ORAL HEALTH TASK FORCE

FINDINGS & RECOMMENDATIONS

June 2012

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Board of Regents Charge

The Kansas Board of Regents (KBOR) acknowledged there is an oral health care workforce crisis in rural Kansas which served as the impetus to establish the eleven-member Oral Health Task Force in October 2011. The Board asked the Task Force to study ways in which it (KBOR) can assist Kansas with oral health issues as well as make optimal decisions regarding dental education for the future.

The Board's charge to the Task Force was to study and make recommendations on improvements needed in the delivery of oral health in Kansas. The Board asked that the study include but not be limited to (a) the feasibility of a dental school in Kansas; (b) the placement of a branch campus in Kansas from an existing dental school outside of Kansas; (c) securing additional slots (seats) at neighboring dental schools; and/or (d) the utilization of a scholarship program to attract and retain dentists in Kansas. The Board requested that the recommendations identify what its role should be in seeking these improvements considering its mission.

Dr. Daniel Thomas, a periodontist from Leawood, Kansas, was selected to chair the Task Force, comprised of individuals with outstanding professional backgrounds including those who have been active in the oral health care profession.

The Task Force began meeting in November 2011, and because of the complexities of the issues, broke into subcommittees to study each of the four specific charges in-depth. Members of the Task Force spent over seven months studying data, discussing issues with key stakeholders and oral health professionals, and analyzing over 400 pages of information and 19 studies/reports provided. The Task Force also participated in 4 hours of presentations given by nationally recognized professionals in the oral health care industry. The Task Force concluded that there are two primary oral health care issues that need to be addressed in Kansas: (1) the decreasing supply of dentists for the future; and (2) access to good quality oral health care for all Kansans.

As a result of its work, the Oral Health Task force is making a 2-phased recommendation the Task Force as a whole believes is needed to begin addressing the oral health issues in Kansas. Following those are 11 recommendations that are the result of the work of each subcommittee.

Overview of Oral Health Care in Kansas

Ninety-three of 105 counties in Kansas face dental workforce shortages. With aging and retirement, the availability of dentists to offer services continues to diminish, especially in smaller and rural communities. While the population of Kansas continues to decline in certain areas, those remaining, and many who are under-and uninsured Kansans *regardless of where they* live, struggle to meet their oral health care needs. A dwindling pool of providers makes that ever more challenging.

The September 2011 *Mapping the Rural Kansas Dental Workforce: Implications for Population Oral Health*, introduced the concept of a "Dental Care Service Desert" to describe geographic areas where there are no dental services and where the closest dental office is at least a 30-minute drive from an individual's home. The report estimates that there are approximately

57,000 Kansans who currently live in Dental Care Service Deserts, and that number will increase as dentists retire and are not replaced. Additional areas of western Kansas will join the Dental Care Service Desert in the very near future because of the retirement of many primary care dentists.

Difficulties in accessing oral health care are not restricted to rural areas, but also include aged and disabled populations, children, low income individuals, and those on Medicaid, regardless of where in the state they may live. For example, the 2009 *Kansas Workforce Assessment* revealed that only one in four Kansas dentists accept Medicaid, and that in 2009-2010, 17,500 emergency room visits were dental-related.

The three primary underserved populations in Kansas are: 1) those individuals unable to travel to services; 2) those without insurance who cannot afford to pay out-of-pocket; and 3) Medicaid/Health Wave enrollees without dental providers.

Task Force members agreed that educational opportunities to increase the number of oral health care professionals in Kansas are driven by numerous goals that include: improved public access to dental services; economic development opportunities emerging from educational programs; and placing the quality of oral health care in the hands of Kansans. The Task Force recognized that the workforce shortage of dentists has a ripple effect on other oral health professionals and on local economies.

The oral health needs of Kansas in the short and intermediate term call for an increase in the number of dentists becoming newly-licensed in Kansas. The current thirty-five per year influx is inadequate. Changes through the construction of a new dental school, a branch dental school, the purchase of seats at neighboring dental schools, and/or scholarship or loan repayment programs, should in combination target a minimum of 60 new dentists annually for Kansas. The majority of the Task Force believes this number is necessary to replace baby boomer generation dentists who are retiring in significant numbers and provide location-specific dentists in areas with vulnerable populations.

In summary, research has pointed the state of Kansas to: 1) the populations most in need of oral health services; 2) the geographic regions most in need of oral health professionals; and 3) recognizes the urgency to address a quickly worsening set of conditions that will widen the gap between those who have access to oral health care and those who do not. This disparity can only be addressed through a rapid response and a phased approach to producing the new generation of oral health professionals who will serve the needs of all Kansans.

ORAL HEALTH TASK FORCE RECOMMENDATIONS

The Oral Health Task Force wishes to convey that it does not possess ultimate expertise in its reports, studies, or recommendations, but supports the Board's pursuit of developing strategies to address the oral health care crisis in Kansas. Recommendations in this report should be considered only one component of the Board's agenda to support higher education in the state of Kansas, and to serve as a vehicle that will produce positive results in oral health care for all citizens of Kansas.

Listed below is a two-phased recommendation the Task Force as a whole believes is needed to begin addressing the oral health care issues in Kansas. Following those are the recommendations that were the result of the work of each subcommittee.

Phase I

Purchase seats from institutions in surrounding states (Missouri, Nebraska, and Oklahoma) and require that the students in those seats return to Kansas and begin working with underserved populations (e.g., Dental Care Service Deserts, persons with disabilities, Medicaid/HealthWave populations, persons without dental insurance, etc.). It is believed this action will help address the immediate issues of access to oral health care and fill the need for additional dentists in Kansas.

Phase II

Simultaneously prepare a future, long-term, logistical plan for establishing a Kansas dental school that includes clinical sites in underserved areas. Once the school is operational, there should be a decision made regarding whether to continue purchasing seats from dental schools in neighboring states.

Subcommittee Recommendations

Charge: Feasibility of a Dental School in Kansas

- It is feasible to build a dental school in Kansas under a set of guiding principles *if* numerous measures cited in this report are employed:

    1. A new dental school should be designed to encourage graduates to serve Kansas by delivering oral health care to all Kansans - regardless of where they live or their financial circumstances.
    2. The academic institution that has the dental school should be required to prepare dentists who will treat underserved patients – and be accountable to this mission.

- Develop a dental school using models such as the East Carolina University School of Dental Medicine and/or KU Medical School Salina, using the logic that where students train is generally where they tend to practice. Locating dental school facilities (i.e.,

satellite clinics or mobile grade school-based clinics) in rural settings: 1) would attract rural students to the field of dentistry; and 2) would train students in a low resource and/or rural setting to encourage them to stay in the locale to practice dentistry.

- Initiate formalized recruitment and admission's processes that give preference to (1) rural students; and (2) students with demonstrated commitment to community service, for any Kansas-related dental school seats when selecting students to matriculate.

Charge: The Placement of a Branch Dental School in Kansas

- If the Board pursues the placement of a branch campus in Kansas from an existing dental school outside of Kansas, negotiations with an interested dental school (public or private) should be undertaken (e.g., UMKC, A.T. Still).

Charge: Securing Additional Seats at Neighboring Dental Schools

- "Purchase" seats at an amount approximately equal to the difference of out-of-state and in-state tuition (the student would pay the in-state tuition amount).

- A baseline in-state tuition rate should be established in the student agreement, with the State of Kansas covering the difference in tuition. For example, in implementing tuition assistance with a variety of out-of-state schools, Kansas might consider financial support equivalent to that provided for Kansas students attending UMKC through the existing reciprocal program, and the state of Kansas would pay the difference between the relevant school's applicable tuition and $32,238 (UMKC's current in-state tuition rate).

- In student agreements for seats, the student contract with the state of Kansas should include an agreement to return to Kansas to serve rural and other vulnerable populations for a specific period of time.

Charge: Utilization of Scholarship Programs to Attract and Retain Dentists

- Encourage the development of programs that promote local community-based solutions for scholarships and loan repayment programs that financially support and retain students/dentists to serve their community. This could include undergraduate scholarship funds, or funds for office costs/start-up, for a dentist as part of local community's development plan.

- Contracts between KBOR and the student receiving a scholarship or a loan repayment contract should include a requirement to work in an underserved area and/or serve those with limited access to dental care for a determined number of years.

- Once serving in high-need urban and rural settings, forgive a portion of graduate's educational debt if they stay for a certain amount of time providing services.

