

Doctor of Dental Surgery

	2002-2003	2003-2004	2004-2005	2005-2006	2008-2007
Enrollment	81	81	81	81	81
Degrees-Awarded	71	78	73	80	77

Use the format in the chart below to project your enrollment in the proposed program for four years and explain the basis for the projections:

Enrollment projections for the proposed program were influenced by independent workforce studies within North Carolina (e.g., 2005 N.C. Oral Health Summit) and national-level statistics (American Dental Education Association, American Dental Association) as well as both the Chapel Hill experience and the national profile previously described in this document.

The table below presents enrollment projections in the new doctor of dental surgery program. These projections do not take attrition into consideration.

	2010-2011	2011-2012	2012-2013	2013-2014
Full-time	50	100	150	200

Part-time	0	0	0	0
TOTALS	50	100	150	200

Please indicate the anticipated steady-state headcount enrollment after four years:

Full-time 200 Part-time 0 Total 200

SCH production (upper-division program majors, juniors, and seniors only for baccalaureate programs). Use the format in the chart below to project the SCH production for four years. Explain how SCH projections were derived from enrollment projections. (See UNC website for a list of the disciplines comprising each of the four categories.)

Not Applicable: 5,034 contact hours are specified for the total degree requirement in the DOS program. Each course carries contact rather than semester-hour credit. This is a first-professional program categorized in CIP division 51, which in the UNC funding model would fall into category III, health professions.

III. PROGRAM REQUIREMENTS AND CURRICULUM

A. Program Planning.

 List the names of institutions with similar offerings regarded as high quality programs by the developers of the proposed programs.

University of Colorado
University of North Carolina at Chapel Hill

West Virginia University University of Minnesota University of Pacific

University of North Carolina at Chapel Hill University of Texas Health Science Center at San Antonio

List other institutions visited or consulted in developing this proposal. Also discuss or append any consultants' reports, committee findings, and simulations (cost, enrollment shift, induced course load matrix, etc.) generated in planning the proposed program.

A fifteen-member Curriculum Advisory Group, including representatives from six U.S. dental schools with respected educational programs and well established community-based education programs, designed the curriculum plan for the DDS. The Curriculum Advisory Group membership list is included as Appendix C, and the planning process and curriculum plan are attached as Appendices D and E, respectively.

B. Admission. List the following:

 Admissions requirements for proposed program (indicate minimum requirements and general requirements).

Selection is based upon academic performance in undergraduate studies, DAT scores, personal characteristics, leadership experience, community awareness, and potential for success as determined by letters of recommendation and the personal interview.

Minimum Requirements:

- . A bachelor's degree from an accredited school
- Three references from individuals with expertise to comment on the applicant's capability for research and scholarship (e.g., university professors, employers)
- An interview with a member(s) of the faculty (arranged by school) to include a discussion of congruence between the student's interests/career goels and the expertise and research of the faculty

General Requirements:

- . One official transcript from each college or university attended
- Scores on the DAT (taken within the last five years) individually evaluated in relation to all other admission requirements
- · Interviews with faculty, administrators, and students
- Computer competency with proficiency in development and use of databases and patient information systems
- A curriculum vitae
- · Written statement of personal career, educational, and scholarship goals

2. Documents to be submitted for admission (listing or sample).

- Transcript from each college or university attended
- Curriculum vitae
- Written statement of personal career, educational, and scholarship goals; identification of research interests
- . Three references from individuals with expertise to comment on the applicant's capability for scholarship
- Official DAT scores

C. Degree Requirements. List the following:

In addition to the information provided in this section, an in-depth review of the degree requirements and course information is provided in Appendix E.

1. Total hours required. Major. Minor.

The DDS comprises 5,034 contact hours. No minor is offered.

Proportion of courses open only to graduate students to be required in program (graduate programs only).

Courses offered under the DDS course prefix, DENT, are open to DDS-enrolled students only.

3. Grades required.

The student must maintain a cumulative grade point average of 2.0 (on a 4.0 scale) throughout the program. The completion of all course requirements, in addition to a final grade point average of 2.0, is required for graduation from the program.

4. Amount of transfer credit accepted.

Transfer credit from another institution will not be accepted.

Other requirements (e.g. residence, comprehensive exams, thesis, dissertation, clinical or field experience, second major, etc.).

DDS students must complete four consecutive years in residence. Residence is defined as taking courses on the campus of East Carolina University or at designated off-campus sites.

6. Language and/or research requirements.

The degree program will be taught in English. There are no foreign language requirements. Students are encouraged to demonstrate an understanding of research processes through a variety of experiences, including participation in seminars and conferences.

7. Any time limits for completion.

The DDS degree program must be completed within five years, excluding summers, following initial enrollment. With endorsement of the student's advisory committee and the associate dean for academic affairs at the School of Dentistry, a student may request an extension of not more than one year, summer included.

D. List existing courses by prefix, number, and title (include s.h.) and indicate (*) those that are required. Include an explanation of numbering system. List (under a heading marked "new") and describe new courses proposed.

All courses for the DDS program are newly developed specifically for this program. In addition to the list of courses provided below, a full description of the courses and the DDS degree requirements are included in Appendix E. The numbering system uses the first digit, 7, to identify the professional-level of the program; the second digit represents the semester; the third, the theme area; and the fourth, the sequencing within the theme.

7010. Gross Anatomy of Body Systems

7011. Dental Microscopic Anatomy

7012. Biochemistry & Nutrition

7013. Anatomy of Tooth Structure

7020. Dental Biomaterials

7021. Preclinical Operative Dentistry Technique 1

7030, Clinical Practice of General Dentistry 1

7031. Information Management in Patient Care

7040. Introduction to Dental Public Health

7110. Head, Neck and Neuro Anatomy

7111. Microbiology & Immunology of Systemic and Oral Diseases

7114. Physiology of Organ Systems

7121. Preclinical Operative Dentistry Technique 2

7122. Fixed Prosthodontics & Occlusion Preclinical Technique

7130. Clinical Practice of General Dentistry 2

7141. Oral Health Promotion in Schools

7150. Fundamentals of Patient Evaluation

7215. General and Systemic Pathology

7217. Mechanisms of Craniofacial Development and Abnormalities

7218. Genetic Basis of Oral Disease

7223. Mechanisms of Periodontal Disease

7229. Pain Control: Nitrous Oxide and Local Anesthesia

7230. Clinical Practice of General Dentistry 3

7251. Oral Radiographic Technique and Interpretation

7317. Clinical Pharmacology for General Dentists

7323. Assessment and Management of Periodontal Disease

7324. Removable Prosthodontics Preclinical Technique

7325. Fundamentals of Endodontics Therapy

7352. Research Bases for Dental Treatment

7355. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7426. Orthodontic Assessment and Therapy

7427. Prevention and Treatment of Dental Disease in Children

7428. Oral and Maxillofacial Surgery

7429. Implantology for the General Dentist

7442. Fundamentals of Dental Practice

Management

7453. Clinical Medicine for the General Dentist

7454. Advanced Patient Evaluation

7455. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7516. Oral Pathology 1: Diseases and Abnormalities of the Oral Cavity

7523. Ethical Issues in Dental Practice and Policy

7529. Multidisciplinary Surgical Skills

7533. Dental Care of Geriatric Patients

7565. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7556. Management of Medical Emergencies in the Dental Office

7559. Sophomore Group Practice Seminar

7616. Oral Pathology 2: Differential Diagnosis of Oral Disease

7642. Dental Practice Planning

7653. Management of Complex Oral Health Problems

7655. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7658. Specialty Care Clinical Rotations

7734. Dental Practice Laws, Rules and Regulations

7744. Oral Health Care Systems and Public Health Policy

7753. Hospital Dentistry

7755. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7757. Advanced Occlusal and TMD Diagnosis and Management Therapies

7758. Specialty Care Clinical Rotations

7845. Primary Dental Care in the Community

7849. Oral Health Service Learning (Volunteer)

7855. Primary Dental Care Clinic: Assessment, Diagnosis, and Treatment of Patients

7858. Specialty Care Clinical Rotations

7859. Junior Group Practice Seminar

7919. Integrated Biological/Clinical Sciences Conference

7960. Advanced Concepts in Dental Care

7961. Clinical Radiographic Assessment

7962. Student Managed Study Club

7963. Management of Orofacial Pain 7964, Infrastructure of Rural Health Care Networks

7965. Primary Dental Care at Service Learning Centers

7966. Oral Oncology

7967. Pharmacotherapeutics for the General Dentist

7968, Clinical Elective Rotations

7969. Community Service Learning

IV. FACULTY

A. List the names of persons now on the faculty who will be directly involved in the proposed program. Provide complete information on each faculty member's education, teaching experience, research experience, publications, and experience in directing student research, including the number of thesis and dissertations directed for graduate programs. The official roster forms approved by SACS can be submitted rather than actual faculty vita.

The ECU School of Dentistry and concomitant doctor of dental surgery degree will require the recruitment of new faculty. The following criteria will be used to establish graduate faculty qualifications to supervise and mentor DDS students.

- Doctoral or professional (DDS) education that includes strong research training and/or postdoctoral research
- · Demonstrated clinical skills
- · Experience educating students
- · Ongoing program of research
- Research-based or clinical publications
- B. Estimate the need for new faculty for the proposed program for the first four years. If the teaching responsibilities for the proposed program will be absorbed in part or in whole by the present faculty, explain how this will be done without weakening existing programs.

Faculty positions are being requested for the proposed program. The new faculty members will strengthen core areas for new dentistry courses and related cognates as well as participate in supervising student research. See Appendix F for faculty assignments within the dental school.

C. If the employment of new faculty requires additional funds, please explain the source of funding.

Funds will be appropriated through the North Carolina State Legislature and The University of North Carolina.

 Explain how the program will affect faculty activity, including course load, public service activity, and scholarly research.

N/A

V. LIBRARY

A. Provide a statement as to the adequacy of present library holdings for the proposed program.

The Joyner Library on the east campus and the William E. Laupus Health Sciences Library (HSL) on the west campus have extensive holdings of journals related to scientific inquiry and the discipline of nursing. The William E. Laupus Health Sciences Library contains approximately 70,000 volumes, including books and microfiche. Its non-print collections include video recordings, sound recordings, slides, filmstrips, software, anatomical models, kits, and charts. The HSL subscribes to 1,548 journals in print and contains approximately 86,000 bound journal volumes. Nearly all of the journal titles on the DENTISTRY list are currently subscribed to by the HSL. Users can link to approximately 200 electronic resources, including bibliographic databases and a large number of full-text resources, through the library's website from anywhere on campus, or using Joyner Library's proxy server, from anywhere off campus as well. The HSL offers full-text journal access for nearly 1,000 journal titles through EBSCO (Elton B. Stephens journal and periodical subscription services). The library is also currently in the process of negotiating an agreement through the Triangle Research Library Network that will provide full-text access to over 800 additional journal titles. The Joyner Library contains 1,088,559 monographs and bound volumes. Over 42,000 of the monographs and bound volumes relate directly to the subjects that will support health sciences.

Second, ECU's Virtual Library is a joint effort of the university's Joyner Library and the HSL. The Virtual Library presently has access to more than 10,000 biomedical and basic science titles. Additionally, the Virtual Library has access to many dental journals through currently carried titles. This is important to note because it is anticipated that dental students will access the vast majority of information resources electronically as nursing, allied health sciences, and medical students currently do. Third, HSL personnel are assessing the need for oral

health-related monographs and projected costs are not seen as prohibitive.

B. State how the library will be improved to meet new program requirements for the next five years. The explanation should discuss the needs for books, periodicals, reference material, primary source material, etc. What additional library support must be added to areas supporting the proposed program?

The Health Sciences Library liaison works closely with faculty members to keep the collection current to support programs in the School of Dentistry. The liaison will continue to solicit book requests from the faculty and add to the library collection. A new document delivery management software package has been implemented at HSL. This package tracks document delivery orders, sends orders electronically, and makes billing more efficient. HSL has also developed electronic reserves for its clients.

C. Discuss any contemplated use of other institutional libraries.

Journals and books that are unavailable at East Carolina University will be accessed through the Interlibrary Loan System. The Internet is readily available to all ECU faculty members and students for access to other libraries and reference sources. The Eastern Area Health Education Center digital library is available to this program.

VI. FACILITIES AND EQUIPMENT

A. Describe the facilities available for the proposed program.

New facilities will be constructed.

B. Describe the effect of this new program on existing facilities and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

NVA

C. Indicate any computer services needed and/or available.

Extensive computer support systems and other resources are available to faculty and students. Instructional Technology Services provides technical and instructional technology support to faculty, staff, and students in the health sciences division. In addition to services provided in the School of Dentistry, the students and faculty members will have access to all ECU resources, including but not limited to a main frame computer, a central VAX computer, academic computing support services, and numerous computer laboratories on both east and west campuses.

New technology requirements include interconnectivity with ECU distance education facilities in order to facilitate teledentistry and the synchronous delivery of lectures and seminars.

D. Indicate sources of financial support for any new facilities and equipment.

New funds from state appropriations will be required.

VII. ADMINISTRATION

Describe how the proposed program will be administered, giving the responsibilities of each department, division, school, or college. Explain any inter-departmental or inter-unit administrative plans. Include an organizational chart showing the "location" of the proposed new program.

The dentistry program will be administered by a dean who will report to the vice chancellor for health sciences. Both the dean and the vice chancellor provide leadership for implementation of the program. An associate dean for academic affairs will report to the dean of the School of Dentistry.

The associate dean will provide oversight for all academic programs; serve as liaison with the BSOM and ECU Graduate School; and coordinate external reviews, approvals, and accreditations of all graduate programs. Resource allocation, overseen by the dean of the School of Dentistry, is managed cooperatively with input from the assistant/associate dean for administration and finance for the School of Dentistry. Student services are managed cooperatively with input from the ECU vice chancellor for student life.

See the proposed organizational chart for the School of Dentistry in Appendix G.

VIII. ACCREDITATION

Indicate the names of all accrediting agencies normally concerned with programs similar to the one proposed. Describe plans to request professional accreditation. If the proposed new degree program is at a more advanced level than those previously authorized or if it is a new discipline division, was SACS notified of a potential "substantive change" during the planning process? If so, describe the response from SACS and the steps that have been taken to date with reference to the applicable procedure.

The Commission on Dental Accreditation (CODA) is the accrediting agency concerned with this program. Their requirements state:

An institution which has made the decision to initiate and seek accreditation for a program that falls within the Commission on Dental Accreditation's purview is required to submit an application for accreditation. Initial Accreditation status may then be granted to programs which are developing, or have developed, according to the accreditation standards.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate state of program implementation and not yet full operational. ... The classification "initial accreditation" is granted based upon one or more site evaluation visit(s) and until the program is fully operational. [sic]

IX. SUPPORTING FIELDS

Are there other subject matter fields at the proposing institution necessary or valuable in support of the proposed program? Is there needed improvement or expansion of these fields? To what extent will such improvement or expansion be necessary for the proposed program?

As described in Section I, the Brody School of Medicine is a valuable support for the doctor of dental surgery degree program. Collaborative research and practice provide rich opportunities for professional students, especially as it relates to clinical and basic sciences. Primary care and family-focused initiatives of the master of public health program, the College of Human Ecology, the College of Health and Human Performance, the Center on Aging, and the Departments of Sociology and Anthropology serve as the basis for knowledge building as well as research. These programs are well developed and do not need improvement or expansion to support the new DOS program.

X. ADDITIONAL INFORMATION

Include any additional information deemed pertinent to the review of this new program proposal.

Visionary leaders in the health sciences division established a goal for a dentistry school over six years ago. Separate feasibility studies, workforce studies, and a NCIOM-led Oral Health Summit have all concluded that North Carolina has both a dental shortage and mal-distribution problem. Faculty and administrators have used consultation and feedback from highly qualified experts in the field to build a very strong program.

Pitt County Memorial Hospital (PCMH) has already demonstrated commitment to its General Dentistry Residency Program by recruiting a new director for the program, and discussions are underway for its modest expansion. As part of the hospital's overall commitment to a new school of dentistry, the PCMH residency program is expected to be significantly expanded, and activities of its residents and faculty are anticipated to be connected with activities of the new school throughout the geographic region now served by PCMH and University Health Systems of Eastern Carolina.

In terms of other external resources, there currently exist collaborative arrangements with The University of North Carolina at Chapel Hill, North Carolina State University, and North Carolina A & T University for inter-university participation in areas such as robotic surgery, hyperbaric and virology research, farm injury prevention, and water-related health problems. A close relationship with Eastern Area Health Education Center provides additional opportunities for community partnerships for research and clinical relationships with the community outreach clinics.

The School of Dentistry and the DDS program have received support from the Pitt-Greenville Area Chamber of Commerce, University Health Systems, and Eastern Area Health Education Centers. Letters of support are included as Appendix H.

XI. BUDGET

Provide estimates (using the attached form) of the additional costs required to implement the program and identify the proposed sources of the additional funds required. Use SCH projections (section II.C) to estimate new state appropriations through enrollment increase funds. Prepare a budget schedule for each of the first three years of the program, indicating the account number and name for all additional amounts required. Identify EPA and SPA positions immediately below the account listing. New SPA positions should be listed at the first step in the salary range using the SPA classification rates currently in effect. Identify any larger or specialized equipment and any unusual supplies requirements.

For the purposes of the second and third year estimates, project faculty and SPA position rates and fringe benefits rates at first-year levels. Include the continuation of previous year(s) costs in second and third-year estimates.

Additional state-appropriated funds for new programs may be limited. Except in exceptional circumstances, institutions should request such funds for no more than three years (e.g., for start-up equipment, new faculty positions, etc.), at which time enrollment increase funds should be adequate to support the new program. Therefore, it will be assumed that requests (in the "new Allocations" column of the following worksheet) are for one, two, or three years unless the institution indicates a continuing need and attaches a compelling justification. However, funds for new programs are more likely to be allocated for limited periods of time.

East Carolina University has already demonstrated a strong commitment of financial resources to the School of Dentistry and development of the DDS program. An initial financial/business plan reflecting the estimated costs for the proposed program is attached as Appendix I.

XII. EVALUATION PLANS

All new degree program proposals must include an evaluation plan which includes (a) the criteria to be used to evaluate the quality and effectiveness of the program, (b) measures to be used to evaluate the program, (c) expected levels of productivity of the proposed program for the first four years of the program (numbers of graduates), (d) the names, addresses, e-mail addresses, and telephone numbers of at least three persons (six reviewers are needed for graduate programs) qualified to review this proposal and to evaluate the program once operational, and (e) the plan and schedule to evaluate the proposed new degree program prior to the completion of its fifth year of operation once fully established.

Program Evaluation Format

A. Criteria to be used to evaluate the proposed program.

The Commission on Dental Accreditation (CODA) provides up to three accreditation visits prior to the first graduating class, followed by an additional site accreditation visit. CODA accreditation criteria is too capacious to include as an attachment to this document but may be accessed at http://www.ada.org/prof/ed/accred/commission/index.asp

B. Measures to be used to evaluate the program.

The National Board Part I is taken after year one. National Board Part II (clinical) is taken during year four. Those students seeking licensure will take the applicable (North Carolina) examination. Otherwise, candidates for admission to a residency/graduate program(s) may defer licensure.

C. Projected productivity level (number of graduates):

Level	Year 1 (2010-2011)	Year 2 (2011-2012)	Year 3 (2012-2013)	Year 4 (2013-2014)	Totals
В					
М					
I/P				50	50
D					- 00

(Key: B-Bachelor's, M-Master's, I/P-Intermediate or Professional, D-Doctoral)

D. Recommended consultants/reviewers: Names, titles, addresses, e-mail addresses, and telephone numbers. May not be employees of The University of North Carolina.

James Hupp, DMD, MD, JD, MBA Dean, University of Mississippi School of Dentistry 2500 North State Street Jackson, Mississippi 39216 601-984-6000 Cell: 601-997-6147 jhupp@scd.umsmed.edu

Michael Reed, DDS
Dean, School of Dentistry
University of Missouri – Kansas City
650 E. 25th St.
Kansas City, MO 64108
816-235-2010
reedm@umkc.edu

James Koelbl, DDS

Dean, West Virginia University School of
Dentistry

1150 HSC North/Medical Center Drive
Morgantown, WV 26506

304-293-2521 OR 304-293-2859

Cell: 304-231-7911
ikoelbl@hsc.wvu.edu

E. Plan for evaluation prior to the fifth operational year,

The program will graduate dentists in its fourth year of existence; therefore, all measures described in XII.B., above, will be implemented before the fifth operational year.

XIII. REPORTING REQUIREMENTS

Inetitutions:	tard Bill	ha.	botoonyo	to.	sonost o		n productivity	-64				Albana a		-*		
madicuciona	AM IIII	пé	expected	w	report o	n prograr	n productivity	anter	one	year	and	mree	years	Off	operation	ı.
This informa	ation	wil	Il be solici	tee	las a nar	t of the h	iennial long-ra	man r	dann	ina r	outel	on.	•			

Proposed date of initiation of proposed degree program:

This proposal to establish a new degree program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor:		
Date:		

U.S. Census Bureau, Population Division, Interim State Population Projections, 2005 (Release date: April 21, 2005).

North Carolina Institute of Medicine, 2003. NC Latino Health, 2003. Durham, NC.

North Carolina Institute of Medicine, 2003. NC Latino Health, 2003. Durham, NC.

Buescher PA, 2003. A review of available data on the health of the Latino population in North Carolina. North Carolina Medical Journal 64,3:97-105.

