

Recruiting & Retention Plan for FAU's College of Dentistry--Quarterly Update, May 2023

1. QUESTION PRESENTED

The Florida Board of Governors (BOG) has asked for Florida Atlantic University's (FAU) clarification and elaboration on several subject matters related to its proposed College of Dentistry (COD). Specifically, BOG has requested a detailed plan for recruiting students and retaining program graduates in the rural and underserved areas of Florida. This is an interim report as requested to be provided May 2023. Subsequent reports will provide additional clarity on the progress being made in all aspects of program development as specified at the January 2023 meeting of the BOG in Miami. Further clarification regarding any aspect of the processes and updates described in this report will be provided upon request.

2. INTRODUCTION

The Florida Atlantic University (FAU) is spearheading a mission to bridge the inequality of dental practitioners' distribution throughout Florida. Through a multi-pronged approach that includes recruiting students from underserved regions, financial incentives, and wider clinical networking, the institution seeks to advance its Doctor of Dental Medicine (DMD) program. By leveraging successful models from other leading dental colleges, FAU is determined to establish a community-facing module that fosters care accessibility in underrepresented and rural areas. This report highlights the institution's commitment to this cause and ongoing efforts with other organizations across Florida towards a common goal.

FAU aims to solve the geographic distribution disparity of dentists in Florida by building a stronger network of clinical facilities with a statewide geographic reach. FAU also aims to create rural training rotations for dental students and dental residents to garner exposure to underserved areas, with clinical site rotations secured in Palm Beach County and partnerships with the Hartland Rural Health Network and the Florida Rural Health Association.

FAU has studied successful programs from other dental colleges—e.g., the University of Utah and the University of Washington—to design a community-facing model for the DMD program. As stated in subsequent portions of this report, there is a large amount of data available describing successful methodologies related to access to care and provider access, specifically in rural and underrepresented communities. We continue to learn about opportunities in the state of Florida to mitigate the problems in allowing more providers to migrate and practice and underrepresented communities and specifically in rural areas. There has been significant discussion specifically in this regard over the past several months. It is encouraging to see the many existing organizations throughout the state of Florida who are eager to partner with us toward this end.

3. OVERVIEW & UPDATE OF PLAN

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
❖	We have decided to intensify our focus on developing infrastructure, curriculum, and logistical operations that allow for significant clinical training in rural and underserved areas.
❖	We have developed the goal to place all dental students in health centers and other community areas for their entire four-year curriculum.

To ensure that more providers practice in underrepresented communities and rural areas, engaging in training and professional education in those rural and underserved communities is key, according to programs across the US. At the FAU COD, we are taking bold steps to achieve this goal by intensifying our focus on developing infrastructure, curriculum, and logistical operations that allow for significant clinical training in these regions. Our groundbreaking initiative places dental students in health centers and other community areas for their entire four-year curriculum, providing invaluable experience that will prepare them to serve these communities upon graduation.

We are committed to engaging our students in the communities where they will practice early in their training. In the first year of the dental education program, all dental students will rotate into rural clinics to observe, assist, and learn. This will enhance skills development, and provide more authentic clinical training, especially within federally qualified health centers and underrepresented communities.

We acknowledge that limiting access to dental student experiences within the cities in which dental schools reside is quite restrictive in terms of the types and quantities of experiences obtained. Instead, training in rural and underrepresented communities offers advanced and realistic experiences that students will encounter upon graduation and when practicing on their own. Thus, our dental education program will take a multipronged approach allowing experience within rural and underrepresented communities for many valuable purposes.

3.1. STRATEGIC PARTNERSHIP DEVELOPMENT

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
❖	We have decided to provide clinical rotation opportunities across Florida, in order to expand access to rural and underserved areas. <ul style="list-style-type: none"> ▪ An Office of Regional Affairs and Rural Health will be established to coordinate logistics for dental education activities in those regions.
❖	Strategic partnerships are being formed with organizations such as the Caridad Center, Brumback Clinics, Hartland Rural Health Network and the Florida Rural Health Association, as well as four FQHCs with plans to expand to ten this year. Conversations have taken place and MOUs are In development
❖	Clinical rotation model to be based on the UW RIDE Program for its proven success in recruitment and retention.
❖	Developed Revenue-Neutral Model in support of recruiting/retention incentives: additional patient encounters are sourced from where the students receive their education and compensated accordingly; further details will be presented in upcoming reports.