- If possible, require all students who fill new seats other than in Kansas (regardless of their involvement in loan repayment or scholarship program) to return and serve the State of Kansas; if they chose not to, the student would be indebted to the state through a substantial financial penalty.

Subcommittee Report:
Feasibility of a Dental School in Kansas

A four-member subcommittee on the *Feasibility of a Dental School in Kansas* was created by the Oral Health Task Force to address the Kansas Board of Regents' charge – "to study and make recommendations on the delivery of oral health in Kansas and assess the feasibility of a dental school in the state. "

The subcommittee addressed the following issues:

1. The critical elements needed to construct a dental school that could improve access to, and delivery of, oral health care to underserved areas and populations.
2. Recruiting and retaining students and faculty;
3. Prerequisites for dental students to become involved in community service.
4. When establishing the future direction of a school, the need to develop a shared/collaborative vision between the new dental school, the community of its location, and oral health care needs of Kansas.
5. The need to develop a non-traditional educational model that protects academic integrity *and* emphasizes the competent delivery of patient care in several settings – each setting highlighting an environment concerned with interest in patients and their welfare; as well as an inter-professional environment in which dental students function as members of a team of oral health care professionals.

Beginning in December 2011, the subcommittee studied , researched and created projected budgets for constructing and annually operating a new dental school based on projected class sizes of 40, 60 and 80; examined potential partnerships and required components of satellite clinics that will deliver oral health care to underserved populations; discussed the issues surrounding both faculty and student recruitment and retention; reviewed age distribution patterns in current and projected dental workforces (using various dental school class sizes); and discussed critical components of the processes necessary to obtain approval from the Kansas State Legislature and Governor.

Other critical issue discussed included establishing reciprocal agreements, designing incentive programs, and investigating other existing dental schools that could be used as models. The subcommittee agreed that, if a new dental school is built, it should be a unique, "out-of-the-box" model of dental education. It was also agreed that a new dental school should be one that is competency-oriented; encompasses multiple partnerships; and redesigns the traditional "fourth year" of school, where dental students spend their senior year serving in a Dental Care Service Desert, as well as providing service to other underserved populations.

Background

General U.S. Dental School Statistics:

- There are 62 U.S. dental schools (40 public, 18 private and 4 private/state-related).
- 14 states currently have more than one dental school, while 14 states do not have a dental school.

- 10 new dental schools are forecasted to open between 2014-2022.
- Major considerations when building a new dental school are program planning time, accreditation processes, and funding.
- One major problem in starting a new dental facility is faculty recruitment. In 2007 there were 365 unfilled faculty positions in the U.S.
- 91% of dental schools now require student rotation in clinics and/or in underserved areas.
- It is estimated that the number of new dentists will grow from the current 180,000 to 200,000 by 2030, and the primary issue is *where* new dentists will choose to practice in relation to underserved populations.
- The average student debt in 2011 was $124,397 (not including living expenses); and estimates for student debt load by 2015 are $175,000 to $200,000.

Feasibility Studies

The subcommittee reviewed feasibility studies (to build a new dental school) from the University of Florida, New Mexico Department of Health, Utah Medical Education Council, and the State Council of Higher Education for Virginia (potential VCU dental clinics), the Wisconsin Department of Health, and the Wyoming Department of Health. The subcommittee and the Task Force as a whole initiated discussions with representatives of some new dental schools and those under consideration, to include Lake Erie College of Osteopathic Medicine School of Dental Medicine, Bradenton, Florida; A.T. Still University, Arizona School of Dentistry and Oral Health, Mesa, Arizona and its campus in Missouri; and the East Carolina University School of Dental Medicine, Greenville, North Carolina. In the past few months, New Mexico has decided not to build a dental school but plans to construct some clinics in underserved areas. However, the University of Utah recently announced that a new dental school will join the University of Utah Medical Center complex in Salt Lake City, with a planned opening in 2013.

Financial Forecasts

Start-up costs of building a new dental school:

- The University of North Carolina ($86 million);
- University of Maryland ($140 million);
- University of Texas, Houston ($155 million); and
- University of the Pacific ($156 million).
- Start-up costs vary and depend upon the existence of facilities ready-to-use, and/or the size of a new facility.

Operating expenses:

- The average annual operating expenses for a new school range from $15 to $33 million.
- The amount of state contributions toward annual operating budgets is highly variable and depends upon both the state and higher education budgets.

A budget projection was prepared by the subcommittee based on a 40-student class size with projected start-up costs of $54 million and an annual operating budget projected at $14.5 million.

The subcommittee also prepared cost projections to build a new dental school using 60-student and 75 student class sizes. A new dental school admitting 60 new students per year would have start-up costs projected to be approximately $58 million with $19.5 million in annual operating costs. *Note: No satellite clinic budgets were included in the subcommittee's cost projections.*

New Dental School Model

The subcommittee extended an invitation to Dr. Greg Chadwick, Dean, East Carolina University School of Dental Medicine, Greenville, North Carolina, to present to the Task Force on March 30, 2012. Dean Chadwick willingly shared data regarding the development of ECU's new school and its deviance from the traditional model of dental education.

The ECU School of Dental Medicine opens in August 2012. The new facility houses high tech labs, to include a simulation lab (SIM lab) which gives students the opportunity to practice actual skills on mannequins and is considered to be an essential component of a "smart classroom." ECU's new facility also has technology equipped lecture halls, a special needs clinic, and state-of-the-art technology throughout the facility. ECU is employing a systems-based approach versus the traditional medical discipline-based approach to student instruction. One key element of the fourth year of study is working rotations in newly created Community Service Learning Centers (CSLC) throughout the state of North Carolina. Ten CSLC's are planned throughout the state and many are associated with existing community health centers (typically federally-qualified health centers).

East Carolina University believes its CSLC's will be economically sustainable, with dental students spending part of their senior year living and working in a rural area of the state where a CSLC is located. ECU received a $90 million appropriation from the North Carolina State Legislature for its new dental facilities ($60 million to construct main campus facilities and $30 million to fund ten CSLC's). The University forecasts a $16 million annual operating budget, based on North Carolina State Legislative budget appropriation forecasts. ECU believes they will make significant progress addressing the gap between dental practice patterns, locations of the practices of active practicing and licensed dentists, and access to oral health care in rural North Carolina.

In comparison, Kansas is a smaller state yet can take away many of the North Carolina school's attributes. Creativity would be required to address access to care issues for underserved populations. There was discussion that the potential exists to scale down the CSLC model in areas that house existing community health centers. Potential sites that have federally qualified health centers in Kansas are Emporia, Garden City/Dodge City/Liberal, Great Bend, Hays, Junction City/Manhattan, Pittsburg/Baxter Springs/Coffeyville/Iola, Salina and Wichita.

American Dental Education Association Presentation

Dr. Richard Valachovic, Executive Director, American Dental Education Association was invited to present to the full Task Force on April 24, 2012. Dr. Valachovic said the ADEA predicts there will be a surge of new dental schools and dental hygiene programs (including many that are web-based) with regional collaboration becoming the norm.

American Dental Education Association (ADEA) Data

- The ADEA predicts that the dental profession will continue to be a highly attractive career choice.
- 1982-2007: Seven dental schools closed (all private schools).
- Class sizes at many remaining schools experienced reductions (1980 there were 6,200 dental graduates vs. 4,541 dental school graduates in 2010).
- 12 new dental schools have opened, or will open, between 1997-2013 and include four public institutions: University of Nevada-Las Vegas School of Dental Medicine (2002); East Carolina University School of Dental Medicine (2011); University of New England College of Dental Medicine (2013); and the University of Utah Dental School (2013).
- Average class size: 75 students.
- The ADEA states there are four reasons to open a dental school:

    1. A university has an academic health center and they want to incorporate dental education;
    2. There is a large number of qualified applicants and the university wants to give them an opportunity;
    3. Positive regional economic impact; and
    4. Dental schools are able to address major access to oral health care issues by providing more dental school graduates.

The ADEA predicts that dental education will be delivered more like medical education: community based, use of part-time clinical faculty and full-time non-DDS research faculty, be technologically advanced; and be influenced by new generations of learners.

The subcommittee agrees that access to oral health care for all Kansans is essential. Whether they live in urban, suburban, or rural communities, or whether they are disabled, Medicaid/SCHIP beneficiaries or uninsured, access to quality oral health care impacts the overall well being and lives of children, adults and the elderly.