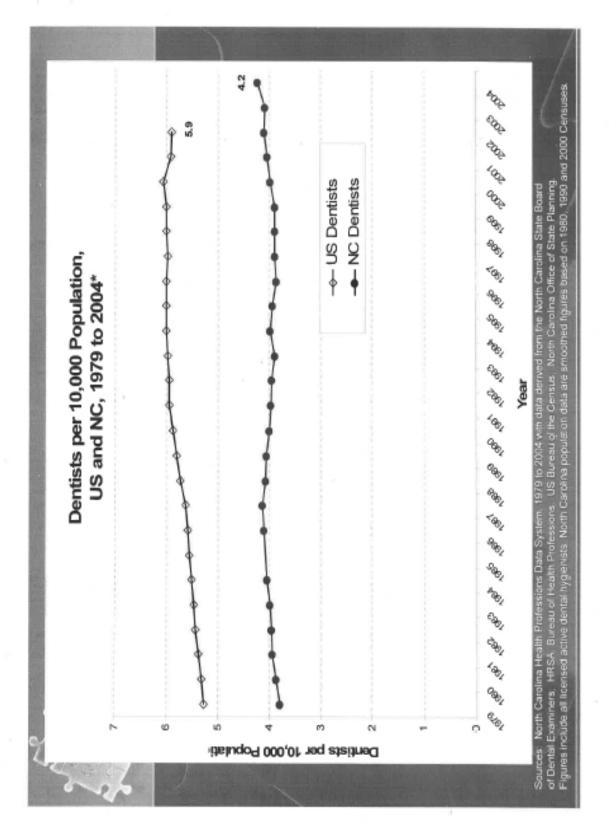
APPENDIX A: SOCIETAL NEED

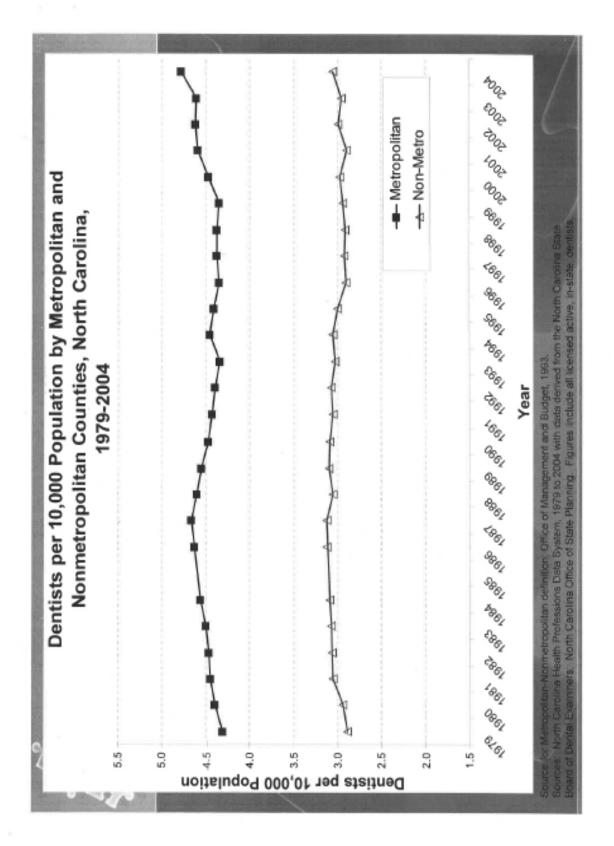
ental Supply per Population, North Carolina, 2004

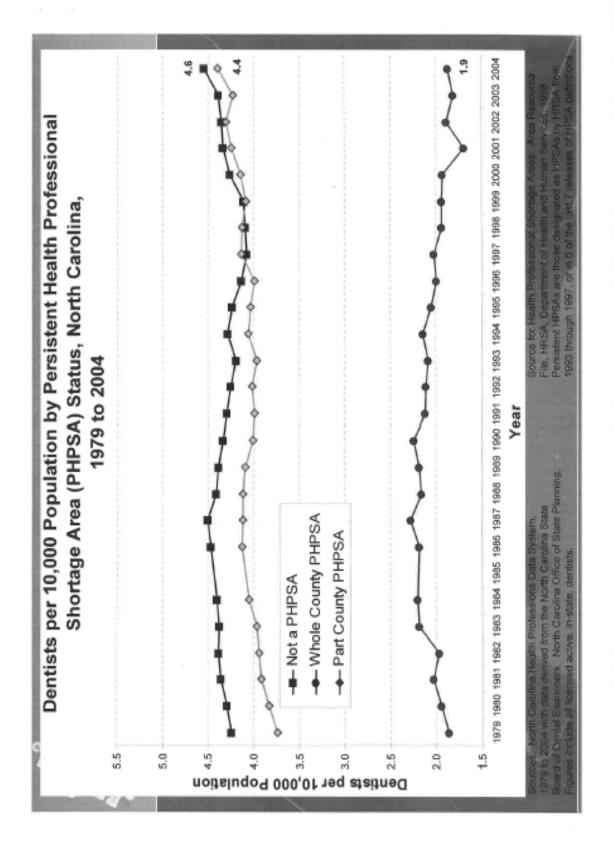
 North Carolina had 4.2 dentists per 10,000 population in 2004. There were 4.8 dentists per 10,000 population in metropolitan areas and 3.1 dentists per 10,000 population in non-metropolitan areas.

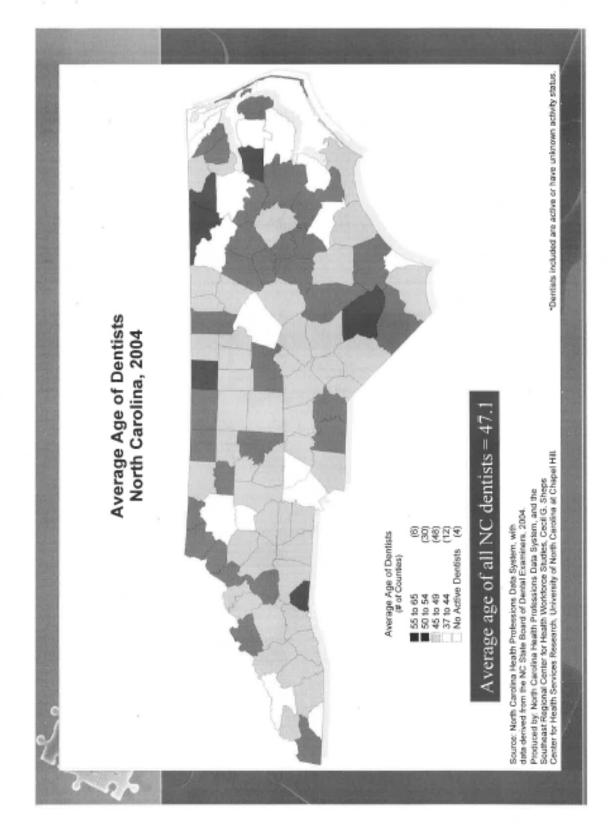
Nationally, the ratio was 5.7 dentists per 10,000 population in 2004.

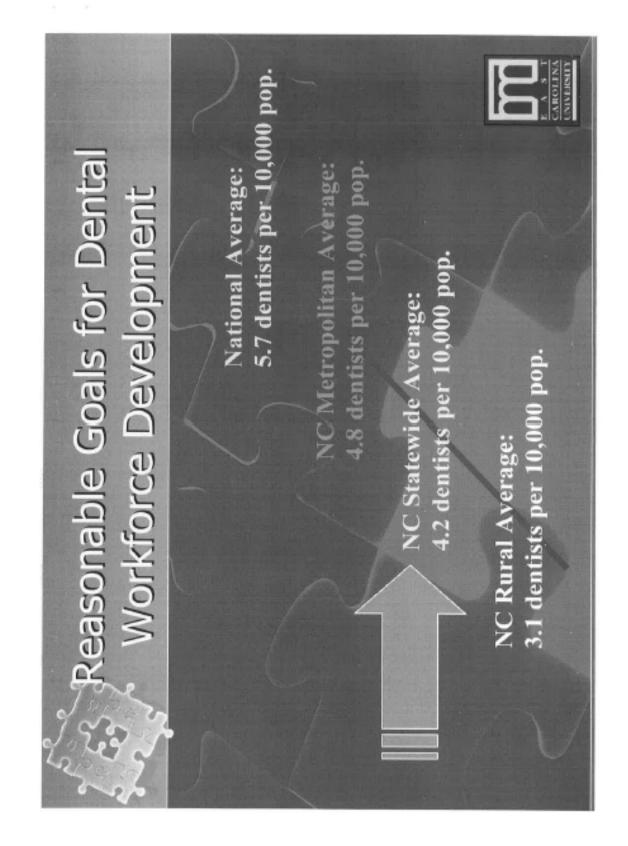












APPENDIX B: COMPARISON OF EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY CURRICULUM TO U.S. DENTAL SCHOOLS

Appendix B: Comparison of ECU School of Dentistry Curriculum to U.S. Dental Schools

School	Curriculum Weeks	Curriculum Hrs/week	Total Hours	Basic Science	Behavioral & Community	Clinical Science
				Hours	Hours	Hours
All U.S.	161	32	4924	800	158	3895
ECU	152	33	5034	800	314	3920
Alabama	170	29	4852	714	74	4054
Florida	170	31	5245	988	171	3852
Georgia	162	32	5250	849	140	4261
Kentucky	172	29	4923	894	229	3800
Louisville	173	31	5445	825	133	4487
Maryland	154	31	4765	818	176	3771
MUSC	152	41	6259	865	133	5261
Tennessee	155	33	5190	708	428	4054
UMKC	154	33	5105	700	79	4326
UNC	144	33	4804	644	644 139	
VCU	158	32	5096	826	81	4189
WVU	154	31	4783	720	78	3985

Source: American Dental Association. 2003-2004 Survey of Dental Education: Curriculum. Volume 4. May 2005

APPENDIX C: CURRICULUM ADVISORY GROUP FOR EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY

Appendix C: Curriculum Advisory Group for East Carolina University School of Dentistry

William D. Hendricson, MS, MA, Chair Director, Educational Programs; Academy for Academic Leadership Assistant Dean, Dental School University of Texas Health Sciences Center at San Antonio 210-567-0436 Hendricson@uthscsa.edu

Rob Berg, DDS, MPH
Department of Applied Dentistry
University of Colorado at Denver; School of Dentistry
303-724-7032
rob.berg@uchsc.edu

Judith Buchanan, DDS
Associate Dean for Academic Affairs
University of Minnesota School of Dentistry
612-625-9945
Buchanan@umn.edu

Hazel Brown, DDS Private Practice Greenville, NC 27858 252-758-8110 hi-brown.assoc@cox.net

Greg Chadwick, DDS, MS
Associate Vice Chancelor for Oral Health
Division of Health Sciences
East Carolina University
252-744-2984
chadwickg@ecu.edu

David Chambers, MEd MBA, PhD Associate Dean for Academic Affairs University of the Pacific, Arthur A. Dugoni School of Dentistry 415-929-6438 dchamber@pacific.edu

Ken DeVille, JD, PhD Director, Medical Humanities Brody School of Medicine East Carolina University devillek@ecu.edu 252-744-2179

George Kasperek, PhD Assistant Dean for Graduate Studies East Carolina University 252-744-3305 kaspereko@edu.edu James Koelbl, DDS
Dean
West Virginia University School of Dentistry
304-293-2521
jkoelbl@hsc.wvu.edu

David W. Musick, PhD Associate Dean, Medical Education Brody School of Medicine East Carolina University 252-744-2149 musickd@ecu.edu

Omar Paredes, DDS
Dental Residency Director/Clinical Associate Professor
Brody School of Medicine
East Carolina University
252-744-4618
paredeso@ecu.edu

Blake Robison, DDS
University of the Pacific, Arthur A. Dugoni School of Dentistry
415-407-2909
B_robison@pacific.edu

Carroll-Ann Trottmann, DDS University of North Carolina at Chapel Hill School of Dentistry Academic Affairs 919-988-4451 carroll-ann_trotman@dentistry.unc.edu

Terri Workman, JD Associate Vice Chancellor, Division of Health Sciences East Carolina University 252-744-2984 workmant@ecu.edu APPENDIX D:
PLANNING PROCESS EMPLOYED TO DEVELOP
EAST CAROLINA UNIVERSITY
SCHOOL OF DENTISTRY
CURRICULUM

Appendix D: Planning Process Employed to Develop ECU School of Dentistry Curriculum

The overall planning process was directed by Dr. Greg Chadwick, associate vice chancellor for oral health, East Carolina University, Division of Health Sciences. A fifteen-member Curriculum Advisory Group designed the curriculum plan described in Appendix E of this document. The Advisory Group included representatives from six U.S dental schools with respected educational programs and well established community-based education programs: the University of North Carolina at Chapel Hill, the University of Pacific, the University of Colorado, the University of Texas Health Science Center at San Antonio, the West Virginia University and the University of Minnesota. The planning group included a representative from the dental practice community in Greenville, NC (Dr. Hazel Brown), a recent dental school graduate, Dr. Blake Robinson (University of the Pacific) and several members of the East Carolina University community in addition to Dr. Chadwick:

- Dr. David Musick, Associate Dean, Medical Education, Brody School of Medicine
- Dr. Omar Paredes, Dental Residency Director, Brody School of Medicine
- Dr. Peter Kragel, Associate Vice Chancellor for Health Sciences: Planning and Program Development
- Dr. George Kasperek, Assistant Dean for Graduate Studies
- Dr. Ken DeVille, Director, Medical Humanities, Brody School of Medicine
- Terri Workman, Associate Vice Chancellor, Health Sciences Division

Process

The Curriculum Advisory Group was formed in June 2006 and reviewed curricula from the institutions described above and several other dental schools that operate educational programs with attributes similar to those envisioned for ECU School of Dentistry (ECUSOD). After review of these curriculum plans, CODA Accreditation Standards, other dental school curriculum standards and guidelines (described below), and documents developed for the Request for Authorization to Plan, the Curriculum Advisory Group met in a two day retreat on July 18-19, 2006, and developed the preliminary plan for the curriculum described in Appendix E. The Advisory Group Chair, William Hendricson, assistant dean for education and faculty development, University of Texas Health Science Center at San Antonio submitted a preliminary draft of the overall curriculum plan to Dr. Chadwick on July 26, which was subsequently distributed for feedback and recommendations to the entire Curriculum Advisory Group and other constituencies in the ECU Brody School of Medicine and the Division of Health Sciences. Modifications were incorporated as a result of this internal review process to produce the curriculum plan proposed in this document.

A panel of thirty-two dental school faculty from thirteen U.S. dental schools prepared the individual course descriptions that appear in Appendix E. These individuals are nationally recognized and board certified specialists in their respective dental disciplines and are experienced teachers. Each member of the panel is the course director at their respective dental school for the courses that they developed for ECUSCO, All are active in their specialty sections in the American Dental Education Association and most have served as section officers. Each panel member was provided instructions for standardized development of the course descriptions, a blank template, and an example of a completed course proposal with directions and format suggestions. The chair of the Curriculum Advisory Group (Hendricson) met with each course developer in person or by phone to review guidelines and answer questions. Panel members also were provided the curriculum referencing materials described in the next paragraph. Between the Curriculum Advisory Group and the Course Developers Panel, forty-seven individuals from twenty U.S. dental schools contributed their expertise to the development of the curriculum plan presented in this document.

Dental School Curriculum Accreditation Standards, National Board Content Specifications, and Guidelines for Competencies

The Curriculum Advisory Group and the Course Developers Panel used the following documents to ensure compliance with the educational program standards stipulated by the Commission on Dental Accreditation (CODA) for dental school curricula and with national dental board examination content specifications for Part One (basic biological sciences) and Part Two (Clinical Sciences):

- Standards for Dental Education Programs (Standard 2) Commission on Dental Accreditation (CODA). This document appears in Appendix One of the standards.
- Table of Specifications for National Dental Board Examinations Parts One and Two. This document
 is lengthy and is available upon request from the office of Dr. Greg Chadwick, associate vice
 chancellor for oral health, East Carolina University, Division of Health Sciences.

The Curriculum Advisory Group and the Course Developers Panel also utilized the document prepared by the American Dental Education Association (ADEA) titled "Competencies for the New Dentist" to monitor adherence to well established educational outcomes that U.S. dental schools use as a basis for designing educational experiences and assessments. In dental education, the term competency refers to "knowledge, skills and values" that dentists need to function effectively as an entry-level general dental practitioner; in other words, what should the graduate be able to do on their own without faculty coaching the day after graduation. **6 All dental schools are required by CODA to identify a set of competencies that define the capacities of their graduates. The ADEA "Competencies for the New Dentist" has served as the model for the competency documents developed by individual dental schools since 1997. Schools vary their inventories of competencies to reflect unique philosophy and points of curricular emphasis, but most statements of "graduation competencies" are similar in emphasis to the ADEA model. This document serves as a standard for planning dental school curriculum and certifying that accepted components of entry-level professional capacity are appropriately addressed. The ADEA Competencies for the New Dentist appear in Appendix Two of the standards.

Other reference materials used by the Curriculum Advisory Group to insure that the ECUSOD curriculum plan met current dental education guidelines for content distribution and scope were the 2005 summary of curriculum clock hours distributed by the ADA 1 which indicates the average clock hours for all U.S. dental schools by discipline area and the 2005 ADEA "Senior Survey" in which 4,000 graduating dental students evaluated the adequacy (amount of time and emphasis) and perceived helpfulness of educational experiences in the various discipline-based components of the dental school curricula. For all courses in the proposed ECUSOD curriculum, the amount of instructional time equals or exceeds national standards. The Curriculum Advisory Committee also reviewed publications in the literature which advocate best practice strategies for dental education curricula 7-18 and for implementation of community-based education programs.

APPENDIX E: EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY COURSES, CURRICULUM THEMES, COURSE OF STUDY, AND DEGREE REQUIREMENTS

Appendix E: Courses, Curriculum Themes, Course of Study, and Degree Requirements

Part I: New Courses

Freshman Year - Fall

7012. Biochemistry & Nutrition

Biochemistry and nutrition covers basic blochemistry related to fundamental cellular components and macromolecules, such as proteins and nucleic acids; metabolism of carbohydrates, proteins, and lipids; elementary processes such as DNA replication, transcription, translation, and energy transduction; and biochemistry of processes relevant to the oral cavity such as blood coagulation, caries formation and calcium homeostasis.

7011. Dental Microscopic Anatomy

This course is the study of the functional and microscopic structure of the human body. The course emphasizes the development and microscopic organization of the four basic tissues in the formation of the oral cavity, teeth, and supporting tissues. Current concepts in cellular biology are presented during the portion of the course in which they are most relevant. The purpose of this course is to provide foundation knowledge for the understanding of normal activity and disease process.

7010. Gross Anatomy of Body Systems

This course is the first of a sequence of two freshman year gross anatomy courses, to be followed by Head, Neck and Neuro Anatomy, designed to meet the needs of dental students. The purpose of this course is to provide dental students with functional knowledge of normal human gross and developmental anatomy as a basis for the comprehensive practice of dentistry including awareness of and attention to the patient's overall medical condition. As a result of this course, students should develop a working mental image of the human body and its constituent tissues and organs and their function so that abnormal anatomy and function can be recognized. This course offers an overview of the anatomy of the trunk and principle organ systems. Laboratory exercises in this course will involve the examination of prosected specimens, models, radiographs, videotaped dissection demonstrations, structural identification exercise on cadavers and other instructional aids including computer simulations. Labs reinforce topics introduced in classroom sessions that feature student assessment of cases to identify anatomical structures and organizational principles involved in patients who have suffered injuries or present with various types of symptoms and physical findings.

7013. Anatomy of Tooth Structure

This course is designed to develop the fundamental knowledge and psychomotor skills students need to restore defective teeth to their proper form, function, and esthetics. Freshmen dental students learn to develop and refine their skills in forming the dental anatomy using wax and a resin-based composite restorative material. The obtained information and skills are expanded upon by future predoctoral courses.

7020. Dental Biomaterials

Dental Biomaterials is divided into two components. The first presents basic introduction to materials science concepts and relates them to the evaluation, selection, and use of materials for clinical dental applications. The second includes lectures on individual categories of clinical dental materials.

7021. Preclinic Operative Dentistry Technique 1

Preclinical Operative Dentistry Technique 1 presents basic operative dentistry terminology, as well as evidenced based concepts and techniques to restore defective teeth to form, function and esthetics primarily utilizing dental amalgam and resin composite. This preliminary course focuses primarily on the establishment of the theoretical foundation and development of the basic psychomotor skills for the more in-depth Operative Dentistry Technique 2 course in the spring.

7030. Clinical Practice of General Dentistry 1

The overall educational goal of Clinical Practice of General Dentistry 1 (CPGD 1) in the fall semester of the freshman year and subsequent CPGD courses in the spring and summer semesters is to prepare dental students to function effectively in the clinical environment and learn approximately 25 clinical and behavioral skills that are necessary for efficient and safe patient care in a general dentistry environment. During CPGD 1, students acquire many of the skills that will allow them to function as a chairside assistant for higher level dental students during the remainder of the freshman year with strong emphasis on behavioral and communication components of dental care.

7031. Information Management in Patient Care

This course is designed to give an introduction to information management during clinical care. In this course, students will learn how to effectively and efficiently gather, manage, access, secure and backup all types of clinical and administrative information. In addition, students will be introduced to the various technologies available for administration and clinical care.

7040. Introduction to Dental Public Health

This course provides instruction on basic principles of dental public health, prevention of oral diseases, risk assessment, and cultural competency. Prevention part focuses on different modalities of preventing oral diseases, their cost-effectiveness and application to different populations and different settings.

Freshman Year - Spring

7111. Microbiology & Immunology of Systemic and Oral Diseases

This course introduces the fundamentals of microbiology and infectious diseases and the elements of the immune response to common pathogens. Clinical case studies will be used to illustrate infectious processes in oral and systemic diseases, with emphasis on infections of the oral cavity. The principles of infection control will be introduced.