To propel our efforts forward, FAU has strategically partnered with prestigious organizations such as the Caridad Center, the Brumback Clinics, the Hartland Rural Health Network (HRHN), and the Florida Rural Health Association. Palm Beach County will host clinical rotations, while HRHN has facilitated dental students and residents to obtain clinical opportunities in underserved regions. Collaborations with four FQHCs are currently underway, with the intention of establishing LOIs/MOUs with a total of up to ten FQHCs this year. With plans to enroll forty-five students by 2026 and having all forty-five in clinical rotations by the fall of 2028, we have approximately five years to fully develop relationships with the state's health centers. As the class size will double and there will be attrition of engages and replacement programs, we must continue to cultivate partnerships with such centers and other care points throughout the state until 2030 and beyond. An Office of Regional Affairs and Rural Health will be established to oversee logistical operations and activities for providing dental education and experiences in rural clinics across the state.

Drawing from the Director of Dental Initiatives’ (DDI, Dr. Joel Berg) personal experience in establishing the successful Regional Initiatives in Dental Education (RIDE) program in Washington State, and augmented by our recent discussions with other programs, we will provide a comprehensive logistics analysis and accounting protocol for managing these clinical rotations. We believe that we can offer a revenue-neutral educational experience underpinned by additional patient encounters. These encounters will be sourced from centers, where the students receive their education, and compensated accordingly. A detailed explanation will be given in forthcoming reports.

3.2. INTER-INSTITUTIONAL COLLABORATION & PIPELINE DEVELOPMENT

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
❖	FAU is collaborating with existing pre-health advisory office and medical pipeline program to drive in-state recruiting and design rural training rotations for dental students.
❖	Formal discussions with SUS Institutions: FAU will be interfacing with SUS institutions, closest to rural and underserved areas, in order to better support FAU COD students and graduates. <ul style="list-style-type: none"> ➤ Pursuant to conversations with SUS partner institutions, a Community-Facing Model for the DMD program is being designed. ➤ Pre-dental students from around the state are being recruited. Ongoing strategy conversations with Pre-Dental and Pre-Health club leadership to plan for future events and opportunities. ➤ An MOU is being established with UNF and UWF. ➤ Further discussions have been initiated with UCF and FAMU regarding the provision of clinical programs, shadowing, and assisting prospects for pre-dental students.
❖	Conversations with non-profit leaders regarding recruiting strategy for pre-college and pre-dental pipeline opportunities.

FAU has extended and sharpened its evidence-based design approach for programs, emphasizing successful programs in the real world and tapping into already established institutional and inter-institutional infrastructures and resources.

Collaborations with similar institutions across the nation will be made. Recent reports outline the success metrics and significant factors that ensure the increase of practitioners in underrepresented, especially rural communities, and this will be executed through years of detailed planning. We will conduct all planning activities simultaneously with other on-campus

activities, including the quest for accreditation of the College of Dentistry from the Commission on Dental Accreditation before 2026.

FAU's commitment to serving diverse students is reflected through its pre-health advising office and medical pipeline program, which are aimed at recruiting students from underserved areas. Furthermore, the college plans to create rural training rotations for dental students, ensuring that many of these will occur in underserved areas. FAU is also working with leading dental colleges in the country, including the University of Washington, to design a community-facing model for the DMD program.

3.2.1. State University System (SUS) Partners

The Director of Dental Initiatives (DDI) has successfully interfaced with the SUS institutions with best proximity to rural and underserved areas. This represents a first-in-state endeavor to unite Florida's SUS throughout the rural/underserved areas so as to build a robust satellite support network for FAU COD students and graduates.

3.2.2. University of North Florida

We have initiated discussions with the leadership at the University of North Florida, and will soon establish an MOU. Within the coming months, we will provide exposure to pre-dental students via their pre-health office. Our aim is to expand the opportunities for predental students, not only within FAU, but also across the state and country. Our long-term objective is to partner with all institutions within SUS, promoting a cohesive approach to predental access and care. This initiative will not only assist FAU, but also highlight opportunities in rural areas, attracting students who may have otherwise not considered FAU.

3.2.3. University of West Florida

We have engaged with the leaders at the University of West Florida, and are in the process of finalizing an MOU. This collaboration will empower their pre-dental students with insightful seminars and leadership workshops and will also aid in their pre-health initiatives. Moreover, we are exploring the possibility of organizing clinical programs for undergraduate students in association with our intended partnerships with federally qualified health centers. Our vision includes executing a joint program between the University of Western Florida and a local FQHC center. This will provide hands-on volunteering and practice opportunities for undergraduate and dental/predental students from FAU, respectively.

3.2.4. University of Central Florida

We have conducted discussions with the leadership of the University of Central Florida (UCF), including the Dean of the Medical School. UCF displays a keen interest in collaborating with the FAU COD, and we intend to formalize the partnership through an MOU in the ensuing months. Furthermore, we plan to create similar opportunities with the University of West Florida in FQHC's, providing shadowing and assisting prospects for predental students at UCF.

3.2.5. Florida A&M University

In our conversations with Florida A&M University (FAMU), it is apparent that they share our vision for excellence. As such, we plan to form an MOU with them, enabling pre-dental students and others to engage in the impactful activities described earlier. This will drive innovation and define industry standards amongst Florida's leading institutions.