Data analyses were also make by the subcommittee reviewing the impact of increases in the number of dentists practicing in Kansas and the effect of having a dental school in Kansas in which dental students are predominantly Kansans. If a new school is built, a curriculum designed to encourage graduates to serve Kansas should be part of a pipeline of providers delivering oral health care to all Kansans - regardless of where they live.

By consensus, the subcommittee believes it is feasible to build a dental school in Kansas *if* numerous measures cited in this report are employed. However, the subcommittee also believes there are other ways, or a combination of solutions and/or mechanisms proposed by other subcommittees, that can mitigate the issues regarding access to oral health care in Kansas.

Subcommittee Members:
Dr. Michael Reed, chair
Dr. Peter Cohen, Senator Jeff Longbine, Mr. Kim Moore

Subcommittee Report:
The Placement of a Branch Dental School in Kansas

A four-member subcommittee on the *Branch Dental School in Kansas* was created by the Oral Health Task Force to address the Kansas Board of Regents' charge – "to study and make recommendations on the delivery of oral health in Kansas including "the placement of a branch campus in Kansas from an existing dental school outside of Kansas. "

The subcommittee addressed the potential of having a branch of an existing dental school locate in Kansas. This approach would add educational opportunities for dentists in Kansas and thereby increase the absolute number of dentists—capacity – in Kansas. This charge is not a new idea in Kansas. In 2004 conversations, prompted by preliminary interest from the University of Missouri at Kansas City (UMKC), were held about the prospect of locating third and fourth year dental education (primarily clinical) in Wichita for a portion of the UMKC classes. One potential reason for interest by UMKC was its difficulty in expanding clinical training facilities at its Kansas City campus, which limited its class size. The group which formed around this possibility moved to consider other dental education opportunities for Kansas when UMKC subsequently indicated that it would not be possible for that branch to develop. This process eventually spawned the Advance Education in General Dentistry (AEGD) residency program now housed at Wichita State University.

One factor influencing potential development of either a branch dental school or a residency program, such as Wichita State's AEGD program, is the likelihood that professionals, such as dentists, tend to remain in the geographic proximity of their final professional training. This strong tendency is supported by literature in the professional recruitment field and the Kansas experience. For example, there has been a strong clustering of UMKC dental school graduates in the KC metropolitan area; and the successful "planned location experiment" of educating medical doctors who go to western Kansas communities from the KU School of Medicine, Salina. If a branch campus or residency program is located near areas where more professional capacity is needed with clinical experiences in those areas provided, the dental school or program itself could be a positive factor in locating professionals where they are needed.

A branch dental school campus would have several possible advantages over a full dental school facility including:

1. The potential for quicker start-up (i.e., fewer accreditation issues);
2. Less infrastructure to develop and fund (although 3rd and/or 4th year programming is the most expensive part of dental education— primarily clinical experiences);
3. Building from existing, shared and presumably reliable resources (administration, recruitment capacity, existing curriculum, etc.) could mean lower per-unit costs in the long term; and
4. Utilization of the existing reputation of the parent dental school.

The disadvantages of a branch dental school campus include:

1. The lack of Kansas control over its long-term dental workforce needs (class size particularly);

2. The difficulty in making the branch campus of an existing school part of a new innovative dental school structure which attempts to address specific access issues through admission requirements (rural background, community service experience), type and location of clinical experiences, tuition breaks, etc.; and
3. The risk of future divergence of interests of Kansas and the host dental school, including potential loss of site.

Conclusion

The subcommittee ultimately could do little to explore the concept of a branch campus located in Kansas from an existing school since there is no branch dental school campus crossing state lines in the U.S. to explore or to model.[1] It seems unlikely that a state-supported dental school in one state would have much support from its state's governing body to undertake a branch campus (e.g., the 2004 UMKC experience). However, private dental schools have indicated an interest in extending operations such as clinical training, outside their home state, and may have missions that are not limited by state boundaries.

To truly explore the potential of a branch dental school campus – its real advantages and disadvantages – negotiations with an interested dental school (i.e., a private institution or UMKC) would need to be pursued to a considerable degree of specificity. That task is beyond the work of the subcommittee, or the Oral Health Task Force.

Key Discussion Points

Additional educational opportunities for dental education located in Kansas could be driven by several goals, to include:

1. Improvement in public access to dental services.
2. Economic development with the additional jobs located at the educational program as well as the practice venues themselves.
3. Institutional growth and prestige for an educational institution having the Kansas dental education program.
4. A desire to put more control of the quantity of the Kansas dental workforce in the hands of Kansans versus out-of-state institutions.

The first goal – improved public access to dental services – has several possible meanings to different people. The most likely access goal is the simple availability of sufficient dentists relative to the population (often expressed as dentists per 100,000); this might be termed

[1] Dr. Richard Valachovic, Executive director, American Dental Education Association, is unaware of any branch campus of a dental school in the United States or in Canada. He mentioned the regional Dental Education Program (RDEP-Creighton) which provides first-year dental education through the University of Utah for Utah residents. The remainder of their training takes place at Creighton. For dental graduates returning to Utah, the State of Utah reimburses $20,000 for each of three years of practice, effectively reducing total tuition. "Matriculation Agreements" do exist whereby a number of slots are reserved by a dental school for graduates of a particular undergraduate program. These inter-institutional arrangements could be supplemented by incentives from state government or private recourses to attract graduates back to the locale of the undergraduate program including specific desired locations (rural, dental HPSA) or type of practice (safety net clinic, Medicaid provider, etc.).

"capacity." However much of the work of the Oral Health Task Force has been spent considering more specific access issues:

1. Problems of geographic access in rural, particularly frontier, areas of Kansas.
2. Inadequate provider participation in public dental programs, such as Medicaid.
3. Difficulties of safety net providers in securing dentists for their job openings.
4. Specific-need populations, such as persons with disabilities, who are not always accepted as patients by dentists.

These more specific access issues involve the location of providers, provider practice culture and patterns, and compensation of providers. It is difficult to see how the blunt instrument – additional dental educational opportunities – can successfully address the more specific access issues outside of the limited training locations staffed by dental students, faculty and residents.

Subcommittee Members:
Mr. Kim Moore, chair
Senator Jeff Longbine, Mr. Kevin Robertson, Dr. Kathy Weno

Subcommittee Report:
Securing Additional Seats from Neighboring Dental Schools

A four-member subcommittee was created by the Oral Health Task Force to address the Kansas Board of Regents charge "to study and make recommendations on the delivery of oral health in Kansas by securing additional slots (seats) at neighboring dental schools. "

Background

The lack of a dental school has always required Kansas to fulfill its dental workforce needs with dentists that have graduated from dental schools outside of Kansas. Sending Kansas students out of state to dental school has created the situation of then having to lure these Kansas students back to practice in Kansas. The University of Missouri Kansas City (UMKC) School of Dentistry has served as the "Kansas dental school" as 85 dental seats are reserved for Kansas students (21-22/class) who pay the in-state tuition rate to attend UMKC. This is a reciprocal arrangement trading seats for in-state tuition in architecture (Kansas) and for dental (Missouri). Kansas requires no service obligation of these students nor are there any specific state incentives (such as loan forgiveness programs) designed to lure the students to return to practice dentistry in Kansas, or affect the practice location to underserved, rural or other areas.

According to the Kansas Dental Board, of the 204 new dental graduates that have located in Kansas over the past six years, 66% (135) are UMKC School of Dentistry graduates, while the remaining 34% (69) graduated from 32 other U.S. dental schools. Fourteen of the sixty-nine new Kansas dentists are graduates of the University Of Nebraska College Of Dentistry, while 11 are Creighton University School of Dentistry (Omaha, Nebraska) graduates.

State partnerships with out-of-state dental schools are not unique to Kansas. In addition to Kansas, Alaska, Arkansas, Delaware, Hawaii, Idaho, Montana, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Vermont and Wyoming do not have dental schools located within their borders, some of which have educational partnerships with other states.

Subcommittee Work

The subcommittee investigated the possibility of filling seats in out-of-state dental schools; the existence of, and potential agreements for out-of-state students; and the funding mechanisms for seats. When guaranteeing seats at a dental school for out-of-state students, the general practice is the student pays that state's in-state tuition rate and the requesting state "picks up" the balance between in- and out-of-state tuition, and at times, is assessed an additional surcharge. One issue that could arise is maxing out the number of available seats at partnering institutions.