7110. Head, Neck and Neuro Anatomy

This course will present the student with a combination of regional gross anatomy, focusing on the structures of the head, neck and oral cavity and neuroanatomy tailored for the future general dental practitioner. Regional anatomy will be presented by lectures augmented by case studies, radiographic imaging, video images and mounted specimens. Laboratory sessions will allow students to observe instructional dissections of key features by faculty, study plastinated models and participate in dissections of several structures of vital importance to the dentist and the understanding of craniofacial abnormalities encountered by dentists. Student learning will be enhanced by websites providing access to virtual anatomy study aldes and by an extensive library of head and neck anatomy videotapes also available at the course website and linked to the lectures and labs in this course.

7114. Physiology of Organ Systems

The course goal is to provide the dental student with the basic concepts and principles of physiology with particular emphasis given to those areas that are of prime concern to the dental practitioner. The major organ systems will be covered in this course. The ultimate goal of the dental practitioner is to correctly diagnose and treat diseases of the oral cavity. The concepts learned in physiology provide the student with the basis for the interpretation of symptoms and treatments associated with certain disease states, and their potential for developing into a medical emergency in the dental office.

7121. Preclinic Operative Dentistry Technique 2

Preclinical Operative Dentistry Technique 2 expands upon concepts and techniques to restore defective teeth to form, function and esthetics for more complex situations using direct restorative materials. Clinical considerations in Operative Dentistry will be emphasized.

7122. Fixed Prosthodontics & Occlusion Preclinical Technique

This course is designed to build on the basic concepts of the Anatomy of Tooth Structure by applying them to the principles of occlusion and fixed prosthodontics involved in the treatment of patients who require single crowns and multiple unit fixed partial dentures. Principles of treatment planning, tooth preparation and restoration fabrication will be taught along with the development of psychomotor skills.

7130. Clinical Practice of General Dentistry 2

The overall goal of Clinical Practice of General Dentistry 2 (CPGD 2) in the spring semester of the freshman year and the subsequent CPGD 3 course in the summer semester is to prepare dental students to function effectively in the clinical environment and learn an inventory of approximately 25 clinical and behavioral skills that are necessary for efficient and safe patient care in a general dentistry environment. During this course, students complete the acquisition of these clinical skills that will allow them to function as a chainside assistant during the remainder of the freshman year. During CPGD 2, students participate in a module on "The Dentist in Society: Professional Roles and Ethical Responsibilities" that allows students to explore what it means to be a professional and the societal obligations of dental practitioners with emphasis on potential ethical dilemmas and role conflicts that may confront dentists during their careers.

7141. Oral Health Promotion in Schools

This course provides instruction on skills necessary for patient management followed by application of preventive procedures in laboratory settings. Course also includes dental screenings and application of certain primary preventive procedures in grade schools.

7150. Fundamentals of Patient Evaluation

Fundamentals of Patient Evaluation is conducted early in the curriculum, in sequence with core biomedical science coursework to help students recognize the relevance of basic biomedical sciences to the study of the patient and to provide the fabric for the accumulation of knowledge, skills, and values essential to the clinical process. During this course, students learn and practice the essential skills of patient evaluation including interviewing skills to elicit a medical, dental, social and medication history and thorough description of the patient's chief complaint, physical examination of the head and neck and documenting findings in the patient's medical record.

Freshman Year - Summer

7215. General and Systemic Pathology

The purpose of general and systemic pathology is to incorporate knowledge learned in previous basic science courses and to be able to use this information in a practical manner to understand disease processes of the human body. Students are expected to have an appropriate baseline understanding of normal microscopic anatomy, gross anatomy, physiology, biochemistry, immunology, and, microbiology before enrolling in general and systemic pathology. The first part of the course will review the basic mechanisms of disease, primarily at the cellular level, and the relationship of these mechanisms to systemic pathology. The second part of the course will cover the major diseases associated with each individual organ system and will relterate the concepts taught in general pathology.

7218. Genetic Basis of Oral Disease

This course is designed to prepare students to understand the principles of human genetics and the manner by which genetics may contribute to the development of human disease with emphasis on diseases of the oro-facial region. The relevance of understanding the advances in genetics in terms of application to the diagnosis, treatment and prevention of oral diseases will be taught.

7217. Mechanisms of Craniofacial Development and Abnormalities

The purpose of this course is to provide a comprehensive understanding of the growth and development of the craniofacial complex. Recognition of the mechanism involved in normal growth, common presentations of abnormal growth, and treatment of growth related malocclusion will be addressed.

7223. Mechanisms of Periodontal Disease

Mechanisms of Periodontal Disease is an introductory course for understanding periodontal diseases in the context of a general dental practice. This course will give the student a thorough understanding of what periodontal diseases can do to the tissues that support the teeth, how these diseases actually destroy the various tooth supporting tissues, what factors are included in the complex etiology for these diseases, and how these diseases relate to the systemic health of a patient.

7229. Pain Control: Nitrous Oxide and Local Anesthesia

This course will include instruction, demonstration and practice of pain and anxiety control using local anesthetics and nitrous exide. It will include pharmacology, physical and emotional evaluation of patients, anatomy and neurophysiology, assessment of efficacy of the drugs and the management of related medical emergencies. In addition instruction will cover deep sedation, general anesthesia, chronic pain and techniques of control.

7230. Clinical Practice of General Dentistry 3

The goals of Clinical Practice of General Dentistry 3 in the summer semester of the freshman year are to: (1) allow students to utilize clinical skills learned in CPGD 1 and 2 during patient care situations, (2) demonstrate mastery of critical skills in an Objective Structured Clinical Evaluation (OSCE), (3) practice and receive feedback on patient interviewing and communication skills, and (4) explore the philosophy and unique health care niche of general dental practice including site visits to practices in the community.

7251. Oral Radiographic Technique and Interpretation

Students gain experience in intraoral radiographic techniques and demonstrate their ability to obtain diagnostic images. In addition, students will gain experience in recognizing normal anatomic landmarks, dental materials, technical errors and common dental diseases on intraoral and extraoral projections. The student will develop skills in using radiographic information combined with history and clinical data to develop a comprehensive treatment plan. Lesion description and generation of a differential diagnosis for pathologic entities will also be presented.

7849. Oral Health Service Learning (Volunteer)

During this course, school of dentistry dental students will design and implement service learning projects that will: (1) provide opportunities for students to apply concepts and skills acquired in the curriculum, (2) provide health services and education for the community, and (3) provide learning experiences for students in communication, collaboration and project planning. During their freshman through junior years, students will plan, and conduct at least 50 hours of oral health service/educational activities for the community. Students will evaluate the service learning projects and meet in seminars to discuss lessons learned from their experiences.

Sophomore Year - Fail

7317. Clinical Pharmacology for General Dentists

Clinical Pharmacology for Dental Student will prepare school of dentistry dental students for the use and management of drug therapy in dental clinics and general practice. In addition, the course prepares the student for the pharmacology section of the Dental National Board, Part Two.

7324. Removable Prosthodontics Preclinical Technique

This course is designed to introduce the student to the fundamental principles of diagnosis, treatment planning, fabrication, and maintenance of removable prostheses for the partially and completely edentulous patients. Students will learn the clinical and laboratory phases of treating theses types of patients.

7325. Fundamentals of Endodontics Therapy

This course is designed to build on the basic concepts of the pulp biology by applying them to the principles of pulp therapy involved in the treatment of patients who require non-surgical and surgical endodontic treatment. Principles of diagnosis, case selection, access preparation, cleaning and shaping, and obturation will be taught along with the development of psychomotor skills.

7323. Assessment and Management of Periodontal Disease

Assessment and Management of Periodontal Disease is designed to prepare students for their initial clinical experiences with patients with gingival and periodontal diseases in a general dental practice

setting. This course will give the student the skill set needed to evaluate the periodontal status of patients in the clinic, plan initial periodontal treatment for patients with gingival and periodontal disease, and make periodontal decisions related to patient care and monitoring.

7352. Research Bases for Dental Treatment

This course provides the knowledge and skills necessary to establish an "evidence-based practice." This requires an ability to formulate focused questions, search the literature, and to critically read and evaluate various sources of knowledge, including articles published in the dental and medical literature, advertisements, internet sources, and continuing education programs. This course provides a basic understanding of clinical research, epidemiology, and statistical procedures. The fundamental goal of this course is to prepare students to ask questions, think critically and to make sound judgment regarding the acceptance of new knowledge, products, and procedures in private practice.

7559. Group Practice Seminar

3 Semester Course. Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7355. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the "Primary Dental
Care Clinic" begins in the fall semester of the sophomore year with three clinic sessions per week
(approximately 9 hours) and expands in concert with the students' increasing skill and experience to 18
hours per week in the junior year. Students primarily provide fundamental restorative care early in their
Primary Dental Clinic experience but expand to other areas of care each semester as competency is
demonstrated. By the beginning of the junior year, students are expected to be able to provide
comprehensive care to address patients' overall oral health needs involving therapy in all of the areas
identified as competencies for general dentistry specified by the Commission on dental Accreditation.

Sophomore Year - Spring

7426. Orthodontic Assessment and Therapy

This course is designed to acquaint the student with the fundamentals of orthodontic diagnosis and treatment planning. Students will also learn the basics of orthodontic force systems, biomechanical principals of appliance design and the biology of tooth movement. The course emphasizes adjunctive orthodontic procedures and interdisciplinary treatment.

7427. Prevention and Treatment of Dental Disease in Children

This course is designed to prepare the dental student to enter the clinical setting and provide primary care to the dental patient from birth through adolescence. This preparation includes the skill sets necessary to provide a variety of diagnostic, preventive and restorative procedures to the patient while applying age-appropriate behavior management techniques. An important component of the preparation is the development of the verbal and nonverbal communication skills necessary to manage the patient, inform the parent/guardian and maintain proper records of patient care.

7428. Introduction to Oral and Maxillofacial Surgery

This course prepares the student for the clinical management of uncomplicated extractions including anatomy, instrumentation, local anesthesia and relevant medical emergencies, as well as considerations for indications and contraindications, and prevention and management of complications. Students assist upperclassmen with tooth extractions in a dental emergency clinic, perform extractions near the end of the course and observe complicated oral surgery performed in a surgical environment.

7429. Implantology for the General Dentist

This course is designed to introduce the student to the fundamental principles of diagnosis, treatment planning, implant placement surgery, fabrication, and maintenance of dental implant prostheses for the partially and completely edentulous patients. Students will learn the clinical and laboratory phases of treating theses types of patients.

7442. Fundamentals of Dental Practice Management

This course introduces students to the dynamics of managing a dental practice. It provides students with basic concepts related to developing and choosing a career, understanding types of dental practice, evaluating business forms for private practice, managing personal finances, comprehending essentials of business overhead and profit and learning about staff recruitment, selection and management. Rotations through various clinics, including "real world" private practices, will reinforce classroom learning.

7453. Clinical Medicine for the General Dentist

Clinical Medicine is incorporated into the curriculum in sequence with the completion of foundation biomedical and clinical science coursework and at the beginning of significant student-patient interaction in the clinic. This strategy is to achieve maximum integration between the study of disease, the study of the patient, and the diagnostic and therapeutic processes in the oral healthcare setting. The goal is to provide sufficient knowledge, skills, and values that will permit the student to recognize the reciprocal influences of oral and systemic disease, to evaluate the patient's emotional and physical status, and to develop preventive and treatment strategies to assure that the patient can undergo and respond to dental care.

7454. Advanced Patient Evaluation

Advanced Patient Evaluation is a continuation of the Fundamentals of Patient Evaluation conducted in the spring semester of the freshman year. By this point in the curriculum, students should know how to take an accurate medical and dental history and perform basic elements of a physical examination. In Patient Evaluation Two, students will learn more sophisticated techniques for clinical assessment of patients including radiographic techniques, as well as determining if additional diagnostic information is needed such as blood or tissue studies and medical consultations. Students will learn how to determine risk status classification. Students will then practice "putting it together" to reach an assessment.

7559. Group Practice Seminar

Continued. Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7455. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the "Primary Dental

Care Clinic" begins in the fall semester of the sophomore year with three clinic sessions per week (approximately 9 hours) and expands in concert with the students' increasing skill and experience to 18 hours per week in the junior year. Students primarily provide fundamental restorative care early in their Primary Dental Clinic experience but expand to other areas of care each semester as competency is demonstrated. By the beginning of the junior year, students are expected to be able to provide comprehensive care to address patients' overall oral health needs involving therapy in all of the areas identified as competencies for general dentistry specified by the Commission on dental Accreditation.

Sophomore Year - Summer

7516. Oral Pathology 1: Diseases and Abnormalities of the Oral Cavity

This course is the first of three courses in the school of dentistry curriculum that address oral pathology. This course presents foundational information related to diseases that occur in the oral cavity and head and neck region. The course is intended to assist students with integrating information presented in previous basic science courses, especially general and systemic pathology, and use this information in a practical manner to dispance and treat diseases of the oral cavity and head and neck region. Students are expected to have a baseline understanding of normal microscopic anatomy, gross anatomy, physiology, biochemistry, immunology, microbiology, and general and systemic pathology before enrolling in Oral Pathology 1.

7529. Multidisciplinary Surgical Skills

During this course students learn and practice surgical techniques that will be needed for the clinical management of simple oral surgery and simple periodontology patients as well as surgical techniques that may be required for other types of dental therapy.

7523. Ethical Issues in Dental Practice and Policy

The purpose of this course is to assist the student in examining the personal, professional, and cultural aspects of ethics and professionalism associated with dental school and dental practice. It includes ethical reasoning, ethical decision-making, and how to address unethical behavior in others. The course will consist of lectures and small group discussions of ethical cases.

7533. Dental Care of Geriatric Patients

The purpose of this course is to introduce students to the dental treatment of geriatric patients who will comprise an increasingly large percentage of the population in the 21st century and an increasingly large percentage of patients seen by general dentists. The geriatric population includes individuals who are frail elderly as well as otherwise healthy and vigorous senior citizens who are "young at heart but long in the tooth". Dental care for each group of geriatric patients may be uniquely different. Students will explore treatment considerations, behavioral and communication strategies and physical adaptation of the clinical environment for elderly patients who may be physically challenged or have visual and hearing impairment. Esthetic considerations for the aging population will be addressed and students will learn about dental materials and oral disease incidence in the geriatric population. Issues associated with providing dental care for chronically ill, homebound, and institutionalized aging patient will also be addressed including student visits to extended care facilities and retirement homes to provide dental care for elderly patients.

7556. Management of Medical Emergencies in the Dental Office

The purpose of this course is to teach school of dentistry dental students the most common medical emergencies that may occur in the dental setting including syncope, allergy, anaphylaxis, hyperventilation, hypoglycemia, seizure, asthma, bronchospasm, angina pectoris, acute myocardial infarction, cardiac arrest, and stroke. Using a case study format, students will learn signs and symptoms, pathophysiology, prevention and management for the most frequently encountered medical emergencies. Students will learn the medical emergency drug kit and equipment and via medical emergency scenarios, will rehearse application of management techniques in a dental setting. Students will review physical evaluation and assessment for potential medical problems, basic life support and airway management.

7559. Group Practice Seminar

Continued. Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7555. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the "Primary Dental
Care Clinic" begins in the fall semester of the sophomore year with three clinic sessions per week
(approximately 9 hours) and expands in concert with the students' increasing skill and experience to 18
hours per week in the junior year. Students primarily provide fundamental restorative care early in their
Primary Dental Clinic experience but expand to other areas of care each semester as competency is
demonstrated. By the beginning of the junior year, students are expected to be able to provide
comprehensive care to address patients' overall oral health needs involving therapy in all of the areas
identified as competencies for general dentistry specified by the Commission on dental Accreditation.

Junior Year - Fall

7616. Oral Pathology 2: Differential Diagnosis of Oral Disease

Differential Diagnosis of Oral Disease (Oral Pathology 2) is an interactive case-based course. The prerequisite general and oral pathology courses provide the basis for integration of diagnostic and therapeutic approaches to the management of oral disease processes. This course will be presented in an interactive discussion format in the classroom and in small group case conferences, and will cover a spectrum of oral lesions using clinico-pathologic correlative material from patient cases. An audience response system will be utilized to produce an active learning environment in the classroom. The development of differential diagnoses for oral disease processes encountered in dental practice will be emphasized.

7642. Dental Practice Planning

This course engages students in the process of transitioning into their careers by exploring a multitude of interrelated variables. The course also immerses students in the management of a dental practice as a business through the utilization of a dental practice management simulation. Topics addressed in the course include: development of business plans, financing a dental practice, working with financial and business advisors, associateship contracts, methods of valuing practices, business systems for the office, computer utilization in private practice, personal and business insurance needs, OSHA compliance and third-party reimbursement.

7653. Management of Complex Oral Health Problems

The goal of this course is to prepare students to deliver dental care to patients with diseases/conditions such as mental retardation, complex medical treatment, physical impairment, limited communication ability, intensive pharmacologic therapy, psychological disorder and behavioral compromise. Using the strategies taught in this course, students will be able to assess dental patients with medical, mental, physical, and psychological compromise. Students will learn how to create a patient needs list and construct an oral health plan of care specific to patients with complex dental needs. This course will complement and build upon previous school of dentistry courses in biochemistry, anatomy, physiology, general pathology, pharmacology, behavioral science, oral pathology, clinical medicine, geriatric dentistry and patient evaluation and is designed to be an integrative experience for dental students.

7859. Group Practice Seminar

Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (learn leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7655. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the "Primary Dental
Care Clinic" begins in the fall semester of the sophomore year with three clinic sessions per week
(approximately 8 hours) and expands in concert with the students' increasing skill and experience to 18
hours per week in the junior year. Students primarily provide fundamental restorative care early in their
Primary Dental Clinic experience but expand to other areas of care each semester as competency is
demonstrated. By the beginning of the junior year, students are expected to be able to provide
comprehensive care to address patients' overall oral health needs involving therapy in all of the areas
identified as competencies for general dentistry specified by the Commission on dental Accreditation.

7658. Specialty Care Clinical Rotations

A total of 240 hours in the junior year will be devoted to specialty patient care rotations as summarized below. Students will complete 16 days (96 hours) of specialty area rotations in the fall semester of the junior year, 16 days in the spring semester and 8 days in the summer semester. During these focused rotations students will receive 24 hours (4 days equivalent) of focused training via case-based seminars, laboratory activities and supervised patient care experience in nine areas of dental care ranging from dental implants (including implant restoration) to management of occlusal disorders. To prepare school of dentistry students to address the pressing oral health needs of children in North Carolina, special focus will be placed on clinical education in pediatric dentistry; students will complete two specialty care rotations in Pediatric and Adolescent Dentistry. The Specialty Care Rotations include: Dental Implants, Esthetics, Oral and Maxillofacial Surgery, Oral Diagnosis/Radiography, Pediatric & Adolescent Dentistry, Prosthodontics, Endodontics, Orthodontics and Occlusal Disorders.

Junior Year - Spring

7734. Dental Practice Laws, Rules and Regulations

This course is designed to provide the student with a comprehensive understanding of the ethical, moral, and legal framework for the practice of dentistry. Principles for ethical decision making will be discussed. The Dental Laws and the Dental Rules of North Carolina will be detailed. The function and the impact of the legal system will be clarified. Risk management issues will be discussed and risk prevention strategies presented. Specific focus will be placed on selected ethical and legal issues including informed consent, patient confidentiality, worker safety, managing patients with disabilities, sexual harassment, and substance abuse. Throughout the course candid, open discussion is encouraged.

7757. Advanced Occlusal and TMD Diagnosis and Management Therapies

This course is designed to assimilate and integrate the dental students' prior knowledge of occlusion and craniofacial development/abnormalities acquired in previous school of dentistry courses to help the student develop a comprehensive approach to identify, diagnose, and treat occlusal problems and TMD that they can employ during their senior year in the Service Learning Centers and as a general dentist.

7744. Oral Health Care Systems and Public Health Policy

During this course, school of dentistry students learn how oral health care and medical care systems are structured and explore structural, financial and personnel aspects of traditional and contemporary dental practices in the United States. Students are also introduced to program planning and evaluation related to providing oral health care services and education for the community. Students are introduced to methods that health services planners use to develop and implement community health programs and examine issues pertinent to formulation of dental health policies.

7753. Hospital Dentistry

This course will provide dental students with clinical experience in care provision to elderly, medically compromised, special needs and intact patients in a hospital dental clinic. Conceptually, the course functions as the clinic component for previous school of dentistry courses on Dental Care of the Geriatric Patient and Dental Care for Special Needs Patient. The hospital clinic experience will be supplemented by daily "Hospital Dental Care Seminars". Through the clinical experience in a hospital dental clinic and in the emergency department, students will develop skills in management of patients with psychological disturbance, complex medical history, polypharmacy for multiple disorders, and physical disabilities. Students will routinely investigate patients' medical status and assess patients' abilities to withstand dental care. Students will gain knowledge of alternate dental care delivery systems and reimbursement systems within national insurance programs such as Medicare and Medicaid. Students will learn about the admitting and credentialing of dentists in a hospital.

7859. Group Practice Seminar

Continuation. Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7755. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the 'Primary Dental
Care Clinic' begins in the fall semester of the sophomore year with three clinic sessions per week
(approximately 9 hours) and expands in concert with the students' increasing skill and experience to 18
hours per week in the junior year. Students primarily provide fundamental restorative care early in their
Primary Dental Clinic experience but expand to other areas of care each semester as competency is
demonstrated. By the beginning of the junior year, students are expected to be able to provide
comprehensive care to address patients' overall oral health needs involving therapy in all of the areas
identified as competencies for general dentistry specified by the Commission on dental Accreditation.

