

University of Minnesota School of Dentistry Board of Visitors

May 9, 2014

Board of Visitors present:

Carmelo Cinqueonce, Tony DiAngelis, Steven Erlandson, Arnie Hill, Mitch Huber, Steve Litton, Kim Johnson, Todd Marshall, Samantha Mills, Joan Ostapenko, Dan Rose, Sheila Riggs, Merry Jo Thoele, Mark Schoenbaum, Mike Till, Stephanie Zastrow

School of Dentistry representatives present:

Leon Assael, Fred Bertschinger, Emily Best, Nicki Black, David Born, Claudia Kanter, Naty Lopez, Sara Stockwell

Introduction – Dean Assael

- Attendees gave brief introductions of themselves
- Dean Assael welcomed everyone and provided an overview of the topic for discussion, Rural Dentistry.

Discussion

- Members cited personal knowledge of students deciding not to go to rural areas for numerous reasons. One member suggested mandatory service be required in return for the substantial government investments in educating and training dental providers. There was agreement that students from rural areas are more likely to practice in a rural setting than students from non-rural areas.
- Members commented that students in this generation make decisions about rural practice based on many factors for both themselves and their spouse. Communities in need of dental professionals will need to provide opportunities and offer incentives and assistance to both the dental professional and their spouse.
- The burgeoning level of student loan debt is a significant factor.

Rural Dentistry – Four Decades of Efforts

1970's – Why and What Worked: Dr. Born

(see attached presentation)

- Dr. Born provided a slide presentation on initiatives undertaken by the School nearly four decades ago to focus on improving oral health and providing access to Minnesotans in all areas of the state. The distribution of dental professionals is still

a problem identified by several sources, but the accuracy and timeliness of those data is uncertain in some cases. Some factors influencing a student's decision have changed but some are still the same.

- Members asked what are the responsibilities of the School and other entities to improve access to care and oral health. What oral health providers are needed to improving access to care and improve oral health?
- Dr. Born suggested ideas to be included in a White Paper that the Dean will submit to the Academic Health Center and then on to the University for consideration for inclusion in a funding request to the state legislature. The paper will define the issues and make recommendations for initiatives to be funded by the state.
- Dean Assael commented that we concentrate on what we do, not who we are. It is important for students to understand the importance for them as dentists to be engaged in their community. A great reason for a dentist to be involved in community affairs is the opportunity to advocate for and support oral health prevention and protection through community based projects that can lead to better oral health outcomes.
- Dr. Erlandson commented that loan repayment is number one issue for students considering rural practice. North Dakota offers scholarships that have been helpful incentives for new graduates to practice in rural areas, but many recent graduates have located in the major population centers in the state.
- The practice model for dentists is different in some areas from the medical model of concentrating medical providers in clinics, but dentistry practice models are changing.
- In private practices, dentists need to practice good dentistry and also be good business managers.

Continuing presentation – Dr. Born

- What can we do? What worked and why?
- Historical context discussion (see slides)
 - Components and functions 1968-1984
 - Students have lack of knowledge of communities
- What did we learn from this?
 - There's no substitute for the flow of good information
- What we're up against:
 - Limited space in the School;
 - student debt – perceived risk of practicing in rural communities is much higher;
 - curriculum challenges;
 - inaccurate perceptions about what rural communities are like;

- costs
- Reality check – rural communities are experiencing changing trade area dynamics, out-migration to population centers, and consolidation and integration of health care

Discussion

- Questions arose about where and how female DDS graduates practice since the percentage of females in a graduating class has increased over the recent decades. Good, useful, recent data are not available, but we are attempting to obtain current data.
- Technology can positively influence the productivity of dentists.

Today – Early Decision Rural Dentistry Track Program (EDRDTP): Naty Lopez

(see attachment)

- Using very restricted definition of rural
- Program is meant to prepare students, while in college, to be competitive for dentistry school.
- Some rural students were found to not be prepared for the rigor of the college courses work load.
- EDRDTP scholarships assist students to focus on coursework and not have to work during school.

Discussion

- Dr. Lopez was asked about the correlation of DAT scores and GPAs to success as a student and dentist. She said that studies show DAT scores are predictive of academic performance during the 3rd and 4th years of dental school while undergraduate GPA is predictive of academic performance during the first two years of dental school. The school is currently conducting a study of admissions factors that may be predictive of dental school performance.
- One of the main changes in the Admissions process is a more holistic file review where non-academic factors are included in evaluation of applications. These factors include work experience, distance travelled, community involvement, etc.
- Mr. Schoenbaum summarized numerous comments by concluding that more interventions, especially early in the process of decision making and preparation for students and later for graduates will lead to increased numbers of graduates choosing rural practice locations

Outreach Programs: Dr. Sheila Riggs

(see attachment)

- Outreach clinics provide access to oral health care for patients in often under-served areas;
- The Outreach Program provides dental, dental hygiene, and dental therapy students with experiences that reinforce their professional knowledge and give them a variety of case experiences.

Discussion

- Dean Assael posited that fundamental change is needed in curriculum for all oral health students that will accommodate the opportunity to have more outreach experiences.
- Dr. Marshall noted that half the region's population is in a rural area, we absolutely need to do something about rural dentistry in the future
- Dr. Hill commented that messages about the problem and proposed solutions seem to be fragmented; issues are not expressed in a uniform manner to key decision makers;
- Dr. Di Angelis noted that oral health is not a priority for many legislators
- Dean Assael commented that a lot of money is spent on dentistry – the problem is how it's spent. We need to work with the system we have to create a viable economic model that works with the world we already live in.
- Dr. Till thought the problem can't be solved on state-wide basis; the success of the Hibbing Clinic demonstrated the value of local dentists and community members convincing local legislators with solid demographic data.
- Several members commented on the advisability of partnering with other educational institutions for training and outreach activities.
- The use of technology offers opportunities for practice in non-traditional delivery and workforce models.
- Ms. Thoele noted that the MN Department of Health has a focus on health equity right now. The benefit of good oral health is not shared equally among population; oral health is a poster child for experiencing disparity.
 - A well-written report was received in February and provides an opportunity to capitalize on work that has already been done to continue the focus on disparity.
- The legislature wants to see things that will make a difference at the community level
- Dr. Litton remarked that improving oral health is a multifactorial process.

- Dean Assael concluded that there are multiple intervention points for the School of Dentistry – including curriculum change outreach, pipeline of young people, loan repayment and others.

Conclusion

- Dean Assael thanked everyone for coming. Ideas shared today are extremely valued and will help to shape the White Paper that will be submitted to the University on this important issue in oral health.