Subcommittee members contacted neighboring dental schools as well as targeted private/for-profit schools to ascertain interest in providing "seats for Kansas students, and if there is interest in creating a satellite and/or a branch campus in Kansas.

The following questions were asked:

1. Does the university/college have dental school seats open that could be available to Kansas dental students? If so, how many are possible?

2. Does the university/college have agreements in place with other states (for dental seats)? If so, may we have a copy of their agreement – or a sample agreement to look at the agreement structure (who negotiates? who are the decision-makers? who administers?).

3. Does the university/college have any interest in creating out-of-state branches and/or a satellite dental school campus in the state of Kansas?

State/Institution	In-State Tuition	Out-of-State Tuition	No. of Seats	Est. Cost Per Seat
Colorado	$37,744	$54,789	TBD	$46,000
Iowa	$34,800	$56,270	None	N/A
LECOM	$48,000	$48,000	TBD	TBD
UMKC	$32,268 (tuition & fees)	$63,456 (tuition & fees)	None available	N/A
Creighton (Omaha)	$55,000 (tuition and fees)	$55,000 (tuition and fees)	10-12	$25,000 (Kansas decides)
Nebraska	$38,868 (tuition & fees)	79,178 (tuition & fees)	5	$30,000
Oklahoma	$17,406	$41,316	5	TBD
AT Still	$52,860	$52,860	5-10	TBD

General Information Obtained

Public Institutions

University of Colorado – Denver/School of Dental Medicine

- No information was available at this time.

University of Iowa College of Dentistry

- Unable to offer seats as it is counter to their mission which is to" train dentists for Iowa." It is doubtful their Board of Regents would approve offering seats to Kansas.
- Unable to offer seats due to space constraints (beginning a total 4-year renovation of clinics).

University of Missouri, Kansas City (Contact: Dr. Marsha Pyle, Dean)

- Class size - 107
- Called by some, the "Kansas Dental School" with approximately 21-22 Kansas dentists per class.
- Would like to continue collaboration with Kansas in a mutually beneficial way.
- Maxed out on available space for additional seats.

- Interested in partnering with Kansas, possibly including placing a satellite campus in Kansas with the number of students to be determined:
  - Using distance learning/clinical sites could vary and admission requirements controlled by Kansas.
  - Issued an RFP to hire a consultant to conduct a feasibility study summer/fall 2012 on the concept of establishing a satellite program in Kansas.

University of Nebraska/College of Dentistry (Contact: Dr. John Reinhardt, Dean)

- Class size – 45.
- Space is available and interest in an agreement with Kansas for 4-5 seats.
- Have an existing arrangement with Wyoming at $30,000 per student *(copy of the Wyoming Agreement as a support document available).*
- Wyoming student graduates must return and work in the state of Wyoming for 3-years.
- The process of acquiring seats goes through the Dean's office.

University of Oklahoma College of Dentistry (Contact: Dr. Steve Young, Dean)

- Class size – 56/42 Oklahoma students.
- 15% of students are from out-of-state.
- Very interested in an agreement with Kansas for 5-plus students per class.
- Have a current agreement with Arkansas for 2-3 students/class.
- Arkansas students pay in-state tuition (approx. $18,000) and the state of Arkansas pays the differential between in and out-of-state tuition ($47,000). Equals $29,000 per student/year.
- Total annual operating budget is $24 million – 40% from state appropriations.

Private and/or For-Profit Institutions

Creighton University School of Dentistry (Contact: Dr. Mark Latta, Dean)

- Class Size 85 students.
- They are losing 10 students in 2013 from Utah (the University of Utah's new dental school opens).
- Agreement would be signed by the Creighton University President, CFO and Dean of Dental School.
- Kansas would have to guarantee the number of seats of qualified applicants (the state of Nebraska certifies eligibility). Kansas would be able to "buy down' as much tuition as it deems appropriate. Most states making such out-of-state arrangements pay an amount that makes the student's portion of tuition at a neighboring school as close to in-state resident tuition as possible. For example, Kansas could pay approximately $25,000 per student per year while the student at Creighton would pay approximately $30,000/year, approximately the economic effect for the student in a similar arrangement at UMKC.
- Annual Tuition – A little over $50,000 plus fees ($5,500).
- Dean Latta suggested that students could do their 4th year of clinical rotations in Kansas at the Wichita AEGD, or another clinical facility.
- Creighton provided a sample agreement and is VERY interested in partnering with Kansas *(Appendix E).*

Lake Erie College of Osteopathic Medicine/School of Dental Medicine

- LECOM is located in Erie, Pennsylvania.
- Opening a School of Dental Medicine July 15, 2012 in Bradenton, Florida.
- Subcommittee member was unable speak with the dean, but did speak with the dean's executive assistant, and the director of affiliations for the university.
- LECOM interested in pursuing a Kansas relationship.
- Their current affiliation agreement uses an undergraduate approach, which the subcommittee had not considered, but it appears to be low-cost.
- The agreement would require some "return to Kansas" incentives as well as involving possible penalties.
- The purpose of LECOM's agreement is to establish an affiliation between parties for students to become eligible for early acceptance into their School of Dental Medicine (Early Acceptance Program).
- A maximum number of 5 students is accepted into the program with each affiliate *(Their 26-page Affiliation Agreement is available for review).*

A.T. Still University – AZ (Contact: Dean Jack Dillenberg)

- Interest in reserving seats for 5-10 Kansas students.
- Kansas can select the students for admission under an agreement (as long as they meet A.T. Still's academic and community service requirements).
- Could target rural, minority, or community-minded students and require them to return to Kansas.
- AT Still-AZ already has practicum sites in place in Kansas for their 3rd and 4th year dental students (Kansas has had at least 2 A.T. Still alumni take jobs in Kansas clinics to-date).
- Willing to work out an arrangement in their Arizona or Missouri schools (2012 Missouri class is full, but willing to talk about 2013).
- Option for Kansas to build a large clinical site where A.T. Still- Kirksville students could do their last 2 clinic years (they are doing this in St. Louis).
- Could send 15-20 students to Kansas to finish last 2 years of dental school at the clinical site (Kansas would have to build the clinic facility – probably to be in conjunction with a federally qualified health center; and assist with ongoing costs of providing treatment to patients unable to pay).
- Possibility of doing residency programs at the clinical site (similar to the Wichita AEGD).
- All A.T. Still students are required to do community service prior to admission (they receive a certificate in public health on graduation). They can also earn a Master's in Public Health concurrently.

Conclusion

Increasing the number of seats at the University of Missouri – Kansas City School of Dentistry may appear to be the most logical solution to increasing Kansas' out-of-state dentist education opportunities. This solution, however, is not viable according to Dr. Marsha Pyle, Dean of UMKC's School of Dentistry. She stated that the dental school does not currently have the capacity to add to the number of seats reserved for Kansas students. However, UMKC is

interested in pursuing other mutually beneficial opportunities to meet the dental needs of Kansas, such as a satellite branch campus, or branches, in Kansas.

Other regional dental schools also have significant interest in partnering with Kansas for dental seats. These arrangements would likely have similar arrangements whereby the State of Kansas would "purchase" the seats at an amount approximately equal to the difference of out-of-state and in-state tuition. The dental student would then pay the in-state tuition amount. A similar arrangement would also be true of the private schools contacted. Although they do not differentiate in-state and out-of-state tuition amounts, Kansas could determine an amount that would likely set tuition more in line with in-state tuition at a public dental school. It was suggested that in-state tuition and fees at UMKC School of Dentistry be set as the baseline for new agreements with out-of-state dental schools.

Creighton University has the most seats available (10-12) and has the most flexibility as it is a private institution. The Dean of the Creighton School of Dentistry indicated a willingness/desire to have Kansas students do their fourth year of clinical rotations in the state of Kansas. Agreements with the state of Kansas would be handled through their university president and should not require the political bureaucracy of a public governing board. For example, if Kansas paid $25,000 per year, per student, for 10 Kansas dental students, the state SGF appropriation would need to be $1 million/year to maintain the funding for the seats.

