My role today

Foundation and Frame

Experience and 40+ years of study
The problem

Compared to their urban counterparts, rural residents exhibit greater health disparities more likely to have complex health care access issues and face unique challenges to finding a remedy.

Our Goal

To improve the oral health of rural residents
Agenda

- Explore rural dentistry and its challenges
- Quick overview of state and regional workforce
- Explore old successes and new challenges
  - Goals for a MN program
  - Options
- Stimulate discussion and ideas
What is rural?

- Office of Management and Budget
  - Metropolitan, micropolitan, rural
- HRSA Shortage areas (urban and rural)
- Places under 2500
- Census Bureau
- Congressional Budget Office County Typology
- Rural Urban Commuting Areas (RUCA)
- ... at least 9 others
Of most concern to us

- HRSA Shortage areas (urban and rural)
- RUCA (Urban, Large Rural, Small Rural, and Isolated Rural) [Cook, MN]
- MDH pending – outside metro & city or township < 15,000

- Census Bureau
- Congressional Budget Office
What is rural dentistry?

• Delivery system addressing oral health care needs of a rural population

  • Solo, partnership, group and hospital-based practices
  • Broad base of dental services
  • Providers are engaged in the local community
The oral health landscape

- Poorer oral health throughout life cycle
- Less likely to have visited a dentist in last year
- More likely to have unmet needs
- 29 vs. 61.5 DDS per 100,000
- Lower proportion have dental insurance
- Less likely to have fluoridated water
- Higher rates of tobacco usage
Are there access issues?

Geographically dispersed
Lack of transportation
Pockets of poverty
Migrant, immigrant, and seasonal population groups
Economic fluctuations and risk
Disproportionately older dentists / transition issues
Fewer specialists
DT, DH, LDA hiring issues
### Comparative statistics

**5-State Region**
- 82% of counties are rural
- 34% of the population
- 26% of the dentists
- 51 counties have no DDS
- 31 counties with dentists > 5000/DDS
- 2136 Rural pop / DDS
  - Range: 758-11,187
- 1512 Urban pop/DDS

**Minnesota**
- 76% of counties are rural
- 28% of the population
- 19% of the dentists
- 1 county has no dentist*
- 8 counties with dentists > 5000/DDS
- 2294 Rural pop / DDS
  - Range: 931-11,187
- 1501 Urban pop/DDS

(OMB criteria tend to classify many outlying rural areas as metro. Area is served by IHS and mobile clinic [3 days a week])
Where are the HRSA shortages?
A minimum of 262 dentists needed in our 5-state service area

<table>
<thead>
<tr>
<th>State</th>
<th>Required Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>82</td>
</tr>
<tr>
<td>Montana</td>
<td>29</td>
</tr>
<tr>
<td>North Dakota</td>
<td>7</td>
</tr>
<tr>
<td>South Dakota</td>
<td>24</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>120</td>
</tr>
</tbody>
</table>
However...
Health Professional Shortage Areas reference only severe shortages, based on strict criteria. They do NOT identify a multitude of other areas where dentists may be wanted or needed. Towns where dentists wish to retire or otherwise “transition” their practices, or dentists in search of a dental associate are not included, for example.
The elephant in the living room . . .

. . . our aging stock of dentists
2013 MN Active Practicing Dentists

- **New licenses**: About 119/year
- **Losses**: Five year avg., retirement begins in the 50s; 2-18% of DDS over 50 removed from stock annually
- **2012-2013**: Net loss of 70 dentists

---

![Percent by Age Group](chart_image.png)
Where do our graduates go?
2006-2010

The 5-state area

Rural counties in the 5-state area

Rural Minnesota counties

About 15 of 100 graduates practice in rural Minnesota
- but not necessarily in a shortage area!
Looking simply at the workforce and educational programs, what the School of Dentistry can do?
First step in solving the PROBLEM is to BEGIN