7758. Specialty Care Clinical Rotations

A total of 240 hours in the junior year will be devoted to specialty patient care rotations as summarized below. Students will complete 16 days (96 hours) of specialty area rotations in the fall semester of the junior year, 16 days in the spring semester and 8 days in the summer semester. During these focused rotations students will receive 24 hours (4 days equivalent) of focused training via case-based seminars, laboratory activities and supervised patient care experience in nine areas of dental care ranging from dental implants (including implant restoration) to management of occlusal disorders. To prepare school of dentistry students to address the pressing oral health needs of children in North Carolina, special focus will be placed on clinical education in peciatric dentistry; students will complete two specialty care rotations in Pediatric and Adolescent Dentistry. The Specialty Care Rotations include: Dental Implants,

Esthetics, Oral and Maxillofacial Surgery, Oral Diagnosis/Radiography, Pediatric & Adolescent Dentistry, Prosthodontics, Endodontics, Orthodontics and Occlusal Disorders.

Junior Year - Summer

7845. Primary Dental Care in the Community

Primary Dental Care in the Community provides the bridge for school of dentistry students between the educational experiences received at the dental school in Greenville and their senior year at Service Learning Centers located in North Carolina communities. Junior students will complete a one week (40 hour) SLC rotation during the summer semester to one of the SLCs to become acclimated to the educational and patient care environment of the SLC, learn about the community and its health care resources, and importantly, provide dental services needed by patients in that community. The didactic component prior to the SLC summer rotation will provide an orientation to the SLCs and the communities where they are located and review the prevailing dental and medical health problems that exist in these communities with emphasis on clinical medicine and public health issues. (18 hours). Students will also complete an OSCE (Objective Structured Clinical Evaluation) to demonstrate their capacity to interview, exam and provide patient education for (a) elderly patients, (b) patients with low oral health knowledge, and (c) patient who does speak English (6 hours).

7859. Group Practice Seminar

Continuation. Second and third year dental students are organized into clinical practice teams; each group practice are guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and 3 faculty from other dental specialties who work closely with the students on their team throughout the year. Each practice conducts weekly team seminars consisting of student-led case assessment conferences, special topic presentations by dentists from the community and school of dentistry faculty and day-to-day management of the team's patient care activities including patient scheduling, logistical problem-solving and review of treatment outcomes. The sophomore group practice seminar allows students to obtain first-hand experience in the process of patient assessment and treatment planning and provides a laboratory for students to experience the logistical coordination and infrastructure necessary to provide health care services for a large number of patients.

7858. Specialty Care Clinical Rotations

A total of 240 hours in the junior year will be devoted to specialty patient care rotations as summarized below. Students will complete 16 days (96 hours) of specialty area rotations in the fall semester of the junior year, 16 days in the spring semester and 8 days in the summer semester. During these focused rotations students will receive 24 hours (4 days equivalent) of focused training via case-based seminars, laboratory activities and supervised patient care experience in nine areas of dental care ranging from dental implants (including implant restoration) to management of occlusal disorders. To prepare school of dentistry students to address the pressing oral health needs of children in North Carolina, special focus will be placed on clinical education in pediatric dentistry; students will complete two specialty care rotations in Pediatric and Adolescent Dentistry. The Specialty Care Rotations include: Dental Implants, Esthetics, Oral and Maxillofacial Surgery, Oral Diagnosis/Radiography, Pediatric & Adolescent Dentistry, Prosthodontics, Endodontics, Orthodontics and Occlusal Disorders.

7855. Primary Dental Care Clinic: Assessment, Diagnosis and Treatment of Patients
Working under faculty supervision and mentoring, students provide oral health care for patients in the
school of dentistry dental clinic. Students assess patients' oral health status and needs, develop a
diagnosis and treatment plan and, after faculty review and approval, implement dental therapy for patients
including patient education and risk prevention counseling. Students' participation in the "Primary Dental
Care Clinic" begins in the fall semester of the sophomore year with three clinic sessions per week
(approximately 9 hours) and expands in concert with the students' increasing skill and experience to 18
hours per week in the junior year. Students primarily provide fundamental restorative care early in their
Primary Dental Clinic experience but expand to other areas of care each semester as competency is
demonstrated. By the beginning of the junior year, students are expected to be able to provide
comprehensive care to address patients' overall oral health needs involving therapy in all of the areas
identified as competencies for general dentistry specified by the Commission on dental Accreditation.

Senior Year - Fall & Spring

7965. Primary Dental Care at Service Learning Centers

Supported by faculty mentoring, senior school of dentistry students provide—dental care for patients in community-based Service Learning Centers. Students assess patients' oral health status and needs, develop a diagnosis and treatment plan and, after faculty consultation, implement dental therapy for patients including patient education and risk prevention counseling. Students receive approximately 21 hours per week of patient care experience throughout the 32 weeks of the fourth year in an environment that reflects the patient characteristics and disease patterns typically seen in general dentistry practice in rural and underserved communities. Senior students work with increasing autonomy as they progress through the year and undertake more sophisticated types of therapy as their skill and experience grows. Students are expected to provide comprehensive care to address patients' overall oral health needs involving therapy in all of the areas identified as competencies for general dentistry specified by the Commission on Dental Accreditation.

7968. Clinical Elective Rotations

A total of 192 hours in the senior year will be devoted to elective patient care rotations. Approximately one day per week will be allocated for focused clinical experience in specific aspects of dental diagnosis and therapy. For specialty area rotations at the school of dentistry Service Learning Centers, supervising faculty and students will collaborate during the first week to develop an individualized plan for the two month rotation at each SLC that addresses the student's unique educational needs and interests and which takes advantages of learning opportunities at that SLC and in the community. Due to the individualization of objectives and experiences, there will be variability from student to student, but the overall goal is for students to receive clinical education in at least six of the following areas during the senior year: Dental Implants, Esthetics, Hospital Dentistry / Clinical medicine, Oral and Maxillofacial Surgery, Oral Diagnosis and Radiography, Pediatric & Adolescent Dentistry, Periodontics, Prosthodontics, Public Health Dentistry, Endodontics, Orthodontics and Occlusal Disorders.

7962. Student Managed Study Club

School of dentistry students will conduct a twice-a-month "Students" Study Club at each of the Service Learning Centers. These conferences will include special topic presentations by students, residents and guest speakers from the community with classic journal club / literature review. Students will organize the study club conferences, identify topics, recruit and orient speakers, select literature to be reviewed, advertise the programs to the community and evaluate the activity which will provide students with firsthand learning experiences in educational planning. Students who present in the study club conferences will gain valuable experience in public speaking and development of educational materials.

7989. Community Service Learning

During this course, school of dentistry dental students will design and implement service learning that will: (1) provide opportunities for students to apply concepts and skills acquired in the curriculum, (2) provide useful health services and education for the community, and (3) provide learning experiences for students in communication, collaboration and health service planning. During their senior year, students will design an oral health service learning plan consisting of at least 32 hours of formal activities in the community. Students will be expected to evaluate the service learning activities and will meet in seminars to discuss lessons learned from their experiences.

7961. Clinical Radiographic Assessment

This course builds upon the knowledge and skills acquired by students in the radiographic technique and interpretation course in the summer semester of the first year and the students' learning experiences in the Clinical Practice of General Dentistry (CPGD) series of courses. Seminars conducted weekly by videoconference will cover a variety of subjects including panoramic and extraoral imaging, advances in digital radiographic imaging, and interpretation of images. Students will complete web-based learning modules, an interpretation competency exam and will receive extensive feedback for both radiographic technique and interpretation at one of the Service Learning Centers during the senior year community-based experience.

7964. Infrastructure of Rural Health Care Networks

Access to dental care represents an issue of increasing importance among those of lower income and/or living in rural areas. This course explores the dynamics of rural health care networks in the classroom and through clinical rotations with emphasis on the general dentists' role as a health provider in smaller communities.

7919. Integrated Biological/Clinical Science Conference

Integrated Biological/Clinical Sciences Conference is a case-based clinicopathologic conference. The goal of this course is to help students understand the biological basis of dental disease, practice assessment of clinical findings and sharpen their diagnostic skills and information-seeking skills using information technology. Senior students will present case reports of oral diseases that have been encountered as part of their clinical experience at the school of dentistry Service Learning Centers. Responsibility for conducting the case-based conference will rotate among the SLCs. Students at the SLC scheduled to conduct each case conference will select cases from their patient pool, with faculty guidance, to present via videoconference to all other SLCs and the dental school in Greenville. Students at the designated "lead" SLC will guide and moderate case assessment and present a summary to conclude the class. Oral pathology and other clinical faculty at school of dentistry will help students tie together biological and clinical concepts pertinent to understanding the patient's problem.

7967. Pharmacotherapeutics for the General Dentist

This course reviews principles of pharmacology, current and accepted pharmacotherapy for the medical management of pain, infection, selected systemic diseases and associated adverse drug events. Students use drug databases to investigate pharmacological issues, including potential drug-drug interactions and adverse side affects that arise during the course of dental treatment. Students also practice strategies for eliciting an accurate medication history from patients including elderly patients and those individuals who do not use English as a first language.

7966. Oral Oncology

This course on oral oncology will address the biologic aspects of cancer; the detection of oral cancer, different modalities of treatment of cancer; dental aspects of patient care related to surgical reconstruction and prosthetic reconstruction following cancer surgery; and management of the patient prior to, during, and following radiation therapy to the head and neck and during chemotherapy for systemic cancer.

7963. Management of Orofacial Pain

During this course, students learn the etiology, diagnosis and management of commonly encountered maladies that cause chronic pain in the crofacial regions. These maladies include disorders of the temporomandibular joint, facial and masticatory muscles, and nerves and vasculature of the crofacial regions. During this course, students learn interdisciplinary management of these maladies that are frequently encountered by general dental practitioners.

7960. Advanced Concepts in Dental Care

This course has four goals: (1) introduce senior students to advanced procedures in areas of patient care that general dentists are likely to integrate into their practice particularly in smaller communities without an extensive referral network, and (2) orient students to therapies available from other dental specialists that will benefit patients with complex problems beyond the scope of general dentistry. A third goal is to help students integrate concepts from previous courses in oral surgery, prosthodontics, implantology, pediatric dentistry and occlusion. The fourth goal is to provide students with an opportunity to explore research findings and patient outcomes for various treatment modalities and apply these data to the process of planning therapy for patients.

Part II: Curriculum Themes, Course of Study, and Degree Requirements

The following section provides an overview of the proposed curriculum for each of the six themes in the East Carolina University School of Dentistry.

Foundation Biological Sciences (FBS): During this theme, students acquire the fundamental biological principles that underlie normal and abnormal function of human organ systems with focus on the head and neck region and oral cavity. Representative topics in the FBS theme include structure, function and biosynthesis of informational macromolecules, proteins and nucleic acids, generation and storage of metabolic energy, nutritional concepts including digestion, storage and use of nutrients, morphology, structure, function and pathologies of tissues and organs, microbiology and immune response systems, mechanisms of craniofacial development, morphology, structure, function and pathologies of the oral cavity and supporting structures, gross and microscopic anatomy of tooth structure, biological and chemical phenomenon occurring in the oral cavity, functions, secretions and diagnostic uses of salivs, biologic and chemical basis of dental caries, genetic principles including chromosomal abnormalities, the genetic basis of oral and maxillofacial conditions such as facial clefts, periodontal disease and oral cancer and mechanisms of actions and therspeutic application of drugs for management of medical diseases and alleviation of pain.

The FBS theme consists of fourteen courses and a total of 800 instructional hours and is primarily implemented in year one to allow students to master the foundation basic science concepts that are assessed on Part One of the Dental National Board which school of dentistry students will take at the completion of the first year. The Part One Dental Board Exam addresses goes and microscopic anatomy, blochemistry, physiology, general pathology, microbiology, dental anatomy and occlusion. Course work related to pharmacology, oral pathology and specific diseases of the craniofacial complex that is assessed on Part Two of the Dental Boards will occur in the sophomore and junior years. Note: For this and all subsequent themes, hours for most of the courses are displayed as multiples of sixteen weeks per semester for fall and spring reflecting one hour per week (sixteen total hours), two hours per week (thirty-two course hours), three hours per week (forty-eight course hours) and so on. Course hours for the summer semester are usually displayed as multiples of eight weeks. With a few exceptions for specialized or intertwined topics, all courses will be at least twenty-four hours to facilitate an integrated approach to course implementation versus cluttering the students' schedule with courses that have limited scope and few contact hours. Table 1 summarizes the FBS Theme.

	Table 1. Foundation Biologic	al Sciences (FBS)		
Course Number	Course Title	Year & Semester	Instructional Hour	
7012			64 hours	
7011	Dental Microscopic Anatomy	Year 1 - Fall	64 hours	
7010	Gross Anatomy of Body Systems	Year 1 - Fall	64 hours	
7013	Anatomy of Tooth Structure	Year 1 - Fall	64 hours	
7111	Microbiology and Immunology of Systemic and Oral Diseases	Year 1 - Spring	72 hours	
7110	Head, Neck and Neuro Anatomy	Year 1 - Spring	80 hours	
7114	Physiology of Organ Systems	Year 1 - Spring	64 hours	
7215	General and Systemic Pathology	Year 1 - Summer	72 hours	
7218	Genetic Basis of Oral Disease	Year 1 - Summer	24 hours	
7217	Mechanisms of Craniofacial Development and Abnormalities	Year 1 - Summer	24 hours	
7317 Clinical Pharmacology for General Dentists		Year 2 - Fall	80 hours	
7516 Oral Pathology 1: Diseases and Abnormalities of the Oral Cavity		Year 2 - Summer	64 hours	
7616 Oral Pathology 2: Differential Diagnosis of Oral Disease		Year 3 - Fall	32 hours	
7919 Integrated Biological / Clinical Science Conference		Year 4 - Fall & Spring	32 hours	
otal:			800 hours	

Dental Care Foundations (DCF): During the DCF theme, students acquire the therapeutic concepts, knowledge of biomaterials and instruments, and technical skills to implement procedures to restore or replace damaged or diseased tooth structure and provide other types of dental care needed by patients in a rural general dentistry practice including foundational principles and techniques in orthodontics, pediatric dentistry, periodontics, and oral and maxillofacial surgery. Beginning with DCF and throughout the ourriculum, pediatric dentistry and Periodontics will be emphasized in the students' education with stress on risk reduction and prevention in both areas.

Knowledge and skills for this theme are primarily acquired in the first three semesters of the curriculum to prepare students to provide a comprehensive range of dental therapy employed by general dentists for patients in the School of Dentistry dental clinic by the fall semester of the sophomore year. Overall, the DCF theme consists of fourteen primarily lecture-laboratory courses and 820 instructional hours. During the preclinical technique courses in DCF, students focus on acquisition of skills needed for restorative therapy starting with use of rotary instruments and development of the eye-hand coordination needed for execution of operative techniques. Students learn biomaterials used in different categories of dental therapy, and acquire procedural skills related to bonding and sealing techniques, amalgam restorations of defective tooth structures, cast inlays and onlays, composite resins, laminates and veneers, crowns, multiple unit fixed bridges, removable restorations such as complete and partial dentures, overdentures, fitting restorations to partial dentures, implant-supported prostheses, and ultimately technical skills needed for complex therapies such as restoring interarch (occlusal) relationships.

Students complete lecture – lab courses in enclodentics to acquire skills needed for uncomplicated root canal therapy, orthodortics to learn techniques and appliances for minor tooth movement and periodortics to learn examination, diagnosis and therapeutic methods including root planning and microbiological sampling. Instruction in pediatric dentistry includes clinical rotations which will continue in subsequent phases of the curriculum while coursework in oral and maxillofacial surgery features nitrous coide for pain management and a multidisciplinary surgical skills lab that provides students with preclinical experiences in various dental surgery techniques for periodontics, endodontics and oral surgery. The courses in the DCF Theme appear in Table 2.

Course Number	Course Title	Year & Semester	Instructional Hours
7020	Dental Biomaterials	Year 1 - Fall	32 hours
7021	Preclinical Operative Dentistry Technique 1	Year 1 - Fall	96 hours
7121	Preclinical Operative Dentistry Technique 2	Year 1 - Spring	64 hours
7122	Fixed Prosthodortics & Occlusion Preclinical Technique	Year 1 - Spring	128 hours
7229	Pain Control: Nitrous Oxide and Local Anesthesia	Year 1 - Summer	24 Hours
7223	Mechanisms of Periodontal Disease	Year 1 - Summer	32 hours
7324	Removable Prosthodontics Preclinical Technique	Year 2 - Fall	128 hours
7325	Fundamentals of Endodontic Therapy	Year 2 - Fall	84 hours
7323	Assessment and Management of Periodontal Disease	Year 2 - Fall	48 hours
7426	Orthodontic Assessment and Therapy	Year 2 - Spring	48 hours
7427			48 hours
7428	Introduction to Oral and Maxillofacial Surgery	48 hours	
7429	Implantology for the General Dentist	Year 2 - Spring	40 hours
7529	Multi-disciplinary Surgical Skills	Year 2 - Summer	20 hours
rtel;			820 hours

Clinical Practice of General Dentistry (CPGD): The core learning experience of this theme is a threecourse sequence in each semester of the first year titled Clinical Practice of General Dentistry (CPGD 1. 2, 3) to prepare dental students to provide care for patients in a general dentistry environment. Students learn a variety of skills that will enable them to function effectively in the clinical environment including: establishing therapeutic relationships with patients, maintaining patient confidentiality and complying with informed consent guidelines, communication with patients, staff and faculty, strategies for interviewing patients and acquiring the patients' medical and dental history, structure, operation, location and accessing clinic systems and services, clinical protocol, patient charting and records, handling financial arrangements, and computer systems in the clinic. Students acquire skills in patient assessment including dental imaging (taking radiographs) and monitoring patients' vital signs. More sophisticated skills addressed in the CPGD theme include diagnostic tests used in dental assessment, infection control techniques, providing patient education, local anesthesia, applying rubber dams, taking impressions, basic life support and CPR. During CPGD 1, students learn concepts and techniques related to behavioral aspects of dentistry with focus on both patient and provider. During CPGD 2 and CPGD 3 students assist sophomores or juniors in the clinic which provides an orientation to the workings of the clinical environment. Other courses in this theme address electronic information management in dental practice, the professional roles, societal responsibilities and ethical behavior of dentists and care of special needs patients in the general practitioner's office. Overall, this theme consists of seven courses and 200 instructional hours. The CPGD theme appears in Table 3.

	Table 3. Clinical Practice of Genera	Dentistry (CPGD)		
Course Number	Course Title	Year & Semester	Instructional Houn	
7030	Clinical Practice of General Dentistry 1 (includes behavioral dentistry)	Year 1 - Fall	48 hours	
7031	Information Management in Patient Care	Year 1 - Fall	16 hours	
7130	Clinical Practice of General Dentistry 2	Year 1 - Spring	40 hours	
7230	Clinical Practice of General Dentistry 3	Year 1 - Summer	40 hours	
7523	Ethical Issues in Dental Practice and Policy	Year 2 - Summer	24 hours	
7533	Dental Care of Geriatric Patients	Year 2 - Summer	16 hours	
7734	Dental Practice Laws, Rules and Regulations	Year 3 - Spring	16 Hours	
Total			200 hours	

Community Oral Health and Practice (COHP): This theme consists of seven courses and a total of 314 instructional hours and has two inter-related foci: strategies for enhancement of community oral health and strategies for establishing and maintaining a general dental practice with emphasis on practice issues related to the small community. Coursework in community health begins with fundamental concepts of public health, epidemiology and health care delivery systems with special emphasis on assessment, promotion and risk prevention related to oral health in the community. Students have learning experiences in school-based assessment and prevention in their first year and in "Community Health Service" will complete sixty-four hours in years one through four (average: sixteen hours per year) of health promotion, education or risk prevention activities in Greenville and surrounding communities.

In the summer semester of the third year, students complete Primary Dental Care in the Community, which introduces oral health issues pertinent to the rural counties where they will experience their senior year community rotations. In this course, students also explore issues related to providing care for a cultural diverse population and working with patients who do not have well developed English language skills. Students also complete a mini-rotation at one the school of dentistry Service Learning Centers during this course to become familiar with the mission, structure, environment and patient care services at these education and clinic service facilities where they will spend much of their senior year. In the senior year course, infrastructure of Rural Health Care Networks, students will explore health care delivery systems and resources typically available in rural counties and learn about professional organizations for dentist and other health care providers in this environment.

Students complete a three-course sequence in practice management with the third course occurring in the senior year primary dental care experience at the Service Learning Centers. During the second year

course in dental practice management, students learn fundamental business management concepts pertinent to the establishing and maintaining general dental practices, explore different types of dental practices, learn about partnerships and associate relationships among dentists, assess factors that influence the viability of dental practices and conduct site visits to practices in the Greenville area. During the third year dental practice course, students focus on issues and considerations related to establishing or purchasing a practice in the small community, explore dentists' responsibilities and opportunities for community leadership, learn about professional organizations for dentists and other health providers that exist at county and statewide levels and learn rules, regulations and laws that govern the practice of dentistry in North Carolina. The fourth year course focuses on the environment for dental practice in underserved communities and the overall health care infrastructure in these areas including hospital services. During years one through three, students will complete fifty hours of service learning projects as a component of a course titled Community Service Learning 1. Students' service learning projects will involve activities such as conducting health fairs and other wellness promotion events for the community. and conducting oral health screenings at schools and elderly care facilities. Students will submit a plan for their service learning activities each year and will be expected to work in collaboration with health workers and other individuals in the community to implement these projects which will be documented with a PowerPoint presentation including photos of the event, a summary report and an evaluation. The COHP theme appears in Table 4.