Subcommittee Members:
Mr. Kevin Robertson, chair
Senator Jeff Longbine, Mr. Kim Moore, Dr. Michael Reed, Dr. Kathy Weno, Representative Valdenia Winn

Subcommittee Report:
Utilization of Scholarship Programs to Attract and Retain Dentists

The five-member subcommittee on the *Utilization of Scholarship Programs to Attract and Retain Dentists* was created by the Oral Health Task Force to address the Kansas Board of Regents' charge – "to study and make recommendations on the delivery of oral health in Kansas and the utilization of a scholarship program to attract and retain dentists in Kansas. "

Available Incentive Programs

The subcommittee reviewed existing incentive programs as well as other recruitment programs at KDHE, KU, and WSU. It was concluded that two of the most successful programs available are the incentive program for military dentists, which offers monthly scholarship stipends, early commissioning, and special pay for dental officers; and the Indian Health Service Loan Repayment program, which operates under a ranking system and fills staff vacancies in Indian Health Service clinics.

Student loan repayment programs are available through the federal Health Resources and Services Administration (HRSA) via the National Health Service Corps (NHSC) and the state of Kansas for dentists that practice in designated dental professional shortage areas. Designations are made at the Kansas Department of Health and Environment using federal policies and guidelines. Currently 93 of 105 counties qualify as some type of Health Professional Service Area (HPSA).

The Kansas State Loan Repayment program (also funded by HRSA and the State of Kansas) offers similar loan repayment amounts for dentists who agree to practice in shortage areas for at least two years. To qualify for either program (NHSC or KSLR) a dentist must be a U.S. citizen, work in a practice that takes Medicaid patients, and must offer a reasonable sliding fee scale for patients with limited ability to pay. Most Kansas private dental practices do not offer a sliding fee scale, so almost all dentists receiving state and federal loan repayment assistance work in safety net clinics. Both programs are administered by the Kansas Department of Health and Environment.

Note: In order to qualify for either loan repayment program, both federal and state programs require the dentist to have no outstanding practice obligations. This means that if KBOR creates any type of obligation for Kansas dental students to return to Kansas to practice, regardless of where they might attend dental school, this could jeopardize their eligibility for loan repayment through existing federal and state programs.

Current Student Recruitment Programs in Kansas

Wichita State University Dental Camp: A 3 day/2 night summer dental camp offers high school juniors and seniors the opportunity to explore a career in dentistry. Events include hands-on interactive experiences in the Advanced Education in General Dentistry (AEGD) dental clinic, academic instruction that includes dental terminology and exposure to the different fields of

dentistry. The camp provides students a learning platform to gain knowledge of careers in dentistry.

Pre-Dental Clubs: Club participation is available at K-State University, University of Kansas and Wichita State University. These clubs serve students who are considering a career in dentistry as undergraduates, and they provide a potential pipeline for sharing information and career options to future dental school students.

KDHE Dental Club: Club for high school students to get rural and minority students interested in dental careers. The program offers college scholarships for students making a commitment to be dentists and hygienists.

Recommendations & Key Points

The following key points and recommendations focus on the recruitment and retention of dentists and linking them into community settings:

1. Increasing Community Involvement in the Recruitment and Retention of Dentists

    - While federal and state loan programs help to encourage dentists to serve in safety net settings, these programs do not address the needs of all Kansans in need of a dentist's care and services. For example, low income or individuals/families who are the "working poor" – those whose income exceeds the poverty level required for public insurance or those who may have limited or no dental health insurance plan through their employer – may not be able to access care at some safety net clinics given how busy these providers are with serving the uninsured. If programs can be developed as models that encourage local community-based solutions that would be ideal. Rather than compete with loan repayment programs, such programs might involve county or city commissions offering undergraduate scholarship funds or funds for office costs/start-up for a dentist as part of local economic development. The community must also be cognizant of the "spouse factor" (attracting a new dentist's spouse to the area) in developing programs to retain the dental professional.

    - A program that would incent safety net clinics, primary care health care clinics and/or public health departments to provide practice sites, and provide enough funding to support the addition of a new Kansas dental graduate could also augment the dental workforce. Once serving in these settings, it could be possible to forgive a portion of their educational debt if a graduate stays for a certain amount of time providing services to the community.

2. Required Student Obligations

    - If securing seats at other dental schools is selected as an option, contracts with new affiliates should include significant modifications to serve Kansas' need for dental health care. The subcommittee recommends that KBOR consider requiring all students who fill new seats to return and serve the state of Kansas; if they

chose not to, the student would be indebted to the state through a substantial financial penalty.

- Require that new dentists fulfill a social obligation role – i.e., perhaps require that they participate in and take patients who have Medicaid coverage. This requirement would need to be scaled to represent a target percent of the dentist's patient panel to ensure the commitment was more than one only made on paper and did not prevent practice financial viability.

- If a new dental school is built, contracts between KBOR and the student receiving a scholarship or a loan repayment contract should include a requirement to work in an underserved area a determined number of years. The subcommittee estimates one full tuition and fee scholarship per year is $32,243; based upon the average resident tuition of near state public dental schools. Therefore a 4-year tuition and fee scholarship is approximately $129,000.

3. Financing

- Securing seats at other dental schools (beyond the current arrangement with the University of Missouri Kansas City) may be selected as an option to increase the number of dentists for Kansas. This option would impact the state budget because none of the other locations are interested in reciprocity for seats in existing Kansas programs; therefore financial compensation would be expected.

- The Board should investigate how to invoke student loan restrictions (obligation to serve in Kansas for a determined number of years) when providing scholarship and/or loan repayment incentives. Again, students (subject to such restrictions) would not be eligible for NHSC or other federal/state loan repayment programs. The financial cost to the State of Kansas would depend on the structure designed.

- Systems must be created to close the financial gap between dental practices in rural vs. non-rural communities. When disparity exists because of the patient pool available to a practice or to remote location and low income of the population served, dentists will naturally select more desirable locations for practicing because of financial drivers in their selection process. In order for a dental practice to be sustainable as a going venture *and* be competitively attractive to a dentist, financial factors must be equalized. Only when these disparities are reduced or eliminated can communities effectively "compete" to attract a dentist to their location.

- Ways to leverage financial capacity that would support new scholarships or loan forgiveness programs should be studied, to include finance options with Delta Dental, Indian Health Service (IHS), American Dental Education Association (ADEA), Military, and statewide health foundations.

- A "dentistry bridging loan program" could be created, patterned largely after the existing Kansas medical bridging loan program, for the purpose of attracting new

dental graduates to underserved areas of Kansas *(refer to 2008 Senate Bill 597).* The program could be structured requiring a community match which would serve as an incentive at a minimal cost to the state. Both the state and the local community could provide a three-year loan of $8,000/per year ($16,000 total). The dental student would then have a service obligation to "repay" the loan by practicing dentistry for three years in that underserved community. The four-year total loan grant received by the dental student would $48,000. Four "loans" per year could impact 12 awardees resulting in an annual appropriation of $96,000 (increases in the loan amount or number of recipients would obviously increase the appropriation). Students failing to complete their obligation to practice would be required to repay the fund administration within ninety days at 15% interest. According to the KU Medical Center Office of Rural Heath (2008), the similar physician program has an 11% default rate and a 74% retention rate of those physicians who stay in rural Kansas after their obligation is completed. The Kansas Bureau of Oral Health is the logical agency to administer a bridging loan program.

4. Program Structure

- If a new Kansas dental school is recommended, the subcommittee believes it should be modeled using the same logic that lead KU to locate its new campus in Salina and expansion of the medical school program from two to four years in Wichita – we know that there is a relationship between where medical students train and where they may intend to practice. For example, locating a dental school in a rural setting would be deliberate to: 1) attract rural students to the field of dentistry; and 2) train students in a low resource and/or rural setting that may encourage new dentists to stay in the area (or one similar) and practice after graduation (akin to the primary care physician model).

- When medical students have exposure to various settings (e.g., safety net care; rural primary care clinics, etc.), they report a greater likelihood of practicing in similar settings after graduation. Dental students have very little exposure to the very communities and care settings where they are most needed; hence they have little connection to these settings and little knowledge regarding the demand and need for dental care. KBOR could advocate for modifying current dental students' exposure to rural practices by significantly extending their rotation time in said practices and building a mentoring/shadowing system. This may require incenting private practice and safety net dentists to precept students (term used when a licensed medical provider mentors a student in a real life setting; there is the possibility of offering stipends to incent dentists to take this on this role), or to do so for longer periods of time than currently practiced. Longer rotations in underserved areas would permit dental students to become more involved in the community This might make them be more likely to consider and recognize the value of providing service to an underserved community.

- A formalized process should be initiated that gives preference to rural students for any Kansas-related dental school seats when selecting students to matriculate.

Recruiting students from a rural setting is highly likely to result in at least some of those students returning to practice in the same or similar setting.

- When educational mission aligns with service, academic institutions can have a substantial influence over the "product" they train – in this case, new dentists. If KBOR chooses to start a dental school or continue to advocate or expand educational opportunities for Kansans to be trained at neighboring state dental schools, the subcommittee strongly agreed that the institution(s) should be required to have a focus on educating dentists who will serve rural and under-resourced communities and treat underserved patients, and these institutions need to be held accountable to that mission.

Conclusion

On March 30, 2012, by consensus, the Oral Health Task Force subcommittee agreed that scholarships, incentives and loan repayment programs are essential in order to place dentists in underserved areas of Kansas. The solution for scholarship and loan repayment programs is a mix of recruitment, retention and community efforts.

Subcommittee Members:
Dr. Kim Kimminau, chair
Regent Robba Moran, Dr. James Van Blaricum, Dr. Kathy Weno,
Representative Valdenia Winn

APPENDIX A – TASK FORCE MEMBERSHIP

Dr. Peter Cohen
Dean
College of Health Professions
Wichita State University

Dr. Kim Kimminau
Associate Professor
Dept. of Family Medicine
University of Kansas Medical Center

Mr. Jeff Longbine
Senator & Emporia Businessman
Kansas State Senate

Mr. Kim Moore
President & CEO
United Methodist Health Ministry Fund

Ms. Robba Moran
Regent
Kansas Board of Regents

Dr. Michael Reed
Former Dean
UMKC School of Dentistry

Mr. Kevin Robertson
Executive Director
Kansas Dental Association

Dr. Daniel Thomas
Oral Health Task Force Chair
Periodontist

Dr. Andy Tompkins
President & CEO
Kansas Board of Regents

Dr. James Van Blaricum
Former President, Kansas Dental
Association & Retired Dentist

Dr. Katherine Weno
Director
Kansas Bureau of Oral Health

Ms. Valdenia Winn
Representative & College Professor
Kansas House of Representatives

APPENDIX B – DENTAL STUDENT ENROLLMENT PROJECTION TABLES

Table 1 **40 graduates + 10 IDP, 70% retention of 40, 0% IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.9	48	4.1	50	3.9
<35	181	13.5	250*	21.3	280	24.7	280	23.9	280	22.0
35-44	247	18.4	181	15.4	250	22.1	280	23.9	280	22.0
45-54	326	24.2	247	21.0	181	16.0	250	21.3	280	22.0
55-64	397	29.5	326	27.8	247	21.8	181	15.5	250	19.7
65+	158	11.7	130	11.1	130	11.5	130	11.1	130	10.2
TOTALS	1345		1174		1132		1169		1270	

**** This figure projects a stabilization of new licensees during the rest of the decade 2010-2019***

Table II **40 graduates + 10 IDP, 80% retention of 40, 0% retention of IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.8	48	3.8	50	3.6
<35	181	13.5	250*	21.3	320	27.3	320	25.6	320	23.0
35-44	247	18.4	181	15.4	250	21.3	320	25.6	320	23.0
45-54	326	24.2	247	21.0	181	15.4	250	20.0	320	23.0
55-64	397	29.5	326	27.8	247	21.0	181	14.5	250	18.0
65+	158	11.7	130	11.1	130	11.1	130	10.4	130	9.4
TOTALS	1345		1174		1172		1249		1390	

Table III **50 graduates + 10 IDP, 70% retention of 50, 0% retention of IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.7	48	3.7	50	3.3
<35	181	13.5	250*	21.3	350	29.1	350	26.7	350	23.6
35-44	247	18.4	181	15.4	250	20.7	350	26.7	350	23.6
45-54	326	24.2	247	21.0	181	15.1	250	19.1	350	23.6
55-64	397	29.5	326	27.8	247	20.6	181	13.8	250	16.8
65+	158	11.7	130	11.1	130	10.8	130	9.9	130	8.8
TOTALS	1345		1174		1202		1309		1480	

Table IV 50 graduates + 10 IDP, 80% retention of 50, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.5	48	3.4	50	3.1
<35	181	13.5	250*	21.3	400	31.9	400	28.3	400	24.5
35-44	247	18.4	181	15.4	250	19.9	400	28.3	400	24.5
45-54	326	24.2	247	21.0	181	14.5	250	17.7	400	24.5
55-64	397	29.5	326	27.8	247	19.7	181	12.8	250	15.3
65+	158	11.7	130	11.1	130	10.4	130	9.2	130	7.9
TOTALS	1345		1174		1252		1409		1630	

0 % retention of 50, 0 % retention of IDP

Table V 60 graduates + 10 IDP, 70% retention of 60, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.5	48	3.3	50	2.9
<35	181	13.5	250*	21.3	420	33.0	420	28.9	420	24.8
35-44	247	18.4	181	15.4	250	19.6	420	28.9	420	24.8
45-54	326	24.2	247	21.0	181	14.2	250	17.2	420	24.8
55-64	397	29.5	326	27.8	247	19.4	181	12.5	250	14.7
65+	158	11.7	130	11.1	130	10.2	130	8.9	130	7.7
TOTALS	1345		1174		1272		1449		1690	

Table VI 60 graduates + 10 IDP, 80% retention of 60, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.3	48	3.0	50	2.7
<35	181	13.5	250*	21.3	480	36.0	480	30.3	480	23.4
35-44	247	18.4	181	15.4	250	18.7	480	30.3	480	23.4
45-54	326	24.2	247	21.0	181	13.6	250	15.8	480	23.4
55-64	397	29.5	326	27.8	247	18.5	181	11.7	250	13.7
65+	158	11.7	130	11.1	130	9.7	130	8.2	130	7.1
TOTALS	1345		1174		1332		1579		1820	

Table VII 70 graduates + 10 IDP, 70% retention of 70, % retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.3	48	3.0	50	2.6
<35	181	13.5	250*	21.3	490	36.5	490	30.8	490	25.8
35-44	247	18.4	181	15.4	250	18.6	490	30.8	490	25.8
45-54	326	24.2	247	21.0	181	13.5	250	15.7	490	25.8
55-64	397	29.5	326	27.8	247	18.4	181	11.4	250	13.1
65+	158	11.7	130	11.1	130	9.6	130	8.2	130	6.8
TOTALS	1345		1174		1342		1589		1900	

Table VIII 70 graduates + 10 IDP, 80% retention of 7, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.1	48	2.8	50	2.4
<35	181	13.5	250*	21.3	560	39.7	560	32.3	560	26.5
35-44	247	18.4	181	15.4	250	17.7	560	32.3	560	26.5
45-54	326	24.2	247	21.0	181	12.8	250	14.4	560	26.5
55-64	397	29.5	326	27.8	247	17.5	181	10.5	250	11.8
65+	158	11.7	130	11.1	130	9.2	130	7.5	130	6.2
TOTALS	1345		1174		1412		1729		2110	

APPENDIX C – FEASBILITY OF A DENTAL SCHOOL DATA

The following data examines:

1. The current situation with projections over the next four decades;
2. The impact of a dental school in Kansas on the number of active practicing dentists;
3. Projected costs involved in building a dental school to accommodate up to an average of 65 students per year.

TABLE I: Number and Age Distribution of Actively Practicing Dentists

Year	2007		2008		2009		2010		2011	
Age	N	%	N	%	N	%	N	%	N	%
Unknown	35	2.7	31	2.3	35	2.6	36	2.6	42	2.6
<35	176	13.6	184	14.2	186	13.9	181	13.5	176	13.0
35-44	232	17.9	217	16.7	225	17.7	247	18.4	248	18.4
45-54	392	30.1	375	28.9	357	26.9	326	24.2	305	22.6
55-64	334	25.8	351	27.0	367	26.8	397	29.5	410	30.4
65+	127	9.8	141	10.8	149	11.3	158	11.7	168	12.4
Total	1295		1299		1329		1345		1349	

Notes:

- The number of dentists younger than 35 years of age has steadied over the last five years.
- The total number of dentists has increased by 54 over this period mainly due to retention in the 55-64 year old group and the 65+ age group (likely due to delayed retirement).
- 2007-2011 about 34 new dentists per year have acquired Kansas Dental Licenses
- About 21 graduates are from UMKC.
- Most new licensees are under 35 years of age.
- In this model anticipates each new dentist moves through their age range to the next highest group over a 10-year period.