Course Number	Course Title	Year & Semester	Instructional Hours	
7040	Introduction to Dental Public Health	Year 1 - Fall	64 hours	
7141	Oral Health Promotion in Schools	Year 1 - Spring	24 hours	
7442	Fundamentals of Dental Practice Management	Year 2 - Spring	48 hours	
7642 Dental Practice Planning		Year 3 - Fall	32 hours	
7744	Oral Health Care Systems and Public Policy	Year 3 - Spring	32 hours	
7845	Primary Dental Care in the Community	Year 3 - Summer	64 hours	
7849	* Oral Health Service Learning (Volunteer)	* Years 1 - 3	* 50 hours	
otal:	-		314 hours	

*Students can accomplish the oral health service learning activities throughout years 1 – 3 of the school of dentistry curriculum. The hours are displayed in Table 6 for documentation that this course is an important component of the students' overall learning experience in dental school. Students will also have community-based service learning projects during the senior year at the ECUSOD Service Learning Centers.

Assessment and Treatment (AT): This is the largest theme in the curriculum and provides students with opportunities to apply the knowledge and skills acquired in the previous components. AT courses primarily occur in the second and third years after completion of the previously described themes: Foundation Biological Sciences, Dental Care Foundations, and Clinical Practice of General Dentistry. The goal of AT is to provide students with a learning experience in which they work closely with faculty preceptors to gain proficiency in the following core skills of the general dentists: evaluate patient symptoms, conduct and interpret diagnostic tests with emphasis on analysis of radiographic images, reach an assessment / diagnosis, development a treatment plan and then implement dental therapy employing the techniques learned in the preclinical laboratory courses. The 1796 instructional hours that comprise the AT theme include two courses where students learn and practice techniques for patient assessment including interviewing skills and strategies for conducting the oral examination. Other courses are designed to enhance students' diagnostic skill though case simulations and student-led case analysis seminars with a focus on evidence-based planning of treatment. During AT, students acquire skills in radiographic interpretation, a key to dental diagnosis, learn techniques for medical assessment of the dental patient and learn how to manage medical emergencies in the dental office.

The core of this theme is the students' most extensive learning experience in the curriculum – provision of direct patient care in the school of dentistry dental clinic and affiliated community sites under faculty supervision. Dental students will begin patient care in the fall semester of the second year with three one-

half-day clinic periods per week and increase focus on supervised patient care to seven clinic periods per week (six devoted to general dentistry/primary care and one devoted to specialty care) during the third year of the curriculum. Second and third year students will be organized into clinical group practice teams; each group practice will be guided by a group of school of dentistry faculty comprised of a general dentist (team leader) and three faculty from other dental specialties who will work closely with the students on their team throughout the year. Group practices will have weekly team meetings (Group Practice Seminars) used for case assessment seminars led by students, special topic presentations by dental specialists including community practitioners and management of the team's patient care activities including patient scheduling, logistical problem-solving, review of treatment outcomes and information sharing related to clinic operations.

A total of 240 hours will be devoted to specialty rotations in areas of patient care where the general dentist will need educational experience to provide a full range of therapy and to be aware of the capacities of other dental specialists when referrals are indicated. These focused rotations will occur throughout the third year; students will receive twenty-four hours (four days equivalent) of training via case-based seminars, laboratory activities and patient care experience in nine areas of dental care ranging from dental implants to management of occlusal disorders. To prepare school of dentistry students to address the oral health needs of children in North Carolina, special focus will be placed on education in pediatric dentistry. School of Dentistry students will complete three day pediatric dentistry rotations in the sophomore and junior years as part of their clinical course work and will also participate in two four-day pediatric and adolescent dentistry specialty rotations in the junior year. Students will also complete a course on Hospital Dentistry that includes supervised patient care in a hospital-based dental clinic. The seminars in this course emphasize management of the dental patient with co-morbid medical disease. The third year in AT also provides two advance courses that address therapeutic techniques in temporomandibular joint dysfunction and severe occlusal problems and management of patients with multi-faceted dental/medical problems. Table 5 displays the curriculum for the Assessment and Treatment (AT) theme at the School of Dentistry.

Course Title Fundamentals of Patient Evaluation Oral Radiographic Technique and Interpretation	Year & Semester Year 1 – Spring	Instructional Hours 32 hours
Oral Radiographic Technique and Interpretation		
	Year 1 - Summer	40 hours
Research Bases for Dental Treatment	Year 2 - Fall	32 hours
Clinical Medicine for the General Dentist	Year 2 - Spring	24 hours
Advanced Patient Evaluation	Year 2 - Spring	32 hours
Management of Medical Emergencies in the Dental Office	Year 2 - Summer	20 hours
		32 hours
Advanced Occlusion and TMD Diagnoses and Management Therapies	Year 3 - Spring	32 hours
Hospital Dentistry	Year 3 - Spring	48 hours
Conferences: diagnosis & treatment planning Management of practice operations Coordination of patient care	Yr 2: Fall, Spring, Summer	48 hours
Junior Group Practice Seminar Conferences: diagnosis & treatment planning Management of practice operations Coordination of patient care Special topics presentations by faculty	Yr 3: Fall, Spring, Summer	64 hours
Primary Dental Care Clinic 1 - 6: Assessment,	Years 2 and 3	Yr 2 Fall: 144 hrs
	Yr 2 Fall: 9	Yr 2 Spring: 192
(6 semesters / 6 courses)	Yr 2 Spring: 12 hrs/wk Yr 2 Summer 12	hrs Yr 2 Summer 96 hrs Yr 3 Fall: 288 hrs
	The same service	Yr 3 Spring: 288
	11 0 1 011 10	hrs
	Yr 3 Spring: 18 hrs/wk Yr 3 Summer:	Yr 3 Summer: 14 hrs Total Hours: 1152
Specialty Dental Care Rotations (3 semesters / 3 course titles) Dental Implants (24 hours) Esthetics (24 hours) Oral Diagnosis/Radiography (24 hours) Pediatric & Adolescent Dentistry (48 hrs; 2 rotations) Prosthodontics (24 hours) Endodontics (24 hours) Orthodontics (24 hours) Orthodontics (24 hours) Octusal Disorders (24 hours)	Year 3 Fall, Spring & Summer	Feoused rotations – students average 6 hrs (one day) per week in specialty rotations Total Hours: 240
	Dental Office Management of Complex Oral Health Problems Advanced Occusion and TMD Diagnoses and Management Therapies Hospital Dentistry Sophomore Group Practice Seminar Conferences: diagnosis & treatment planning Management of practice operations Coordination of patient care Special topics presentations by faculty Junior Group Practice Seminar Conferences: diagnosis & treatment planning Management of practice operations Coordination of patient care Special topics presentations by faculty Primary Dental Care Clinic 1 - 6: Assessment, Diagnosis and Treatment of Patients (6 semesters / 6 courses) Specialty Dental Care Rotations (3 semesters / 6 courses) Specialty Dental Care Rotations (6 semesters / 6 courses) Specialty Dental Care Rotations (7 semesters / 8 course titles) Dental Implants (8 semesters / 9 course titles) Coral and Maxillofacial Surgery Oral Diagnosis/Radiography (24 hours) Prosthodontics Prosthodontics (24 hours) Endodontics (24 hours) Endodontics (24 hours) Corthodontics (24 hours) Corthodontics (24 hours) Corthodontics (24 hours)	Dental Office Management of Complex Oral Health Problems Advanced Occusion and TMD Diagnoses and Management Therapies Hospital Dentistry Sophomore Group Practice Seminar Conferences: diagnosis & treatment planning Management of practice operations Coordination of patient care Special topics presentations by faculty Junior Group Practice Seminar Coordination of patient care Special topics presentations by faculty Primary Dental Care Clinic 1 - 6: Assessment, Diagnosis and Treatment of Patients (6 semesters / 6 courses) Prosthodorics Specialty Dental Care Rotations Special Type Spring Summer Year 3 - Fall Year

<u>Primary Dental Care in the Community (PDC)</u>: This is the capstone learning experience in the school of dentistry curriculum. Fourth-year dental students will complete two semester-long general dentistry rotations at service learning centers (SLCs) operated by East Carolina University in eight to ten communities around the state with the greatest concentration of these facilities in the eastern regions of North Carolina. The goal is to locate these SLCs in rural and other underserved regions that have been designated as dental health professional shortage areas (DHPSAs). Each school of dentistry service

learning center will be staffed by one full-time dental school faculty member and a 50 percent faculty position who will supervise and mentor two to three dental residents in Advanced Education General Dentistry (AEGD) programs and three to five senior dental students thus forming a health care team comprised of six to ten individuals who have complementary training and experience levels to provide a full spectrum of health care services. Thus, the mutual and intertwined missions of the school of dentistry service learning centers will be to provide educational experiences for the students and residents and high quality oral health care for the community.

For the fourth year dental students, PDC will occur in the fall semester encompassing four months from mid-August to mid-December and the second rotation will be from January to April 30. It is anticipated that School of Dentistry students will participate in the PDC component of the curriculum at two SLCs per semester to provide students with a diverse clinical learning experience, to allow students to benefit from the expertise of different sets of SLC faculty and residents, to allow students to absorb and assess the oral health care environment and community health resources in different geographic regions and to provide a variety of different clinical rotations that are unique to each SLC. One or more SLCs will be in the vicinity of Greenville to allow students to access clinical rotations available at the dental school during their PDC year.

Approximately 70 percent of the students' PDC program will be devoted to providing comprehensive dental care for the population of the community working in close collaboration with the school of dentistry faculty and residents on patient assessment, treatment planning and implementation of therapy. The overall educational goal of the PDC theme is to allow students to integrate their acquired clinical skills and apply them to comprehensively meet the dental needs of patients, working with increasingly levels of autonomy per assessment by the supervising faculty, as they move through the fourth year. On average, students will devote approximately one day per week to rotations at other community or regional health facilities to broaden their experience base and acquire exposure to health care delivery in a variety of settings including local hospital and emergency room facilities, the offices of private practitioners, schools, and other types of health care and public service institutions located in the vicinity.

Approximately six hours of the student's typical week will be devoted to coursework delivered via distance learning from the school of dentistry in Greenville and service learning activities in the community. These courses will include the infrastructure of health care networks in rural regions with focus on hospital dentistry and emergency services in small facilities, a case-based pharmacotherapeutics conference, seminars in advanced dental therapeutics with emphasis on evidenced-based review of emerging clinical research, a weekly case-based conference titled Integrated Biological/Clinical Science Conference to help students understand the biological basis of dental disease, practice assessment of clinical findings and sharpen their diagnostic skills, advances in radiographic assessment with emphasis on emerging techniques for imaging and seminar-style courses devoted to assessment and management of orofacial pain and oral encology. Responsibility for planning and conducting the case-based conference will rotate among the SLCs. Students at the SLC scheduled to conduct each case conference will select cases from their patient pool, with faculty guidance, to present via videoconference to all other SLCs and the dental school in Greenville. Students at the designated lead SLC for that particular week will guide and moderate case assessment and present a case summary to conclude the class. Oral pathology and other clinical dental faculty at school of dentistry in Greenville will moderate and help students tie together biological and clinical concepts pertinent to understanding the etiology and treatment of the patient's problem

A major educational activity during the PDC will be twice-a-month student-organized study clubs that combine special topic presentations by students, residents and guest speakers from the community with classic journal club / literature review. During the other two weeks of the month, students will participate in service learning activities described in the list of PDC competencies that appears subsequently in this section. During PDC, students will participate in sessions at their SLC to help them prepare for the North Carolina dental licensure exam. Students will also participate in county dental association meetings and complete personal self-assessment, community assessment and reflection activities to enrich their community learning experience.

PDC Competencies: An inventory of competencies (educational outcomes) will be used to guide the senior students' learning experiences during PDC. The supervising school of dentistry faculty member at each community health site will be responsible for mentoring fourth-year students and assisting the students in completion of these competencies. Students will have competencies pertinent to each of the six curricular themes with emphasis on the themes of Community Oral Health & Practice (COHP), Assessment & Treatment (AT) and Primary Dental Care in the Community (PDC). Based on curricula at other dental schools with extensive commitment to community-based education, it is anticipated that students' learning during the PCD will be guided by approximately twenty-five core competencies, based on the curriculum standards of the Commission on Dental Accreditation and the ADEA 'Competencies for the New Dentist' as well as several self-identified competencies that the student arranges with their supervising faculty to reflect individual interests. Consistent with the overall educational philosophy of school of dentistry, the PCD competencies will reflect each of the major components of primary dental care that general dentists should be able to perform without ready access to other dental specialists. During their rotations at the Service Learning Centers, students will also be expected to achieve competencies in the ten areas listed below. Many of these involve service learning activities that will benefit both student and community:

- Strategies for successful practice management in the rural community environment (via case simulations and interviews with practicing dentists in the region)
- Epidemiology (via active data collection to assess a public health/educational issue)
- Managerial skills related to recruiting, training and supervising staff in dental practices with emphasis on providing feedback and evaluation of staff performance
- Using Teledentistry for patient care
- Disease prevention including providing tobacco cessation counseling, caries risk prevention counseling and oral health presentations at schools and other public meetings
- Utilizing internet resources to investigate questions that arise during patient care
- · Conducting health fairs and other wellness promotion events for the community
- Conducting oral health screenings at schools and elderly care facilities
- Conducting community assessments via photo essays
- Maintaining a reflection journal to assess their learning experiences and comment on how the
 experience is influencing their perception of the dentists' role in the community and their assessment
 of how the PCD year has influenced their thinking about career paths and goals.

The fourth-year PDC curriculum is summarized in Table 6. Seniors will complete thirty-two weeks at four Service Learning Centers with movement from site to site every eight weeks. A typical SLC week for a school of dentistry senior will consist of three full days of comprehensive patient care, one day for an elective clinical rotation, one-half day of course work via distance learning and one-half day of study club and service learning activities. The diversity of topics available for the elective, special topic rotations will vary among the SLCs depending on regional oral health and medical resources. Students at SLCs in the Greenville area will be able to complete rotations at the dental school during the PDC experience. Student assignment to four SLCs including at least one site in the Greenville area will allow students to sample a full range of clinical education experiences.

Course Number	Table 6. Primary Dental Care in the Comm	Year & Semester	Hours		
7965	Primary Dental Care at Service Learning Centers	Year 4 Fall & Spring	21 hrs/week/32 wks 672 hours		
7968	Clinical Elective Rotations	Year 4 – Fall & Spring	6 hrs/week/32 wks 192 hours		
7962	Student Managed Study Club	Year 4 - Fall & Spring	32 hours		
7969	Community Service Learning	Year 4 - Fall & Spring	32 hours		
7961	7981 Clinical Radiographic Assessment		11 Clinical Radiographic Assessment Year 4 – Fall & Spring		32 Hours
7964	Infrastructure of Rural Health Care Networks	Year 4 Fall & Spring	48 hours		
7967	Pharmacotherapeutics for the General Dentist	Year 4 - Fall	32 Hours		
7966	Oral Oncology	Year 4 - Spring	16 hours		
7963	Management of Orofacial Pain	Year 4 - Spring	16 Hours		
7980	Advanced Concepts in Dental Care	Year 4 - Spring	32 Hours		
Fotal:			1104 hours Ave: 35 hours/week		

Summary: School of Dentistry Course Schedule by Year and Semester

The School of Dentistry curriculum plan consists of eleven semesters and seventy-two courses comprising 5034 hours of education as displayed in Table 7.

Year	# Semesters	Courses	Curriculum Hours
Freshman * includes 50 hrs. of oral health service learning in yrs 1 - 3	3	25	* 1322
Sophamore	3	21	1264
Junior	3	15	1312
Senior	2	11	1138
Totals	11	72	5034

The entire School of Dentistry curriculum on a semester by semester basis indicating course title, theme and instructional hours is presented in Table 8.

	Freshman Year		
Year/Semester	Course Titles	Theme	Hrs
	Biochemistry & Nutrition	FBS	64
	Dental Microscopic Anatomy	FBS	64
	Gross Anatomy of Body Systems	FBS	64
Year 1 – Fall	Anatomy of Tooth Structure	FBS	64
	Dental Biomaterials		32
	Preclinic Operative Dentistry Technique 1	DCF	96
	Clinical Practice of General Dentistry 1	CPGD	48
	Information Management in Patient Care	CPGD	16
	Introduction to Dental Public Health	COHP	64
Total:		32 1	512 hrs/wk
	Microbiology & Immunology of Systemic and Oral Diseases	FBS	72
	Head, Neck and Neuro Anatomy	FBS	80
Year 1 – Spring	Physiology of Organ Systems	FBS	64
	Preclinic Operative Dentistry Technique 2	DCF	64
	Fixed Prosthodontics & Occlusion Preclinical Technique	DCF	128
	Clinical Practice of General Dentistry 2	CPGD	40
	Oral Health Promotion in Schools	COHP	24
	Fundamentals of Dental Patient Evaluation	AT	32
Total;		504 32 hrs/wk	
	General and Systemic Pathology	FBS	72
	Genetic Basis of Oral Disease	FBS	24
Year 1 -	Mechanisms of Craniofacial Development and Abnormalities	FBS	24
Summer	Mechanisms of Periodontal Disease	DCF	32
(8 weeks)	Pain Control: Nitrous Oxide and Local Anesthesia	DCF	24
	Clinical Practice of General Dentistry 3	CPGD	40
	Oral Radiographic Technique and Interpretation	AT	40
	* Oral Health Service Learning	COHP	* N//
Total;	 32 Students complete 50 hours of service learning activities throughout years 1 – 3 of the school of dentistry curriculum. 	256 32 hrs/wk	

	Sophomore Year		
11	Clinical Pharmacology for General Dentists	FBS	80
	Removable Prosthodontics Preclinical Technique	DCF	128
	Fundamentals of Endodontic Therapy	DCF	84
	Assessment and Management of Periodontal Disease	DCF	48
Year 2 - Fall	Research Bases for Dental Treatment	AT	32
	** Sophomore Group Practice Seminar	AT	16
	Primary Dental Care Clinic 1: Assessment, Diagnosis and	AT	144
	Treatment of Patients		9
	Troublett of Fathering		hrs/wk
Total:	** Sophomore Group Practice Seminar is one course extending through the sophomore year in fall, spring and summer semesters; 48 hours total (16 per semester)	512 32 hrs/wk	
	Orthodontic Assessment and Therapy	DCF	48
	Prevention and Treatment of Dental Disease	DCF	48
	in Children		
	Introduction to Oral and Maxillofacial Surgery	DCF	48
Year 2 - Spring	Implantology for the General Dentist	DCF	40
	Fundamentals of Dental Practice Management	COHP	48
	Clinical Medicine for the General Dentist	AT	24
	Advanced Patient Evaluation	AT	32
	** Sophomore Group Practice Seminar	AT	16
	Primary Dental Care Clinic 2: Assessment, Diagnosis and	AT	192
	Treatment of Patients		12
			hrs/w
Total;			496
		31	hrs/wk
	Diseases & Abnormalities of the Oral Cavity	FBS	64
	(Oral Pathology 1)		
	Multi-disciplinary Surgical Skills	DCF	20
	Ethical Issues in Dental Practice and Policy	CPGD	24
Year 2 -	Dental Care of Geriatric Patients	CPGD	16
Summer	Management of Medical Emergencies	AT	20
(8 weeks)	in the Dental Office		
	** Sophomore Group Practice Seminar	AT	16
	Primary Dental Care Clinic 3: Assessment, Diagnosis and	AT	96
	Treatment of Patients		12
			hrs/w
Total:			256
		1 -	32
		hrs/wk	

	Junior Year		
	Differential Diagnosis of Oral Disease (Oral Pathology 2)	FBS	32
	Dental Practice Planning	COHP	32
	Management of Complex Oral Health Problems	AT	32
Year 3 - Fall	** Junior Group Practice Seminar	AT	32
	Primary Dental Care Clinic 4: Assessment, Diagnosis and Treatment of Patients	TA	288 18 hrs/wk
	Specialty Care Clinical Rotations - Year 3 / Fall	AT	96 6 hrs/wk
Total:	** Junior Group Practice Seminar is one course extending through the junior year in fail, spring & summer semesters; 64 hours total (16 – 32 hours per semester)	32	512 hrs/wk
	Dental Practice Laws, Rules and Regulations	CPGD	16
	Advanced Occlusion and TMD Diagnoses and Management Theracles	AT	32
Year 3 - Spring	Oral Health Systems and Public Policy	COHP	32
	Hospital Dentistry	AT	48
	** Junior Group Practice Seminar	AT	16
	Primary Dental Care Clinic 5: Assessment, Diagnosis and Treatment of Patients	AT	288 18 hrs/wi
	Specialty Care Clinical Rotations – Year 3 / Spring	AT	96 6 hrs/w
Totat		528 33 hrs/wk	
	Primary Dental Care in the Community	COHP	64
Year 3 -	** Junior Group Practice Seminar	AT	16
Summer	Specialty Care Clinical Rotations - Year 3 / Summer	AT	48
(8 weeks)	Primary Dental Care Clinic 6: Assessment, Diagnosis and Treatment of Patients	AT	144 18 hrs/w
Total		272 34 hrs/wk	
	unior Year = 1312		

	Senior Year		
	Primary Dental Care at Service Learning Centers	PDC	21 hr/wk 672 hours
Year 4 Primary Dental	Clinical Elective Rotations	PDC	6 hr/wk 192 hours
Care at	Student Managed Study Club	PDC	32
Community Service Learning Centers	Community Service Learning	PDC	32
	Clinical Radiographic Assessment	PDC	32
	Infrastructure of Rural Health Care Networks	PDC	48
	Integrated Biological / Clinical Sciences Conference	FBS	32
(32 weeks)	Pharmacotherapeutics for the General Dentist	PDC	32
	Oral Oncology	PDC	16
	Management of Orofacial Pain	PDC	16
	Advanced Concepts in Dental Care	PDC	32
Totat	•	3	1136 5 hrs/wk

APPENDIX F: EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY FACULTY ASSIGNMENTS

Position	Number	RATING BUDGET SUMM Base Salary (2006 \$k)	Annual State Appropriation (numbers rounded)
Dean	1	250	250
Administration	3	150	450
Basic Sciences	5	90	450
Materials/Engineering	2	80	160
Health Services Research	4	85	340
General Dentistry (Chairperson)	1	200	200
General Dentistry	30	100 - 150	3,500
Pediatrics and Specialists (Chair)	1	200	200
Specialists	20	150	2,000
Subtotal (Salaries)	67		8,550
Subtotal Salaries and Benefits			10,500
Non-Faculty Positions (40%)			4,125
Non-Personnel Operating Budget			1,000
TOTAL			15,625

APPENDIX G: EAST CAROLINA UNIVERSITY DIVISION OF HEALTH SCIENCES ORGANIZATIONAL CHART

East Carolina University Health Sciences Dission Vice Changeller for Health Sciences-6005-6000+65-91 September 12, 2006 Signature Appendix G: Organizational Chart Vos Oversidor for health Sciences Levels Presidon 27100 00000 USA

439

APPENDIX H: LETTERS OF SUPPORT FOR THE EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY



September 27, 2006

Michael J. Lewis, MD, PhD Vice Chancellor, Health Sciences Brody School of Medicine at ECU Brody Building Room AD43 Greenville, NC 27834

Dear Dr. Lewis:

It is without hesitation I offer my unconditional support for the proposal to establish a School of Dentistry at East Carolina University. Growing dental care disparities in 85 of North Carolina's 100 counties clearly supports the need for dental professionals. A School of Dentistry at East Carolina University will reduce this performance gap in access to and delivery of oral health care in North Carolina.

Comparable to the mission of the BSOM to educate and train physicians to meet the medical needs of North Carolina's underserved populations, the school of dentistry's mission is to educate and train dentists for practice in North Carolina counties with significant dental need.

The new school of dentistry at ECU will increase access to care with ten communitybased dental practice sites. These patient-centered cites will be located in counties with identified dental health professional shortages - - eastern and western-most North Carolina. Fourth year dental students and dental residents will train in these community-based sites affording them increased clinical experience in comparison to traditional dental training environments.

Additionally, these community-based sites will provide economic growth and development to areas of rural and underserved areas of North Carolina which have been historically economically disadvantaged.

Sincerely,

Stephen J. Lawler

Chief Administrative Officer/UHS



Eastern Area Health Education Center

September 27, 2006

Michael J. Lewis, MD, PhD
Vice Chancellor, Health Sciences
East Carolina University
Brody Building Room AD48
Greenville, NC 27834

Administration 352-761-054 cx 757-94-876

Frank Affects

Dear Dr. Lewis:

Mind Realth Ruble Realth Bootel Idention 253-714-5705

Centraling Modeol Macrica 257-349-508-522

Too 252-781-2509 Rooth Lawren 251-291-529

Health Sciences Elbrary 100, 200, 200, 2

Montal Health Education 155,745,5759

Nutring Mountes 550,765-526

Parisotel Bytwork Education 515-351-3009

Pleamary Education 15g Jhr 25g/*

> Rule Hilmony Care Jalucation 152,744,3182

It is my pleasure to offer East Carolina University my endorsement for the establishment of a School of Dentistry. Using a standard elementary school report card, North Carolina scores a "D" in access to oral health care. Clearly, this is unacceptable.

The group practice model, in the ECU School of Dentistry proposal, includes an innovative approach to patient-centered oral health care. The School of Dentistry at ECU will include 8 to 10 community-based practices in rural North Carolina. These community-based practices will improve access to dental care; reduce oral health care disparities; and deliver dental care to thousands of low-income families in North Carolina.

The residents and students supervised in these community-based practices will have the advantage of training and working in a rural community. As I understand it, with this innovative approach, students and residents have increased clinical training and greater clinical experience compared to the traditional dental education model.

Most importantly, community-based training will increase the likelihood these new dentists will establish their dental practice in the underserved areas of North Carolina. Eastern AHEC looks forward to working with the University on this important initiative.

Sincerely,

Supphen E. Willis, MD

Executive Director, Eastern Area Health Education Center



RESOLUTION IN SUPPORT OF THE ESTABLISHMENT OF A SCHOOL OF DENTISTRY AT EAST CAROLINA UNIVERSITY

Whereas, the oral health needs across the state of North Carolina are great, and are due in part to a severe shortage of dentists in rural areas, and particularly in the rural eastern counties of the state with the shortage expected to escalate in the coming years; and

Whereas, North Carolina ranks forty-seventh among the states in terms of dentists per ten thousand population with twenty-eight counties having two or less dentists, seventy-nine counties being federally designated dental shortage areas, and four counties in eastern North Carolina having no dentists; and

Whereas, oral health has been shown to be closely related to overall wellness and poor oral health has an untold economic impact on the state of North Carolina, and particularly in eastern North Carolina, due to loss of work, a diminished workforce, a rise in health insurance costs, and costs to the state for oral health care of the uninsured; and

Whereas, East Carolina University has demonstrated its capacity to meet the needs of the state and region with the mission and programs of the Brody School of Medicine, and

Whereas, East Carolina University can employ its successful community-based model of health care preparation in the area of dentistry by emphasizing general dentistry for those desiring to practice in rural North Carolina, by providing educational opportunities to minority and disadvantaged students; and by increasing access to dental care in the rural and underserved area of North Carolina; and

Whereas, the proposed school of dentistry will include the operation of distributed clinics in the underserved areas of North Carolina which will result in both a health and an economic benefit to the county, region, and state; and

Whereas, financial support and assistance from the state of North Carolina is critical to achieve the goal of improving the oral and general health of all its citizens, which will eventually lessen the financial strain on the state presently required to deal with the effects of poor oral health in the state of North Carolina and in eastern North Carolina in particular;

Now, Therefore, Be It Resolved that the Board of Directors of the Greenville-Pitt County Chamber of Commerce requests that all consideration be given by the North Carolina General Assembly to support the efforts of the University of North Carolina in addressing its proposal for funding of collaborative dental education preparation for the benefit of all the people of North Carolina at the dental school at the University of North Carolina at Chapel Hall and through the establishment of a new dental school at East Carolina University to be located in Greenville, in Pitt County, North Carolina.

Approved by the Board of Directors this 27th day of April, 2006.

Frankie Beeker, Chairman 2006 Board of Directors

Susanne D. Sartelle Susanne D. Sarvelle, CCE

President

APPENDIX I: EAST CAROLINA UNIVERSITY SCHOOL OF DENTISTRY BUSINESS PLAN

Appendix I: Business Model for Community-based Practices

Introduction

The proposed ECU dental school is based on a different model of clinical education than the traditional dental school. Clinical training for senior students and residents takes place in real delivery systems modeled after private group practices. In this model faculty deliver care while supervising a few residents and senior students, and residents have a role in supervising senior students. Although new to dental education, this model is well-known in the other health professions and oral and maxillofacial surgery. In contrast, in most dental schools, clinical education takes place in a clinical teaching laboratory, where faculty supervise residents and students but do not deliver care.

There are many advantages to the proposed delivery/education system and these advantages address many of the challenges dental education is facing nationally. Briefly, the new model will provide students and residents a great deal more clinical experience in a delivery system that approximates private group practice. In addition to seeing more patients and providing many more services, they will also gain valuable experiences working with allied dental health personnel and managing practices. This new model is also more cost-effective and provides care to large numbers of underserved patients.

This appendix addresses the financial assumptions underlying the proposed ECU model of community group practices, where faculty, residents and senior students deliver care. The clinical programs for freshman, sophomore, and junior students are separate from the community practices, and their cost structure is absorbed in the faculty requirements outlined in Appendix F. The assumptions discussed and the one financial model presented are for community group practices in a steady-state configuration. After site locations have been determined, phase-in costs will be projected.

Financial Assumptions

Practice Size

The basic practice unit is one full time equivalent (FTE) general dentistry faculty member, two general dentistry residents (2-FTE's) and two senior students. The faculty member and two residents each have one full-time hygienist and three dental assistants. They also work out of four operatories which includes the room used by the hygienist. Senior students each work out of one dental operatory and have one dental assistant. This practice configuration has the capacity to care for over 6,000 active patients, assuming 2.3 visits per patient annually. For locations with high patient demand, the model is scaleable, However, since there are limited economies of scale in larger practice units, the size of the practice does not change the basic economic model. It is anticipated that larger practices – more than two faculty dentists and associated residents and students – will not be established.

Not unlike many healthcare delivery systems throughout the nation, the ECU School of Dentistry will position itself financially and strategically to respond to opportunities to pursue clinical and other ventures on its own or with other partners. Like many other state-owned institutions, ECU plans to separately incorporate its Dental Practice Plan in an effort to realize management flexibility, strategic flexibility, financial viability and sustainability, and develop faculty incentive and compensation models.

This model will provide a more effective governance framework and develop market-sensitive compensation and fringe benefit arrangements. These measures are intended to address dental faculty recruitment, retention, and satisfaction in a measure to counter shortages.

Additionally, a separately incorporated dental practice plan will provide greater flexibility and direct oversight of the ECU service learning sites, leading to more cost-effective delivery of services.

Eaculty Income

There are large and growing disparities between the incomes of full-time clinical faculty and private practitioners. As a result, it is increasingly difficult for dental schools to recruit well-trained full-time clinical faculty. This problem is certain to increase in the next several years and is a serious threat to dental education.

To address this issue, ECU plans to target clinical faculty incomes at the 70 percent level of North Carolina private practitioners. Based on their qualifications, faculty will be recruited from the 60 to 80 percent level, but we assume the average is the 70 percent level. These incomes are necessary to recruit and retain a first-rate clinical faculty to a rural area.

The dental school focuses on primary dental care, and most of the clinical faculty are general dentists (thirty). Specialists will also be recruited but in relatively small numbers (thirteen) with the exception of pediatric dentists (seven). Likewise, most residents will be in general dentistry or pediatric dentistry. The school does not plan to have any other specialty residency programs.

Specialists will provide care in separate practices from the generalist faculty, but will follow the same education/service model. Some specialists and generalists may also spend time in a traditional faculty practice.

Residents

All residents will be in general or pediatric dentistry. All will receive GME support through an ECU affiliated hospital. The total direct and indirect GME support available to the dental school is projected as \$80,000 per resident/year. Residents will receive roughly \$50,000 per year for their stipends and fringe benefits. This does not include the portion of GME funds kept by the hospital.

Impact of Education on Productivity

A critical issue is the expected reduction in faculty and resident productivity, resulting from the need to supervise residents and students. In the traditional dental school clinic, students and residents are relatively unproductive, e.g., students usually see two or three patients per day. Dental schools that send students and residents for rotations in patient-centered community clinics and private practices do not experience a similarly sharp loss in productivity. Those schools report that productivity is greatly increased in a real delivery system. Importantly, most faculty continue to see nearly their usual panel of patients, while they supervise one resident or senior student.

In discussing this issue with experts, we found a wide divergence of opinion on the expected reduction in productivity because of the need to supervise residents and students. Therefore, we estimate clinic income, based on 5 percent to 20 percent reduced productivity. Students are not expected to have a financial impact on the practices; they were projected to cover their marginal expenses.

Practice Overhead

We assume that practice overhead will run 64 percent of gross revenues. This is based on the actual overhead of the average North Carolina practitioner.

Fees

The focus of the community practices is the Medicaid population. Although some adult service fees are at the 50 percentile (e.g., roct canals), they have relatively little impact on the weighted average fee level. This is because the great majority of Medicaid enrollees are children and because the adult specific services are infrequently performed. In addition, the Medicaid program in North Carolina allows state educational institutions to adjust Medicaid fees, based on the difference between the costs of providing

care to Medicaid patients (covered benefits only) and Medicaid charges. The State allows approximately 64 percent of the difference to be recovered.

Financial Models

The basic analytic strategy is to first estimate what the practice would produce, if patients paid full fees. This provides an estimate of the practice overhead that needs to be covered. Then, practice expenses are estimated, based on the reduced salaries of faculty and residents but the overhead of a full pay practice. Actual revenues are estimated taking into account Medicaid fees and the Medicaid cost-adjustment. Finally, we provide an estimate of the impact of reduced practice productivity on revenues. The net surplus/loss generated in the practice is presented, assuming a reduction in productivity. Because most Medicaid patients are children, a 100 percent Medicaid practice is unlikely to provide residents and students the breadth of experience with adult patients. Likewise, residents and students also need experience with a demographic mix of patients. For this reason, most practices will have both Medicaid and self-pay patients.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

INSTITUTION: East Carolina Uni	versity	DATE: September 25, 2			
Program (CIP#, Name, Level):	51.0401				
Degree(s) to be Granted: Doctor	of Dental Surgery	Program Year:	2007 - 2008		

		ADDITI	ONAL FUN	DS REQUE	RED - BY SO	OURCE				
	Resilioca Prosont las Resou	titutional		ont Increase	Federal or Other (Identify)		New Allocations		Total	
101 Regular Term Instruction					1					
1210 SPA Regular Solaries	S		\$		s		\$264,202		\$264,202	
(Identify Positions)	ſ		()	1	1	(-)	1	- 3
	Ĭ.	î	Ċ		(- 1	3	- 5	1	
1310 EPA Apadernic Salaries	S		S		s		\$703,882		\$710.882	
	1	1	1	3	1	1	1	1	1	- 5
	- i		()	i)	Č.	- 1	(
1810 Social Security	s		3		s		\$74,058		\$74,058	
1820 State Rotinersent	s		S		s		\$97,776		\$97,776	
1830 Medical Insurance	S		S		S		\$58,177		558,177	
2000 Supplies and Materials	- 5		5		5		\$107.541		\$107,541	
(Identify)	1)	1	- 1	1	1	(- 3	1	-
	-)	1	3	1	1	i i	-	17	_
	()	(-)	1	j	(- 5	1	1
3000 Current Services	S		S		S		Š		S	
(Identify)	-)	()	()	i i)	1	-
	()	1)	1	î	1	3	1	-
	()	()	3)	(- 5	4	
4000 Fixed Charges	S		s		S		S		\$	
(Identify)	1	- 5	1	1	1	1	17	-	7	-
	1	3	17	-	17	-	17	-	1	-
	(-)	(A)	1	-	1	
5000 Capital CONSTRUCTION	Š		S		8		\$30,335,000		\$30,335,000	1
Identify)	(-)	i.	1	()	(- 9	(1
	. ().	()	4)	T.	5	1	-
	():	()	()	()	1	
TOTAL Reg. Torm Instruction	S		5		5		S		5	
151 Libraries	5		5		S		S		3	
Identify Accounts)	5		5		ŝ		3		3	
	5		5		\$		5		5	
	5		5		5		S		5	
TOTAL Libraries	\$		5		5		5		Š	
FOTAL ADDITIONAL COSTS	8		5		S		\$31,640,636		\$31,640,636	

Note: Accounts may be added or deleted as required. Currently benefits are figured at 10.10% retirement, 7.65% social security, and \$1,735 for health insurance. These percentages/amounts should be verified in the benefits office of Human Resources at the time this form is completed. Construction numbers include inflation factor of 22%.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

INSTITUTION: East Carolina University		DATE:	September 25, 2008		
Program (CIP#, Name, Level):	51.0401				
Degree(s) to be Granted: Doctor	of Dental Surgery	Program Year:	2008 - 2009		

		ADDITI	ONAL PUN	OS REQUE	ED - BY S	OURCE				
	Reallocati Present Insti Resour	on of tutional	Enrollm	ent Increase unds	Federal or Other (Identify)		New Allocations		Total	
101 Regular Term Instruction										
1210 SPA Regular Salaries	5		\$		s		\$879,774		\$879,774	_
(Identify Positions)	()	()	1).	()	-)
	-()	()	1)	()	1	-)
1310 EPA Academic Salaries	5		S		5		\$1,561,800		\$1,561,807	
	()	()	(1	()	1	- 1
	-	-)-	(- 1	4)	(.)	4)
1810 Social Security	s		S		5.		\$186,781		5 86,781	
1820 State Retirement	S		S		ś		\$246,600		\$246,600	
1830 Medical Insurance	S		S		S		\$135,714		\$135,714	
2000 Supplies and Materials	S		S		5		\$350,000		\$350,000	
(Identific)	(_)	()	4)	()	4)
	()	()	4)	1	-)	()
	()	()	4)	(- >	()
3000 Current Services	5		S		š		5		Š	
(Identify)	(.).	()	()	()	1	1
	1	-)	1)	()	10	-	1	1
	-		())	()	()
4000 Fixed Charges	S		S		\$		5		S	
(Identify)	().	1)	()	1)	(1
	(1		()	(()
	()	-		()	()	()
5000 Capital Outloy (Equipment)	\$		S		S					
CONSTRUCTION							\$31,835,00	10	\$31,835,040)
	-	_)	()	(- 1	()
	1	-	-	-)	()	()
TOTAL Reg Term Instruction	S		5		S		5		5	
ISI Libraries	2		5		S		S		5	
(Identify Accounts)	5		5		5		5		5	
	5		S		5		8		\$	
	5		- 5		5		5		5	
TOTAL Libraries	. 5		\$		S		S		5	
TOTAL ADDITIONAL COSTS	S		5		S		\$35,195,67	Vi.	\$35,195,676	

Note: Accounts may be added or deleted as required. Currently benefits are figured at 10.10% retirement, 7.65% social security, and \$1,735 for health insurance. These percentages/amounts should be verified in the benefits office of Human Resources at the time this form is completed. Construction numbers include inflation factor of 22%.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

INSTITUTION: East Carolina Univ	ersity	DATE:	September 25, 2006
Program (CIPN, Name, Level): 51.0401			
Degree(s) to be Granted:Doctor of	Dental Surgery	Program Year:	2009 - 2010

		ADDITI	ONAL FUI	NDS REQUE	RED - RV S	OURCE				
	Realioco Present ins Rese	stion of stitutional	Enrolle	nent Increase Funds	Federal or Other (Moretry)		New Allocations		Total	
101 Regular Term Instruction										
1210 SPA Regular Salaries	8		S		5		#1 242 257			
(Identify Pasitions)	1	- 3	1	-	1	-	\$1,141,215		\$1,141,215	
	-	5	1	- 1	12	-	1	_	1)
					,	_	+		+	
1310 EPA Academic Soluries	\$.5		S		\$2,245,763		\$2,295,763	_
)_	4)	1	1	(1	/	- 1
	(-	()	()	1	i.	1	-
1810 Social Security	S		5		S		\$262,929		\$262,929	
1820 State Retirement	S		s		5		\$347,135			
			-		1		3097,135		\$347,135	
1830 Medical Treurance	S		S		8		\$173,844		\$173,844	
2000 Supplies and Materials	S		ŝ		5		5			
(Identify)	1)	(1	1	- 1	1	_	5	-
	(1	(1	7	-	1	-	1	- 1
	I	1	()	ì)	1	-)	1	- 2
3000 Current Services	9		5		S		5.			
(Nestriy)	()	(- 3	1	1	1	-	3	-
	- ()	(1	(1	1	\rightarrow	1	
	1):	()	(i i	-	1	-
4000 Fixed Charges									1	-
(Identify)	5		8		8		5		5	
(Reserve)	12	-	-)	(()	4	- 9
	12	-	1		((()
	1	_	1			,	1		(- 1
5000 Capital Outlay (Equipment)	\$		5		s		\$575,000		\$575,010	
CONSTRUCTION							\$6,000,000		\$0,000,000	
	()	()	(- }	1	- 1	(7
	-)	()	()	(5	(1
TOTAL Rog Term Instruction	5		\$		5		S		S	
LSI Libraries	\$		s		,					
(Mentify Accounts)	5		S		\$		\$		8	
	S		5		5		S		5	
	15		\$		S		5		\$	
POTAL Libraries	5		3		5		\$		\$	_
									-	
POTAL ADDITIONAL COSTS Note: Accounts may be add	5		\$		\$		\$10,795,186		\$10,795,886	

Note: Accounts may be added or deleted as required. Currently benefits are figured at 10.10% retirement, 7.65% social security, and \$1,735 for health insurance. These percentages/amounts should be verified in the benefits office of Human Resources at the time this form is completed.

- Valachovic RW, Weaver RG, Sinkford JC, Haden NK. Trends in Dentistry and Dental Education. J Den Educ, 2001; 65: 539-561.
- Harvard School of Dental Medicine curriculum. http://www.hsdm.harvard.edu/asp.html/dmd-curriculum.html. Accessed 2006.

APPENDIX K: PACKET FOR REVIEW – UNC BOARD OF GOVERNORS

COMMITTEE ON EDUCATIONAL PLANNING, POLICIES, AND PROGRAMS



The University of North Carolina

GENERAL ADMINISTRATION

POST OFFICE BOX 2688, CHAPEL HILL, NC 27515-2688

Alan R. Maibe, Vice President for Aculemic Planning and University-School Programs Telephone: (919) 962-4889. Eur.; (919) 962-7139. E-mail: mahrifmertheurolina.edu.

Appalachian State University

East Carolina University

Elizabeth City State University

Fayetteville State University

North Carolina Agricultural and Technical State University

North Carolina Central University

North Carolina School of the Arts

North Carolina State University at Raleigh

University of North Carolina at Asheville

University of North Carolina at Chapel Hill

University of North Carolina at Charlotte

University of North Carolina at Greensboro

University of North Carolina at Pembroke

University of North Carolina at Wilmington

Western Carolina University

Winston-Salem State University November 3, 2006

Memorandum

TO:

Members, Committee on Educational Planning, Policies, and

Programs

FROM:

Alan Mabe

SUBJECT:

Review of the Plan for Dentistry and ECU's Proposal to Establish a

Doctor of Dental Surgery Degree Program

As was indicated at the October Board meeting, the Dentistry proposal was on a fast track and several steps had to be completed in October. All those steps have now been completed and the proposal is ready for presentation to the Educational Planning Committee and the Board.