- Assumption: the low number of < 35 year olds is because UMKC had less than 20 Kansas residents per class from the mid-1990s to about 2005.

Note: Kansas has been dependent upon UMKC for its dentists over the past five decades. However, since 1960 graduating classes at UMKC have varied from over 150 graduates per year to as low as 60. This did affect the number of Kansas graduates per year until a recent stabilization at 20 students per class.

TABLE 2: Projected Number of Dentists for the Next Four Decades (no dental school or other changes in current status)

Year	2010		2020		2030		2040		2050	
Age	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.9	48	4.1	50	3.9
<35	181	13.5	250	21.3	280	24.7	280	23.9	280	22.0
35-44	247	18.4	181	15.4	250	22.1	280	23.9	280	22.0
45-54	326	24.2	247	21.0	181	16.0	250	21.3	280	22.0
55-64	397	29.5	326	27.8	247	21.8	181	15.5	250	19.7
65+	158	11.7	130	11.1	150	11.5	1130	11.1	130	10.2
Total	1345		1174		1132		1169		1270	

- Kansas population forecast by 2040 is 3 million.
- 2050 the number of practicing dentists is forecasted to stabilize with equal numbers in each age group.
- All baby boomers will have retired by the 2030's

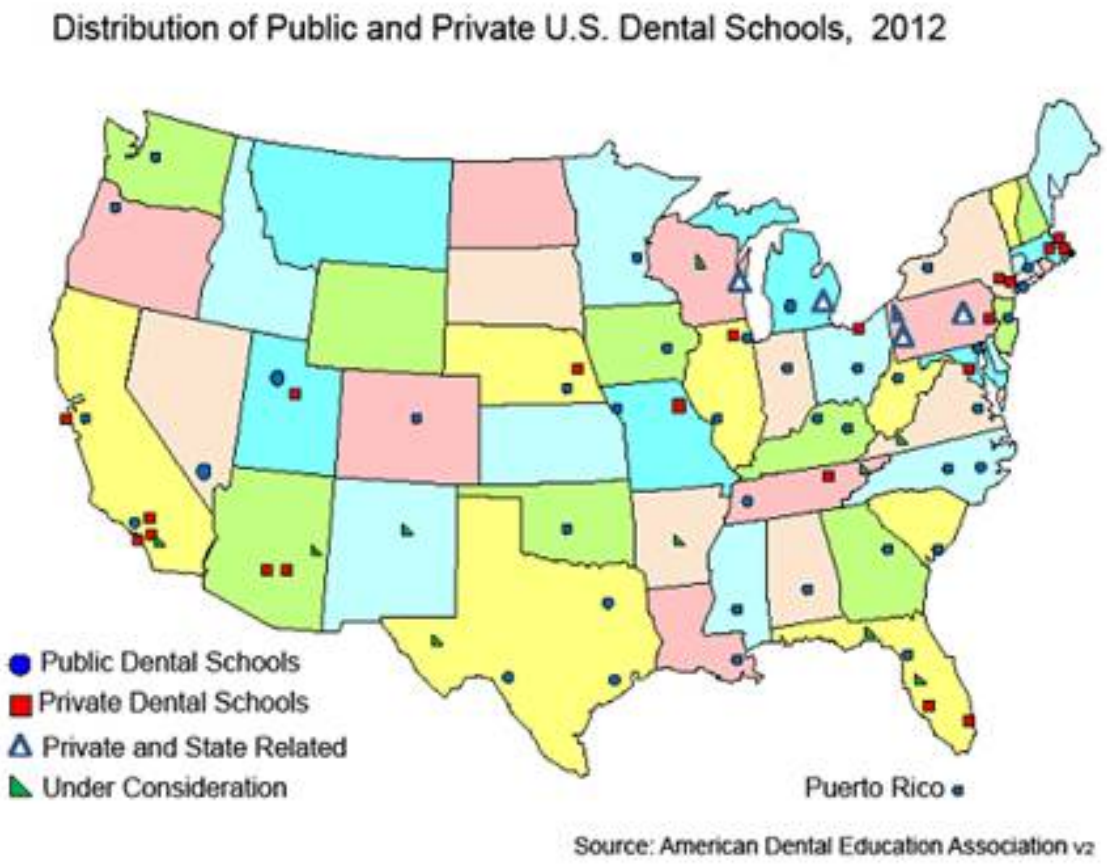
<u>If a dental school is built in Kansas:</u>

- First graduating class would be 2019-2020
- No numerical impact of a new school on the number of practicing dentists 2010-2020.
- Patient care 2010-2020 would be provided by students during their educational program.
- Class-sizes could rise to 60 students in addition to approximately 10 students in the International Dental Program enrolled in junior/senior classes.
- 2009-2012 an average of 75 qualified Kansas applicants have applied to the UMKC School of Dentistry (20 are selected each year).
- Building a new dental school in Kansas may double the number of first year slots available each year to Kansans at in-state tuition.

Time Table for UMKC School of Dentistry – Kansas Residents

2011-2012				2012-2013				2015-2016 or 2016-2017				2016-2017 or 2017-2018				2017-2018 or 2018-2019				2018-2019 or 2019-2020			
F	S	J	S	F	S	J	S	F	S	J	S	F	S	J	S	F	S	J	S	F	S	J	S
20	20	20	20	20	20	20	20		20	20	20			20	20				20				
KS RESIDENTS AT OTHER SCHOOLS				10	10	10	10		10	10	10			10	10				10				

APPENDIX D – MAP OF U.S. DENTAL SCHOOLS 2012



SOURCE: AMERICAN DENTAL EDUCATION ASSOCIATION
http://www.adea.org/deansbriefing/Pages/default.aspx

APPENDIX E
SAMPLE-DRAFT OF THE CREIGHTON DENTAL EDUCATION PROGRAM AGREEMENT

I. Agreement

This agreement, dated _____ between _____and Creighton University, a Nebraska nonprofit corporation (hereinafter referred to as "Creighton"), establishes the [redacted]-Creighton Dental Education Program (hereinafter referred to as "the Program") and does not supersede any preexisting agreements between the [redacted] and Creighton University.

II. Witnesseth

Whereas Creighton has an established fully accredited school of dentistry and none exists within the State of Kansas; and

Whereas the State of Kansas, through [redacted], desires to become part of the regional dental education efforts of Creighton University; and

Whereas the State of Kansas, [redacted], desires to establish a program under which the State of Kansas will pay for students to receive their professional training in dentistry in order to induce them to practice in Kansas;

Now, therefore, it is mutually agreed as follows:

III. Positions Reserved

Creighton will reserve [redacted] positions in its accredited School of Dentistry for Kansas residents for each academic year following the date of this Agreement and continuing for the length of the Agreement.

IV. Admission Requirements

A. Positions reserved by Creighton pursuant to Section III above shall be available only to applicants certified as residents of the State of Kansas. [redacted] The residency determination made by the designated process of Kansas may be appealed in accordance with procedures established by Kansas. Residency determinations shall not be made by Creighton. Applicants under this program will compete only with other certified Kansas applicants for the positions reserved for Kansas. In addition to being certified by Kansas as a Kansas resident, all candidates must meet all requirements specified in Kansas law. No unqualified applicants will be eligible for a position reserved pursuant to this Agreement.

B. Applicants who have been certified by Kansas pursuant to Section IV.A ("Certified Kansas Applicants") will be reviewed by Creighton's School of Dentistry Admissions Committee which shall include input from a Kansas Admissions Subcommittee composed of at least two (2) members from Kansas. [redacted]

[redacted] A member of the CU KANSAS Admissions Subcommittee appointed under this Agreement shall not participate in the consideration of any Certified Kansas Applicant where there exists a conflict of interest or the appearance of a conflict of interest.

C. All Certified Kansas Applicants must be qualified for admission to dental school as defined by Creighton consistent with its own internal rules, regulations and requirements. Creighton's School of Dentistry shall have final authority regarding admission of Certified Kansas Applicants, and no Certified Kansas Applicants shall attend Creighton's School of Dentistry as Kansas Reserved Students under this Agreement unless admitted by Creighton.