There are three attachments:

- the standard report for a proposal to establish a doctoral or first-professional degree program, in this case the Doctor of Dental Surgery at ECU,
- (2) the report from the visiting Review Team of dental professionals, and
- (3) the Plan for Dentistry in North Carolina that the Board of Governors approved in April 2006.

In April 2006 the Board directed that UNC-GA follow all the usual steps for considering a doctoral or first-professional degree program but to expedite the process with a goal of completing the review by November 2006 if possible. I am pleased to report that all the steps have been met and that the process is now complete and ready for consideration by the Committee on Educational Planning and the Board of Governors.

The Review Team has given both the Plan for Dentistry in North Carolina and the proposal to establish a Doctor of Dental Surgery degree program at ECU a very

State University

As Equal Opportunity/ strong recommendation, and the UNC Graduate Council voted unanimously to recommend the ECU proposal for establishing the DDS.

The Review Team spent three full days in North Carolina, spending most of one day at UNC-CH and another day at ECU. In addition, the Review Team met with representatives of AHEC, the North Carolina Office of Rural Health and Community Care, and the Sheps Center for a data presentation. In addition, an hour and a half meeting was held with the leadership of the North Carolina Dental Society. Included in that meeting were the President, the President-elect, the Secretary-Treasurer, and the Executive Secretary.

The Review Team was chaired by Dean Denise Kassebaum, who heads the dental school at the University of Colorado Health Sciences Center. That school is distinguished by having a substantial community based clinical component to its dental education and outreach program. The Executive Director of the American Dental Education Association, Dr. Richard Valachovic, and the Associate Executive Director of the American Dental Association, Dr. Jackson Brown, also served on the Review Team. This was a strong and distinguished team representing both the association of dental schools and the association of practitioners.

The Review Team praised UNC Chapel Hill for having one of the truly outstanding dental schools in the nation and endorsed the expansion to 100 students per class and the enhancement of research facilities as contemplated in the Plan for Dentistry in North Carolina. The ECU plan to establish a dental school with 50 students per class and to develop service learning clinics in rural and underserved areas of the State was also strongly endorsed by the team. The Review Team perceived in the Plan for Dentistry not only a viable plan to address dental education and access to oral health care in North Carolina, but also a potential national model; as Dean Kassebaum puts it in her letter, "the Review Team believes it will serve not only North Carolina well, but it will also serve as a national model that could inform solutions to access to care challenges nationwide."

The report to the Committee on Educational Planning contains the recommendation to approve the proposal to establish a Doctor of Dental Surgery degree program at ECU. Based on the degree of cooperation between the two universities involved that has brought us to this point, an additional resolution may be in order: Be it resolved that the Board of Governors wishes to commend the University of North Carolina at Chapel Hill and East Carolina University, their Chancellors, and the leadership of dentistry and oral health at the two universities for the cooperative way the Plan for Dentistry in North Carolina was prepared and subsequently developed, and be it further resolved that the Board of Governors urges the two universities, their Chancellors, and their leadership of dentistry and oral health to continue and enhance this cooperation in the implementation of the Plan for Dentistry to best serve the educational and oral health care needs of the citizens of the State.

Enclosures

Review Team for Dentistry

Dean Denise Kassebaum, University of Colorado Health Sciences School of Dentistry

Dr. L. Jackson Brown, American Dental Association

Dr. Richard Valachovic, Executive Director, American Dental Education Association

Additional Consultants

Dr. Jim Hardigan, Retired, formerly at Virginia Commonwealth University, expertise in dental school financing

Dr. Burton Edelstein, Mailman School of Public Health, Columbia University, expertise in dental Medicaid (advisor to NC Institute of Medicine Task Force on Dental Care for Low-Income Populations)

Dean Teresa Dolan, Dental School, University of Florida, review of proposal

Dates for Review Team to Visit North Carolina

October 25, 26, 27, 2006

Brief Agenda

Wednesday October 25 UNC-CH

AHEC Rural Health Medicaid Reimbursement in NC Sheps Center Data

Leadership of the NC Dental Society

Thursday October 26 ECU

Friday October 27 Follow up meetings Preparing Report

Charge to Team of Consultants for the Review of Dentistry

The Plan for Dentistry in North Carolina was initiated by President Erskine Bowles, and jointly developed and endorsed by University of North Carolina at Chapel Hill and East Carolina University and approved by the Board of Governors in April 2006. It states, in part:

The University of North Carolina at Chapel Hill and East Carolina University have engaged in collaborative discussions to formulate a plan for dental education and dental outreach in North Carolina that would serve the needs of the citizens of the state. The core steps would be to expand the size of the dental school at UNC-CH with a focus on education, research, and outreach that would move the school into the highest ranks among American dental schools; and to establish a new dental school at ECU which would expand the education of comprehensive general dentistry practitioners, conduct research, and extend dental services into un-served and underserved primarily rural areas of North Carolina. This plan has been initiated as a collaborative activity of the two universities and will be developed and implemented with continuing collaboration. This collaboration is expected to result in shared and complementary missions in dental education, research, economic development and the provision of dental services in the state.

This collaborative dental project is expected to raise national recognition of dental education in North Carolina through an expansion of the availability of primary care dentists throughout the state, especially in underserved areas, the development of innovative clinical educational models for the provision of dental service to the underserved, the extensive use of distance education and teledentistry clinical consultation, expanded basic and translational research, and the sustaining of two dental programs nationally recognized for excelling in their respective missions.

The Plan for Dentistry in North Carolina provides a shared concept by the two schools of how dental education can best meet the needs of the citizens of North Carolina and may be used to guide the team of consultants. This Plan for dental education will need to be assessed by the team, including a consideration of its underlying conceptual and philosophical basis as well as the specific details of how the two programs will cooperate and be enhanced or developed.

Charge

The team of consultants is to consider the viability and sustainability of dental education at the University of North Carolina – Chapel Hill and the proposed School of Dentistry at East Carolina University and will consider its potential impact in addressing issues facing the state, with a focus on the rural and underserved areas. Particular attention should be directed to the dental education and service centers planned by both campuses. Additionally, the team of consultants is to review ECU's proposed academic program leading to the Doctor of Dental Surgery (DDS) degree.

During the multi-day visit, the team will consult with stakeholders, including visits to the respective campuses, as well as central meetings at the UNC General Administration with dental care delivery organizations and state dental professional societies and organizations. These relationships are important in order to gain an understanding of dental needs in North Carolina and the goals of the Plan for Dental Education in North Carolina. The team may draw on any relevant material that will aid their study, including previous studies and other documents. The team of consultants will produce a written analysis, guided by the chair that will be responsible for putting the final report together. Once the team is constituted, a timeline for the work will be established.

Request to Establish a Doctor of Dental Surgery Degree Program at East Carolina University

Introduction

Following a recommendation from the Graduate Council and from the Senior Vice President for Academic Affairs, the Committee on Educational Planning, Policies, and Programs approved in May 2006 the request from East Carolina University to plan a Doctor of Dental Surgery degree program. East Carolina University now seeks approval to establish a Doctor of Dental Surgery degree program (CIP 51.0401) effective November 2006.

Program Description

The educational mission of the Doctor of Dental Surgery (DDS) program is to prepare dental practitioners who will address the substantial oral health care needs throughout North Carolina, particularly in the underserved regions of the State. The DDS, a 5,034 contact-hour degree program, comprises six curriculum themes: foundation biological sciences, dental care foundations, clinical practice of general dentistry, community oral health and practice, assessment and treatment, and primary dental care in the community. Course work and clinical practice in these themes will prepare the DDS graduates to practice dentistry, follow a career in dental education, and design and conduct empirical research to understand the etiology, manifestation, and amelioration of dental problems consistent with the guidelines of the American Dental Association.

Students recruited for this program must possess a strong sense of personal and professional obligation and have a desire to build their careers in the rural environment. The curriculum of this first-professional degree program is designed for completion in four academic years, consisting of sixteen-week fall and spring semesters and an eightweek summer semester in years one through three (40 weeks per year), and fall and spring semesters in the fourth year (32 weeks) for a total of eleven semesters and one hundred and fifty-two weeks. Success in this degree program will enable the graduates to function as competent and contemporary general dentists as well as community leaders who contribute to the shaping of health care policy and services in their practice region.

The proposed DDS degree program will be offered through the East Carolina University School of Dentistry, one of four schools in the Division of Health Sciences. This School of Dentistry will be one of the first public dental schools established in the United States in the past forty years with an emphasis on serving the oral health care needs of rural America. The DDS degree supports the school's mission to improve the quality of oral health among the citizens of North Carolina by implementing community-oriented educational, research, and service programs that focus on prevention of dental disease.

The Division of Health Sciences is well positioned to develop and offer the DDS degree. The Division of Health Sciences at East Carolina University, particularly the Brody School of Medicine (BSOM), has been recognized for its success in primary care. The U.S. News & World Report (4/3/06) magazine's annual listing of the best professional schools (4/3/06) ranked the BSOM in the top ten among medical schools in three categories that emphasize primary care. The Brody School of Medicine at East Carolina University is

- Tied for sixth among primary care schools with Duke University, the University of Colorado-Denver, and the University of Wisconsin-Madison, up from 34th in 2005.
- Ranked 9th in family medicine, up from 11th in 2005.
- Tied for 7th in rural medicine.

The DDS program will model the successful philosophy and delivery system used by the BSOM. As many as 75 percent of BSOM's graduating students in a given year have entered primary care residencies. More than 28 percent of BSOM graduates practice in rural North Carolina, which is over 50 percent more than the other publicly-funded medical school in the State. The ECU School of Dentistry will use an educational and clinical delivery system unlike those of traditional dental schools. It will not build large dental clinics in a central location (i.e., Greenville) and expect patients to come to these clinics. Instead, the school will build, acquire, or lease several small service learning centers of approximately twenty dental operatories in selected rural and underserved areas of the State with widely dispersed populations and limited public transportation. The School of Dentistry will form partnerships with community health centers and other dental safety net clinics for resident and student rotations. All of these sites will provide care to primarily low-income, underserved patients.

The educational philosophy of the dental school at East Carolina University has six tenets. The philosophy will be implemented through the curriculum goals and strategies described in the proposal to establish and through student recruitment methods that will target residents from rural and underserved areas who demonstrate a strong personal commitment to serving rural North Carolina as health care providers. ECU believe that

- A substantial portion of our students' learning experiences should occur in the types of communities in which they will be educated to serve.
- Graduates should be leaders in rural communities in the areas of health policy, wellness promotion, and education of the public and other health care providers.
- Students should be exposed to the challenges of serving populations with socioeconomic, geographic, cultural, and other barriers that may limit access to oral health and other types of medical care.
- Students should have enhanced patient assessment skills beyond that normally
 associated with a general dentist because as dentists they will often function
 autonomously as a sole source dental provider in a rural region of the State.
- Graduates should be thoroughly trained in a wide range of dental therapeutic strategies in order to provide a full scope of oral health services within the framework of communities that have limited health care resources and few other health care providers to serve as a referral safety net.
- Graduates should understand the health care infrastructure and economic foundation of small communities so that they have the capacity and

resourcefulness to function effectively within this environment and to assume leadership roles in regional dental associations and other health care organizations.

The recruitment strategies and admissions standards of the School of Dentistry will be implemented in concert with this core educational philosophy. Student recruitment activities will focus on attracting academically solid individuals from the rural and underserved areas of North Carolina who have a passion for a professional career of service to the community. The recruitment strategy would include cultivating partnerships with undergraduate schools and colleges, including community colleges, and area high schools to identify and encourage underrepresented and other applicants to consider the school and a career in dentistry. This approach mirrors the successful method in place for admissions to the Brody School of Medicine.

Program Review

The review process is designed to surface strengths and weaknesses in proposed new degree programs. Proposals to establish new doctoral programs are reviewed internally and externally. In the case of this first-professional degree program in Dentistry, consultants' reports were secured and in addition a team of dental professionals was secured to review the broader Plan for Dentistry in North Carolina and the specific proposal from ECU to establish a new DDS degree program. The following is from the letter to the Chancellor regarding the program.

I think both the reviewer of the proposal to establish and the Review Team provided a very positive assessment of the proposal by ECU to establish a Doctor of Dental Surgery program. The external reviewer raised the following issues:

There has been a shortage of faculty for dental schools, which will be a consideration for ECU since it will need to hire a large number of faculty over a short period of time, though there is some indication that the faculty situation in dentistry is improving.

While the model for the fourth-year experience is endorsed, there was a question about how all the students would be rotated through the clinics and whether the full range of experiences needed in clinical dental education would be available.

The external reviewer raised a concern about the financial dimension of the education and service clinics and whether the positive educational benefits had a solid financial basis.

The reviewer also encouraged more attention to recruiting underrepresented minorities,

Nonetheless, this reviewer was very supportive of the proposal as well thought out and innovative.

The Review Team took a broader view since they were to assess both the overall Plan for Dentistry in North Carolina and to assess a specific part of that plan, which is the proposal for a DDS degree program at ECU. They had access to the review identified above and two other consultants' reports on finances and Medicaid reimbursement.

This was a distinguished team which included the Dean of Dentistry from a school that has focused on community-based services; the Executive Director of the American Dental Education Association, the principal national organization of dental schools; and the Associate Executive Director of the American Dental Association, the principal national organization of practicing dentists.

The Review Team strongly endorsed the Plan for Dentistry in North Carolina and the proposal by ECU to establish a DDS degree program. They see the overall plan which involves both UNC-CH and ECU as a potential national model for addressing the range of dental issues facing not only North Carolina but also the Nation. Based on review and discussion they also endorsed the financial model on which the service learning clinics are based.

The Review Team applauded the plan for cooperation between the two universities and urged its continuation and further development.

Graduate Council

The Graduate Council had, as a basis for its consideration, the proposal to plan the program, a copy of the outside review of the program, the report from the Review Team, the original Plan for Dentistry for North Carolina, the summary letter to the Chancellor, and a presentation to the Council by representatives of the program. In addition to the issues raised previously, the following concerns were expressed by Council members: whether there would be enough students for the program in light of a decline of applicants for dental schools a few years back, and the attitude of dentist in North Carolina toward the plan.

Response

Representatives of the program described the process for developing the proposal and the needs in rural areas that the proposal was attempting to address. Prior to turning to the issues that had been raised, the representatives provided an account of how the curriculum had been developed using first an advisory committee with members from six dental schools, then drawing on 32 dental school faculty at other schools to develop the courses for the curriculum.

ECU understands that it will need to pay close attention to recruiting faculty, and has proposed some ways to effectively do this, including through cooperative arrangements with UNC-CH. The presence of a large medical faculty in Greenville should provide support that a dental faculty can be recruited. The fact that this offers some innovative features for dental education may attract some. There has been discussion of scholarship/loans that could be forgiven for service as a faculty member at one of the dental schools. Representatives have prepared a plan that will have the majority of the time of all fourthyear students spent in the clinics. The planning all along has included other kinds of rotations to assure that every student will have the full range of clinical experiences needed to be prepared for dental practice.

The education and service clinics are an innovative way to train students and extend services to a large number of people who are underserved regarding their oral health. Since this is a new approach, the issue of financial viability have been raised. UNC contracted an expert on dental school finance, and an expert on Medicaid reimbursement to advise ECU, UNC, and the Review Team. Based on the consultants' reports and the review by the Visiting Team, the Review Team concluded that the plan for the clinics is financial viable.

ECU has had success in recruiting underrepresented minorities into medicine and, since the proposed dental school would use the same recruiting strategies, they are reasonably likely to have similar success.

Regarding the availability of students for a new dental school, one can turn to UNC-CH's experience with the class of fall 2006. They had 243 completed in-state applicants, of which 65 were enrolled, and the program estimated that approximately 175 of that pool were highly qualified. For the 81 slots overall, there were almost 900 completed applications. In addition, ECU will engage in a recruitment effort that will likely bring additional applicants into the pool.

While the two schools and UNC-GA have worked with the dental society to keep them informed, including an opportunity for the leadership of the North Carolina Dental Society to meet with the visiting Review Team, there is opposition among practicing dentists in North Carolina to the ECU proposal. In the same survey that reported that a little over half of the respondents were opposed to a new dental school at ECU (about 30% were for it, with the remainder undecided) the respondents indicated by three to one that "a disparity in access to care exists in NC." The survey also shows that three-quarters indicated they believe that there is "a maldistribution of the workforce in NC."

Need for the Program

North Carolina ranks 47th of the 50 states in the number of dentists to population ratio, and has a great disparity between dentists per 10,000 population in metropolitan vs. non-metropolitan counties, with 4.9 dentists per 10,000 in metropolitan counties and 3.1 in non-metropolitan counties. So North Carolina has a shortage of dentists compared to the national ratio of dentists to population overall and a significant imbalance between the metro and non-metro areas of the State. This is of particular importance in North Carolina since it is one of the most rural states with 85 of North Carolina's counties considered rural.

Approximately 22% of North Carolina children have untreated tooth decay in kindergarten and in 2004 only 27% of the Medicaid recipients in North Carolina visited a dentist.

Resources

The funding request for this program is for construction of a dental school facility in Greenville and the development of 8 to 10 educational and service clinics in rural areas of the State with a focus on the eastern part of the State but encompassing the western part of the State as well. Just under \$60 million would go toward the construction of the facility in Greenville and approximately \$30 million would go to build the clinic facilities in rural areas. The ongoing operation of the Dental program is estimated to be approximately \$15 million dollars but that is subject to refinement as the new degree program is implemented over a several-year period. The clinics are planned to generate a significant portion of their needed revenue and to qualify for federal financial assistance.

Recommendation by the Graduate Council

After consideration of the issues raised by reviewers and Council members, the Graduate Council voted, without dissent, to recommend approval for East Carolina University to establish a Doctor of Dental Surgery degree program.

Recommendation

Hand L. Mestin

The General Administration recommends that the Board of Governors approve the request from East Carolina University to establish a Doctor of Dental Surgery degree program.

Approved to be Recommended for Establishment to the Committee on Educational Planning, Policies, and Programs

Senior Vice President for Academic Affairs Harold Martin

November 3, 2006

Report of the Review Team for Dentistry

Assessment of

The Plan for Dentistry for North Carolina

October 24 - 27, 2006

Members of the Review Team for Dentistry

Denise K. Kassebaum, DDS, MS, Chair
L. Jackson Brown, DDS, PhD
Richard W. Valachovic, DMD, MPH

Introduction

The University of North Carolina General Administration requested that an external Dentistry Review Team comprised of national experts in dental education review The Plan for Dentistry for North Carolina (Plan). The Dentistry Review Team was advised that the Plan was initiated as a collaborative activity of the two universities, and that both campuses as well as the Board of Governors of the University of North Carolina had endorsed it.

The charge to the Dentistry Review Team was three-fold. First, the Review Team was asked to broadly assess the underlying conceptual and philosophical basis of the Plan, considering the assumptions of the ECU proposal for a new dental school and how the UNC-CH and ECU dental programs would cooperate and be enhanced by strategies outlined in the Plan with regard to addressing access to care issues facing North Carolina's rural and underserved areas of the state. Secondly, the Review Team was asked to review ECU's proposed DDS degree program to determine strengths and weaknesses of the proposed academic program along with reviewing degree proposal in terms of the required questions for a doctoral or first professional degree program proposed to the Board of Governors. Third, the Review Team was charged to consider the viability of the business model in ECU's proposal that plans for the establishment of Service Learning Centers in eight to ten underserved communities. Based upon these assessments, the Review Team was asked to make recommendations about the feasibility of establishing a new dental school at East Carolina University.

As part of the assessment of the *Plan* and related issues, members of the Dentistry Review Review Team site-visited both the UNC-CH and ECU campuses to meet with University officials and other public as well as private organizations that provide dental care to the state's underserved communities, along with dental professional society leaders. The consultants' findings and recommendations have been incorporated into this report.

Members of the Review Team include Dr. Denise Kassebaum, Dean of the University of Colorado School of Dentistry, Dr. Richard Valachovic, Executive Director of the American Dental Education Association and Dr. L. Jackson Brown, Associate Executive Director of the American Dental

Association.

Review Process

The Review Team had access to the *Plan for Dentistry*, reviews from three external consultants on dental predoctoral curriculum, dental Medicaid financing and general dental education financing. These consultants are nationally recognized with long-standing expertise in these areas and provided comprehensive reports that were of value to the Review Team.

The Review Team spent three days in North Carolina with one day at UNC-CH campus and a second day at the ECU campus. They heard presentations provided the dental school curriculum at UNC-CH and as proposed a detailed description of the plan for the DDS curriculum and program at ECU. Senior administrators at both institutions expressed their willingness to cooperate on improving the oral health of North Carolinians. They also heard from a variety of representatives from each institution during the site visit. Meetings were held with the leadership of the North Carolina Dental Society who expressed their desire to participate in a constructive way in addressing the oral health needs of the citizens of North Carolina. They brought to the Review Teams attention, a range of interests and concerns of their membership.

Representatives of the North Carolina Area Health Education Commission, the North Carolina Office of Rural Health and Community Care, and the UNC Cecil G. Sheps Center for Health Services Research who provided the most current and detailed information on the dental needs and workforce in North Carolina.

Analysis of the Plan for Dentistry

The Plan for Dentistry in North Carolina proposing to enlarge the dental program at UNC-Chapel Hill while establishing a new program at East Carolina University should prove to be a major positive step towards meeting a serious need in the state. The Plan as proposed will strengthen the UNC School of Dentistry, the flagship dental school in the state, already one of the finest dental schools in the world, by providing for investment in a needed new dental sciences building and educational facilities to

Final Draft 10/27/06 2:00 PM

3

increase the class size from 81 to 100. The proposed development of a dental school at ECU with a similar mission to the one embraced by the Brody School of Medicine has the potential to graduate dentists oriented to rural practice who could settle in the North Carolina communities where dental care is presently in short supply. From the consultant panel's perspective the *Plan* details how the two dental schools could co-exist and flourish with their complementary missions.