D. [redacted]

V. Extension of Study, Withdrawal, Dismissal, or Leave of Absence

A student in Creighton's School of Dentistry who holds a reserved and committed position pursuant to this Agreement ("Kansas Reserved Student") may elect to voluntarily seek a leave of absence from school for non-academic reasons. The creation of such a temporary vacancy will not result in any loss of entitlement to the reserved and committed position. Any Reserved Student seeking a voluntary leave of absence is required to request and obtain authorization for the leave from Creighton, with the approval of Kansas. Leaves of absence under this authority shall not be granted for more than one (1) academic year.

A Kansas Reserved Student may voluntarily withdraw for personal or academic reasons or may be dismissed for academic or non-academic reasons. In the event of voluntary withdrawal or involuntary dismissal, the Reserved Student will lose all rights and privileges of the reserved position. Creighton and Kansas may mutually agree that the reserved vacant position may be filled. If the vacant position is not filled with a student under this Agreement, the costs of attendance payable by Kansas shall be reduced accordingly and proportionally relative to the Reserved Student's departure date from Creighton's School of Dentistry.

The parties agree that the great majority of students under this Agreement will complete their dental school education in four (4) years of study. To the extent that such does not occur, the parties agree to negotiate in good faith regarding modifications to this Agreement to address the additional costs resulting there from. Students under this Agreement who take longer than four (4) years of instruction to complete the program shall be responsible for the costs of attendance for additional instruction required to complete the program.

VI. Rules and Regulations

Except as otherwise expressly provided for in this Agreement, all students holding reserved positions under this Agreement, shall be subject to all applicable rules, regulations, and requirements of Creighton and Creighton's School of Dentistry.

VII. Costs of Attendance

A. For the purpose of this Agreement, "Kansas Costs of Attendance" means:

(1) Tuition at the then-current rate in effect at Creighton for its School of Dentistry as indicated in attached "Schedule A", which is made a part of this Agreement;

(2) Program Fees as indicated in attached "Schedule A"; and

(3) Mandatory Creighton School of Dentistry fees, including Sterilization and Instrument Management System (SIMS) Fees as indicated in attached "Schedule A". Kansas shall pay the Kansas Costs of Attendance to Creighton for all Reserved Students.

B. For purposes of this Agreement, "Other Student Costs of Attendance" means mandatory Creighton University fees, elective or optional School of Dentistry fees, health insurance, books and supplies as well as other costs of attendance not specified as Kansas Costs of Attendance. Other Student Costs of Attendance shall be paid by the Kansas Reserved Student to Creighton in the time and manner required under Creighton's policies and procedures regarding payment of such fees. Creighton shall be responsible for informing Reserved Students of the Student Costs of Attendance in a timely manner so as to allow Reserved Students to pay such fees on time.

VIII. Program Costs

Creighton shall submit annual statements to Kansas including the name and class standing of Reserved Students and the Kansas Costs of Attendance for each Reserved Student. Kansas shall pay the Kansas Costs of Attendance as invoiced within thirty (30) days of receipt of invoice. For the 2012-2013 School year, it is agreed that the total of remittance will equal $66,545 per Kansas Reserved Student.

For 2013-2014 and beyond, Kansas will work with Creighton [redacted] to determine future cost levels that are indexed to the average increases in cost of education at the two institutions.

IX. Fiscal Responsibility

A. [redacted] shall designate an employee of Kansas to serve as the fiscal agent responsible for payment of Program Costs under this Agreement. All funds to be paid by Kansas to Creighton under this Agreement will be paid as provided in Section VIII. For the 2012-2013 academic year, Kansas will pay the costs of attendance set forth in Section VIII for each Reserved Student. Costs of attendance for subsequent academic years shall be as determined by Creighton in keeping with Section VIII above. If a Reserved Student receives an academic extension for more than four (4) academic years of study, the costs of attendance any years exceeding 4 years shall be the responsibility of the Kansas Reserved Student and will result in no financial obligation on the part of Kansas or Creighton.

B. Creighton assumes no responsibility for, and Kansas shall not hold Creighton responsible for, administration of, or student compliance with, Kansas's requirement that the student repay the costs of attendance by practicing in Kansas or through the payment of funds.

C. Creighton will provide Kansas with an annual detailed accounting of the number, name, class level, status, and program costs associated with the Reserved Students who occupy, or have occupied a reserved position in the Creighton School of Dentistry under this Agreement.

D. Kansas agrees to include the costs of Kansas's participation in the Program under this Agreement in its budget requests submitted [redacted] to the [redacted] legislature and will use its best efforts to secure adequate appropriations to make all payments due under this Agreement. If, however, the appropriation is insufficient to meet the total cost for an academic year, Kansas will not be obligated for costs beyond the funds appropriated, and Creighton will not be obligated to admit additional Kansas students until adequate funds are available.

E. If no legislative appropriation is made to Kansas for this Program for any academic year, then Creighton agrees to continue each Kansas Reserved Student providing the student complies with all applicable rules, regulations, and requirements of Creighton School of Dentistry and pays all costs of attendance as defined in this Agreement.

F. Refunds of Kansas Costs of Attendance Fees by Creighton for Reserved Students whose enrollment is terminated during the academic year shall be subject to the same rules and regulations applied generally to Creighton students, provided, however, that the Administrative Fee set forth in Section VII.A.2 shall not be refundable to Kansas after the start of the academic year in which it is owed. Any refunds of Kansas Costs of Attendance Fees due and owing under Creighton policy will be made to Kansas. Any refunds of tuition or credit toward outstanding obligations of a Kansas student under this Agreement shall be made by Kansas in accordance with its contract with the student.

G. Any refunds of Student Costs of Attendance Fees for a Kansas Reserved Student whose enrollment is terminated during the academic year shall be subject to the same rules and regulations applied generally to Creighton students. Such refunds of Student Costs of Attendance Fees for a Kansas Reserved Student shall be paid by Creighton to the Reserved Student.

X. Students Rights

Rights and obligations of students under this Program are included in a separate contract between the student and Kansas.

XI. Information to Kansas

Creighton will provide an annual report to Kansas regarding the Program in a form and containing information as the parties mutually determine. Reasonable additional reports may be required for successful operation of the program and to provide information to Kansas policymakers.

XII. Amendments and Termination

This Agreement may be amended or terminated at any time upon mutual written consent of the agreeing parties. The Agreement is terminated if the Creighton School of Dentistry ceases to be accredited.

This Agreement may be terminated, without cause, by either party upon written notification to the other. Upon receipt of notice of termination by the non-terminating party, this Agreement will

continue in force for a period of time necessary to provide those students who have been accepted, as well as students then enrolled and participating in the program, an opportunity to complete their degree requirements, but not to exceed four (4) academic years following the year in which the notice of termination is received. After receipt of the termination notice, no new students will be accepted to the Program.

XIII. Term of the Agreement

This Agreement shall expire on June 30, 2018, but shall be automatically renewed for successive four (4) year periods, unless terminated.

XIV. Sovereign Immunity

Kansas does not waive its sovereign immunity or its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement.

This Agreement is intended to be a contract only between Creighton and Kansas, enforceable by the parties hereto, and no other party shall be entitled to claim under or by virtue of this Agreement as a Third-Party Beneficiary of this Agreement.

XV. Equal Opportunity

Both parties shall fully adhere to all applicable local, state, and federal laws regarding equal opportunity. In the performance of this contract, both parties agree to offer equal opportunity to all officers, faculty, and staff members, and applicants for employment on the basis of their demonstrated ability and competence and without regard to race, color, national origin, sex, religion, sexual orientation, political belief, age, veteran status, or disability.

XVI. Effective Date of Agreement

This Agreement becomes effective when it is signed by all parties.
In witness thereof, by their signatures below the parties hereto have executed this Agreement on the date here indicated.

_____ _____

_____ _____

Dean, College of Health Sciences
[redacted]

Dean, School of Dentistry
Creighton University

Approved as to form:

Approved as to form:

_____ _____

Legal Office
[redacted]

Legal Office
Creighton University

SCHEDULE A
2012-2013 CREIGHTON – Kansas PROJECTED PROGRAM COSTS

1.	Tuition	$49,132
2.	Freshman D1 SIMS Fee	5,100
3.	Program Costs	12,313
TOTAL		$66,545

_____
[redacted]

_____
President, Creighton University

_____
Chief Academic Officer,
[redacted]

_____
Vice President, Administration and Finance
Creighton University

_____
Dean, College of Health Sciences
[redacted]

_____
Dean, School of Dentistry
Creighton University