The need for more dentists was confirmed by an analysis of manpower data, current projections for state population growth and on-site interviews that detailed not only a real shortage of dentists but also a significant imbalance in distribution of dentists that leaves the eastern part and other rural parts of North Carolina with very limited dental resources. North Carolina is one of the 10 largest states by population and it is also one of the fastest growing states. The NC dentist to population ratio is currently 4.1 dentists per 10,000 people compared to the US national average of 5.8 dentists per 10,000 people. Even with the increases proposed in the Plan, North Carolina will still be considerably below the national average with 4.9 dentists per 10,000 people. These points are demonstrated in the graphs appended in Attachments 1 and 2.

Findings and Recommendations:

General:

The Review Team for Dentistry endorses the underlying and conceptual basis of the *Plan for Dentistry in North Carolina*. The Review Team noted that this Plan provides for a comprehensive educational approach to addressing the needs of North Carolina in which there is no unnecessary duplication. While making this judgment, we want to emphasize the many successes that North Carolinians have enjoyed due to an outstanding and productive dental workforce.

The huge majority of North Carolinians are very well-served by a competent dental workforce led by a well-prepared, motivated group of practicing dentists. However, several factors that are operating the

in state led the Review Team to conclude that innovative new approaches that supplement and compliment this outstanding workforce would be very helpful to North Carolinians.

North Carolina is one of the fastest growing states in the U.S., but they rank 47th in the number of dentists to serve their population. Unless more dentists enter the North Carolina workforce this condition will deteriorate further. Moreover, the dentists in North Carolina are currently located predominately in the metropolitan areas of the state, leaving some rural areas and central urban areas underserved.

The Plan provides solutions for several oral health issues that confront North Carolinians. It will generate more dentists while preserving the crucial role of dentists in diagnosis and overall patient management.

The *Plan* will not simply expand the existing structure of dental education but instead offers several attractive innovations that will place North Carolina in a leadership role for dental education throughout the country.

The issues confronting the state of North Carolina are urgent and we recommend that the *Plan* be implemented with as soon as possible. The plan addresses urgent needs for education, access to care, and facilities that will enhance oral health of North Carolinians.

The *Plan* provides an opportunity for North Carolina to take a preeminent leadership role in identifying statewide innovative model that optimizes dental education and research while providing cost effective services to populations. This outcome of these initiatives will be closely watched by leaders in other states and could provide solutions for these challenges nationwide. The strength of this plan is in its entirety with cutting edge research, properly calibrated workforce and novel approaches that leverage limited public funds.

UNC-Chapel Hill

The School of Dentistry of the University of North Carolina at Chapel Hill enjoys a well-deserved and long-standing international reputation for excellence in dental education. The faculty of this school is

constantly exploring ways to improve an already outstanding and time-tested curriculum. Their Community-based Dental Education Program (DISC) is highly regarded and provides excellent educational experiences for dental students while addressing some of the oral health needs of underserved populations.

The largest proportion of its graduates has provided outstanding dental services for generations of North Carolinians. Other graduates have risen to preeminent positions of leadership in education, research and organized dentistry. It has been among the most successful dental institutions over an extended period in securing funds to conduct outstanding and frequently ground-breaking research. This national treasure must continue to provide its important contributions to North Carolina and the Nation.

The Review Team noted that its strong and diverse applicant pool can absorb contemplated increases in class size at UNC-CH. The Review Team was provided with data that showed that there were 243 completed applications from North Carolina residents of which 175 were deemed highly qualified for consideration for admission entering in 2006. Of this pool of North Carolinians, only 65 could be accommodated. It is important to recognize that UNC-CH has the largest percentage of URM in its student body than any other majority school. This is highly commendable in light of the current health professions educational environment.

UNC-CH needs the funds identified in the Plan to renovate its facilities. This will also enable it to enlarge current facilities to accommodate a class size increase as well as remain competitive for the highest levels of cutting edge research.

In order to maintain this tradition of excellence that the School of Dentistry, UNC-CH enjoys, expansion and modernization of facilities are needed. This will enable them to increase class size and compete for research funding that requires advanced and modern research facilities and equipment.

East Carolina University

The overall plan for the new dental school to be located at East Carolina University is well thought out and certainly within the range of acceptable approaches to dental education. At the same time, their approach incorporates several innovative elements that offer realistic and sound solutions for some of the

compelling issues in dental education today. Moreover, the model for Service Learning Centers (SLCs) offers a novel approach to provide real practice experience for students while providing much needed dental services to underserved populations.

The proposed curriculum is innovative while maintaining all key aspects for a program leading to a dental degree. Although the first three years offer many of the curricular element offered at other dental schools, multiple elements presented in this plan are innovative. The model emphasizes general dentistry and pediatric dentistry, consistent with the overall primary emphasis at ECU. In particular, the fourth year breaks new ground in clinical dental education with the establishment of the SLCs.

The business model for the SLCs is based on sound financial and economic principles, and has used a sophisticated methodology to determine the staffing composition and location of these sites. The Plan for the faculty and non-faculty staffing of the dental school appears appropriate.

The proposed model for the dental school mirrors several key components of the very successful primary care approach employed by the Brody School of Medicine, which has been successful in educating competent physicians who have located in underserved areas and provided primary medical care for North Carolinians. The use of similar elements in the proposal for the dental school at ECU enhances the confidence of this review Review Team that the new dental school will yield similar successes.

This proposal describes a cost-effective approach to clinical dental education while providing services to underserved populations by creatively leveraging public funds with private practice principles. The opportunities for federal GME and state Medicaid funding to support the proposed clinical care is encouraging. It is an approach that the Review Team strongly endorses.

The Importance of Cooperation and Collaboration

A key element in the success of the Plan for Dentistry is the continued cooperation and collaboration between the two institutions and other interested stakeholders. The Plan provides for sharing faculty through distance education, the use of technology to increase cost-effectiveness and increase geographical span of the educational process, using specialists faculty effectively, for the success of complementary and distinct missions of the two schools, and post-graduate dental education including specialty and general practice programs. A creative use of faculty will allow both schools to augment the broad array of skills and talents needed in cost-effective dental education. A particularly attractive opportunity exists in the blending of laboratory and population-based research which has the potential to augment the strengths of both institutions.

The Review Team encourages continued input and participation by nationally recognized experts as the details for the Plan for Dentistry in North Carolina are formalized. As indicated in the Plan, it is important to continue to monitor workforce, oral health and access trends in North Carolina and amend the Plan based upon those trends. Finally, it is important to recognize while creative and innovative, this Plan should be viewed as a complete solution to the oral health and access issues. The Review Team encourages the leadership of all stakeholders to build upon the Plan to develop a comprehensive strategy for addressing the oral health of North Carolina.

In conclusion, the Review Team finds that the Plan for Dentistry is feasible and realistic, and will not adversely impact existing institutions or programs.

Draft Plan for Dentistry in North Carolina March 29, 2006

The University of North Carolina at Chapel Hill and East Carolina University have engaged in collaborative discussions to formulate a plan for dental education and dental outreach in North Carolina that would serve the needs of the citizens of the state. The core steps would be to expand the size of the dental school at UNC-CH with a focus on education, research, and outreach that would move the school into the highest ranks among American dental schools; and to establish a new dental school at ECU which would expand the education of comprehensive general dentistry practitioners, conduct research, and extend dental services into un-served and underserved primarily rural areas of North Carolina. This plan has been initiated as a collaborative activity of the two universities and will be developed and implemented with continuing collaboration. This collaboration is expected to result in shared and complementary missions in dental education, research, economic development and the provision of dental services in the

This collaborative dental project is expected to raise the national recognition of dental education in North Carolina through an expansion of the availability of primary care dentists throughout the state especially in underserved areas, the development of innovative clinical educational models for the provision of dental service to the underserved, the extensive use of distance education and teledentistry clinical consultation, expanded basic and translational research, and the sustaining of two dental programs nationally recognized for excelling in their respective missions.

Collaboration is not new to the two campuses. Under the leadership of both Chancellors, ECU and UNC-CH are already collaborating on a number of research projects, including racial disparities in cardiovascular illnesses, and high risk patients in obstetrics and gynecology. Shared resources including principal investigators and intellectual capital already demonstrate the ability of the institutions to successfully work in collaboration.

Dentistry in North Carolina

Within the United States, North Carolina is one of the 10 largest states by population and it is also one of the 10 fastest growing states. Providing current and future dental care services for the North Carolina population is a major challenge that could well become even more formidable. The official US Census 2003 population estimate for North Carolina is 8.4 million. Equally relevant, U.S. Census data show that North Carolina's 1990-2000 population grew by 21.4%, compared to the US population that grew by 13.1% for the same decade. On January 1, 2004 North Carolina had 3,462 in-state registered dentists and 4,095 in-state registered dental hygienists. At that same time point, North Carolina's dentist-to-population ratio stood at 4.1 DDS per 10,000 people, compared to the U.S. national figure of 5.8 dentists per 10,000 people. On January 1, 2004 North Carolina's overall dentist to population ratio ranked 47th out of 50 states. It is estimated that in 2004 North Carolina's annual dental expenditures totaled \$1.65 billion.

There is both a very real shortage of dentists as well as an imbalance in distribution. N.C.'s average in urban areas of the state is 4.7 dentists per 10,000 population, while the average for the state as a whole is 4.2. The rural areas of the state far worse with an average of about 3.1. There are four counties in Eastern N.C. without a dentist, three with only one dentist and as many as 28 counties with two dentists. Add to this the fact that N.C. is the second most rural state in the nation with 85% of the counties classified as "rural" and it is understandable that an access challenge exists in many areas of our state.

UNC-CH Dental Program

The UNC School of Dentistry is a national leader in academic dentistry. Since its founding in 1950, the School has educated the majority of primary care dentists practicing today in North Carolina. In addition, it provides comprehensive patient care, creates new knowledge through cutting edge research and serves the state in a variety of ways to improve the oral health status of the state. In recent years, it has been recognized that projected population growth within the state and the need to bolster new economic development opportunities will require an expansion of the dental educational and research facilities. While the main educational program will be at Chapel Hill, it is proposed to create at least two remote clinical facilities located in areas of greatest need within the state. A pilot project should be done to test the concept of community based DDS educational quality and program impact to improve access.

Current educational facilities for the School of Dentistry support a maximum class size of 80 per class. New facilities are required to accommodate enrollment increases and train the next generation of dentists to improve the quality of life and improve the economic vitality of the State. To address this shortage and in anticipation of the large population growth projected in the state, the capacity to educate more DDS students at UNC-CH needs to be increased to at least 100 in the near term. This will bring the UNC-CH dental school to the size approved by the Board of Governors in the 2002 report on dentistry. In addition to educational needs, existing research facilities at the School have exceeded their useful life and no longer support a contemporary research environment. It may be necessary to demolish two building to be able to expand to meet the expanded class size and to provide state of the art research facilities.

Investment in a new dental sciences building supports economic development in two direct ways. First, graduating additional numbers of dentists and dental hygienists increases the dental workforce to add capacity for the provision of dental services. This additional workforce can provide care that raises the quality of a person's oral health and thus provides a healthier labor force and that will treat children who can then attend school without dental pain. Second, the unique national/international reputation of UNC School of Dentistry attracts biotechnology and oral health care entrepreneurs to collaborate with UNC scientists in the translation of scientific knowledge created in university-based laboratories into new business ventures. According to the U.S. government's latest national health spending estimates, the American Dental Association reports that dentistry in the U.S. in 2005 was an \$84 billion dollar industry (Health

Affairs Web Exclusive W3-75). Therefore, the School of Dentistry with a modern educational and research facility as well as some remote clinical sites can provide a unique economic opportunity for the state of North Carolina to improve the health of our citizens and to stimulate new economic development. Development of medical devices generally and dental devices has the potential to have additional economic impact in North Carolina. The joint degree and research programs between UNC-CH's School of Medicine and NCSU's Engineering School provide a backdrop for the expansion of dental device research and development.

Proposed School of Dentistry at ECU

Eastern North Carolina is a region characterized by both small and socio-economically disadvantaged populations. An examination of the data shows that a large proportion of the populations in several counties of Eastern North Carolina have incomes that place them below Federal poverty guidelines. Although the percentage of their populations living in poverty since 1980 has declined, 31 out of these 41 have as many as 20 percent of children living in poverty. Further, median household income in North Carolina statewide was a modest \$38,194 in 2002, but in only four of these 41 counties does median household income rise above this statewide average. The disposable income and healthcare purchasing power of these populations is likely to be restricted, as is access to public health and other subsidized sources of dental and other forms of healthcare.

East Carolina University proposes developing a dental school with a mission similar to the one embraced by the Brody School of Medicine. The beginning class would be 50 students and after four years the proposed school would reach its full size of 200 students. The intent is to develop a "community-oriented" school of dentistry with a primary mission to attract into the profession individuals of high intellectual capacity who have a desire to practice dentistry in this state, and who are oriented toward a professional career of service to communities in significant need of increased dental care. Moreover, the new school of dentistry at ECU will give emphasis to, and expose students to, the variety and excitement of practice in communities throughout North Carolina where dental care is presently in short supply.

Like the Brody School of Medicine, students who are North Carolina residents will be recruited from rural and underserved counties, identified as having a passion for primary care, and will be given intensive exposure to the day-to-day challenges of serving populations with either socio-economic or other barriers limiting their access to care. The school will offer increased educational opportunities to minority and disadvantaged students in a strong academic environment. Students will be provided the opportunity to visit and learn about constructive and effective healthcare organizations within the region that have made substantial efforts to meet the needs of these traditionally underserved populations. Close collaboration with local public health and dental professionals in practice throughout the region will help serve the neediest populations.

There is no question that the oral health care needs of North Carolina's underserved populations will require multiple, not single, strategies. Moreover, the persistent and urgent need for additional dentists, particularly in the largely rural areas of Eastern North

Carolina and the western-most counties of the state, validates the need for multiple initiatives if the oral health of NC's population is to improve. A critical factor in this discussion is the adequacy of professional dental workforce supply, as well as the geographic maldistribution of these professionals within the state.

ECU Community Based Dental Education and Service Sites

East Carolina University envisions ten community-based dental practice sites, beginning with pilot programs in communities that have been designated as dental health professional shortage areas (DHPSAs). These sites are envisioned to be located across the entire state, but the heaviest concentration of these sites may be located in eastern North Carolina, which is the region of the state with the highest number of DHPSAs. Additional sites will be introduced across North Carolina as the model is evaluated and workforce numbers are refined.

There are three primary benefits expected from each community based dental practice site:

- Extend the access of dental services from the urban areas of the state, which have
 the highest numbers of dentists, to the rural areas of the state, which have
 chronically had the lowest numbers of dentists. This extension of the delivery of
 dental services to the rural regions in the state is necessary because of the
 combination of geography, poverty, and transportation challenges for the citizens
 in rural communities. Such a delivery model system is an innovative approach to
 addressing the lack of access to dental services for residents in rural communities.
- 2. Improve upon the preparation of fourth year dental students for the rewards and challenges of an effective and efficient dental practice by relocating these students from the traditional classroom on a university campus to functional dental educational and service sites in chronically underserved areas. In the practice environment, the dental students will be exposed to how a dental practice operates outside the halls of a university campus. Such a move reflects a completely new model in dental education.
- Generate economic development in some of the poorest regions of the state. The economic development is two-fold.
 - First, the communities in which the dental practice sites are located will be
 the beneficiaries of a very significant economic impact generated by the
 dental practices. In addition, these communities will receive indirect
 benefits associated with the expenditures by businesses which provide
 goods and services to the dental practice sites as well as the induced
 benefits (the multiplier effect from the dental practice site payroll and
 from those businesses supplying goods and services to the dental
 practices).
 - Second, the communities will receive the economic benefit of a healthier
 workforce through reduced days lost from businesses due to illness related
 to poor oral health. A healthier workforce will generate higher levels of
 productivity and will make a community more attractive for recruiting
 new businesses.

While East Carolina University envisions these sites as learning opportunities for its fourth year students and residents, these sites may also be available for students and residents from the University of North Carolina at Chapel Hill School of Dentistry. A core philosophy of the new dental school is graduating North Carolinians to address the needs of the rural and underserved populations of the state. Utilizing distributed settings presents the students with opportunities to provide care while immersed in a rich and productive academic environment. It adds to the healthcare infrastructure, and promotes a sound basis for economic growth in the state.

The unique combination of a new dental service delivery model to the most underserved regions of a state, the new dental education model, and the economic development benefits from these community based dental practice sites will continue North Carolina's tradition as a national leader for dental education and dental delivery.

East Carolina University welcomes the opportunity to work with UNC-Chapel Hill, the dental profession, and community leadership, as well as others, to educate the public on the importance of dental education and its impact on improving oral health. This new model will closely partner with the Community College system in efforts to improve workforce development as dental hygienists and assistants are graduated and employed throughout the state in this new model. As our state looks to the future and addresses emerging issues, we cannot afford to miss this opportunity to invest in all our people.

Areas for Collaboration by the Two Dental Programs

Discussions between the two universities have yielded a number of ways in which they can cooperate in providing expanded dental care to the citizens of the state, especially the underserved. These areas of cooperation will provide cost savings and a more efficient and effective approach to educating dentists for serving the underserved in NC.

- Develop a new AEGD dental residency program at ECU with the capability of providing slots to both institutions for dental residents (Fall 2007)
- Continue to explore the potential for the temporary allocation of a fixed number
 of slots for admission to the School of Dentistry at UNC Chapel Hill for East
 Carolina recruitment. The slots will be strategically filled by students from under
 represented geographic areas with access to dental care needs with the hope these
 students will return to practice in those areas. ECU selected candidates would
 meet UNC DDS admissions requirements (TBD)
- Expand the General Practice Residency (GPR) already present in Greenville, N.C. & link program to UNC-CH via distance education for seminars & teledentistry consultation (Fall 2007)
- Consult with and collaborate as appropriate with ECU regarding DDS curriculum, accreditation, faculty recruitment and provision of instruction (Fall 2006)
- Expand the number of Board of Governors scholarships awarded to dental students from NC with priority to DDS students from underserved areas and add the stipulation that recipients must provide dental patient care in an underserved area of North Carolina. (Fall 2007)

- Utilize distance education model between UNC & ECU for some DDS instruction (Fall 2010)
- Develop pilot community based program/s to test financial viability, educational quality and program impact to address access to dental care (Fall 2006)
- Share placement of DDS students and residents in community-based sites
- Expand opportunities for UNC-CH DDS students to gain additional patient care experiences through ECU's community practices.
- Explore ways to maximize faculty resources by sharing faculty and establishing joint faculty appointments within available resources.
- UNC Chapel Hill to assist ECU with curriculum development and the initial accreditation process.
- Utilize distance education technology for selected DDS instruction, both from ECU to UNC Chapel Hill and from UNC Chapel Hill to ECU. The technology could also be used for selected instruction from UNC Chapel Hill to advanced education programs at ECU (General Practice Residency, Advanced Education in General Dentistry, Pediatric Dentistry).
- Develop research partnerships capitalizing on the respective strengths of UNC Chapel Hill and ECU.

Collaborative efforts outlined above assume adequate investment of new resources for personnel & technology with the exception of using some dental slots at UNC-CH for the startup of ECU's program.

Impact of This Plan for Dentistry on North Carolina's Standing in Relation to the National Average of Dentist per 100,000 Population

When each program is enrolled to the proposed maximum for the near term, 150 dental graduates would be produced in North Carolina. This level of graduates would be reached by the current plan in 2014. Our projections are that this number of graduates would bring NC close to the national average of dentist per 100,000 population but is unlikely to surpass the national average by 2020. Depending on the demand for dentists in North Carolina, the number of graduates produced could be adjusted upward or downward as the circumstances would warrant.

APPENDIX L: SAMPLE OF LETTER INVITING LEGISLATORS TO

INFORMATIONAL MEETING



Office of the Chancellor

East Carolina University
105 Spilman Building • Greenville, NC 27858-4353
252-328-6212 office • 252-328-4155 fax
www.ecu.edu

February 9, 2007

The Honorable William A. Current, Sr. North Carolina House of Representatives 300 N. Salisbury Street Rm. 418A Raleigh, NC 27603-5925

Dear Representative Current, Sr.:

This year, the UNC Board of Governors, East Carolina University, and UNC-Chapel Hill are requesting legislative support for the Joint Plan for Dentistry in North Carolina. This proposal has the potential to greatly impact underserved areas of the state, including those in your region.

In anticipation of the questions many legislators are likely to have about the Joint Plan, the ECU team would very much like to invite you to attend an informational meeting with legislators from the western area of the state and others to brief all of you on ECU's part of the plan and what it will mean for the State and your region.

I invite you to join us at one of the following events:

• coffee on Thursday, February 15, 2007, at 3:30 p.m. at the Piedmont Club in Winston-Salem;

or

 breakfast on Friday, February 16, 2007, at 8:00 a.m. at the Crowne Plaza Resort in Asheville.

Directions to the BB&T Financial Center, in which the Piedmont Club is located, and to the Crowne Plaza Resort are attached. Parking at the Piedmont Club is in the garage located under the BB&T Financial Center. Parking also is available at the Crowne Plaza Resort.

For your planning purposes, each event should last no longer than 90 minutes. We welcome your participation and hope you can join us. It will be helpful if you let us know if you are able to attend and, if so, at which event. Please contact Maureen Pollack by e-mail (pollackm@ecu.edu) or by phone at 252-328-0607.

At East Carolina, we are committed to making a difference for our state. We look forward to working together to make this difference.

Sincerely,

Steve Ballard Chancellor

East Carolina University is a constituent institution of the University of North Carolina. An Equal Opportunity/Affirmative Action Employer.