3.3. HEALTHCARE DELIVERY PARTNERS

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
<ul style="list-style-type: none"> ❖ Engaged in talks with multiple FQHCs in Florida, existing facilities will suffice for student rotations. ❖ Developing activities and an annual symposium to encourage practitioners to serve rural areas. ❖ Establishing an anchor relationship with the Palm Beach Health Authority to deploy students into rural areas and verify best practices/logistics of operations. Plan will be deployed throughout the state starting in 2028. 	

3.3.1. Specific FQHC’s

As previously mentioned, we are engaged in talks with various FQHC’s in Florida. With nearly 40 existing dental health centers in the state, there is no need to construct additional clinics for student rotations. Beginning in the third year and extending into the fourth year of dental school, half of the students will be involved in outside rotations at any given time, while the other half will work in clinics built on the FAU campus. This will enable full functionality with only two students per clinic required at any given time.

3.3.2. Developmental Relationships with SUS Partners

Our aim is to facilitate a range of activities for pre dental students across SUS partner programs, as well as harness existing and future infrastructures to advance access to care in rural areas. In doing so, we seek to develop an exemplary program to encourage practitioners to serve in such areas across Florida and beyond. Our annual symposium will showcase our commitment to this goal and serve as a model of leadership in rural oral health, as advocated in the recent report by the American Academy of Pediatric Dentistry Policy Center.

3.3.3. Anchor Relationship with Palm Beach Health Authority

We aspire to establish a strong anchor relationship with the Palm Beach Health Authority, which boasts multiple clinics across the county and a host of dental employees. Our fruitful discussions with them have provided an ideal opportunity to deploy dental students into nearby rural areas and verify our best practices and logistics of operations. These findings will be meticulously planned over the next few years, and deployed throughout the state as needed, as part of our training program, starting in 2028.

4. SUCCESSFUL RURAL/UNDERSERVED ORAL HEALTH INITIATIVES

As part of our overall mission, FAU continues to analyze successful programs at other universities to inform their approach in providing accessibility to dental services in underserved areas. By implementing these strategies, FAU is taking significant steps towards guaranteeing that their graduates will work in dental Health Professional Shortage Areas (HPSAs).

4.1. RIDE PROGRAM: PROVIDING DENTAL EDUCATION FOR RURAL AND UNDERSERVED COMMUNITIES¹

The University of Washington has been providing healthcare services to rural and underserved communities for many years through programs such as WWAMI and RIDE. The RIDE program, or Regional Initiatives in Dental Education, is a joint effort between Eastern Washington University, Washington State University, and the UW School of Medicine. The

¹ <https://magazine.washington.edu/feature/uw-scores-big-with-efforts-to-train-dentists-for-rural-areas/>

program aims to increase the number of dentists trained to meet the needs of rural and underserved populations. Since its inception, the RIDE program has become an essential part of the university's healthcare initiatives.

- ❖ The RIDE program was established in 2007 to increase the number of dentists in rural and underserved areas.²
- ❖ It is a unique educational track for students interested in careers in dentistry, which provides additional coursework in public health, community engagement, leadership, ethics, and interprofessional education.³
- ❖ After graduation, RIDE graduates receive support during their transition to rural and underserved areas.
- ❖ Over 75% of graduates are now practicing in rural and underserved communities,⁴ increasing access to oral health care and improving health outcomes. The program offers a cost-effective and scalable model that other healthcare programs can adopt.

The DMD’s community-facing model, revenue-neutral “encounter” compensation model, and supportive network are three areas in which FAU has decided to emulate this leading model. Further details will be provided in subsequent reports.

5. RECENT AMERICAN ACADEMY OF PEDIATRIC DENTISTRY (AAPD) REPORT ON RURAL ORAL HEALTH⁵

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
<ul style="list-style-type: none"> ❖ FAU will align its efforts with the AAPD Report to improve access to dental care in rural areas. <ul style="list-style-type: none"> ➤ Planning collaboration with dental recruitment agencies and to utilize dental job boards geared towards recruiting from underserved areas. ❖ FAU will establish clinical rotations and partnerships with leading organizations in rural communities to create a statewide network of clinical facilities, to (per AAPD) both recruit from rural, and recruit to rural to maximize coverage and incentives. ❖ FAU will offer enhanced loan repayment programs and tax benefits to dental specialists in particular to make working in rural communities more attractive, including pediatric dentists and orthodontists. ❖ FAU will promote the integration of care coordination, case management, and transportation support services in dental care plans to positively impact oral health outcomes. ❖ FAU will encourage its dentists to accept Medicaid as a payor and collaborate with social service organizations to identify patients with complex health needs. 	

Individuals living in rural communities often experience poorer oral health outcomes compared to their urban or suburban counterparts. The oral health disparities can be attributed to several factors: shortage of dental providers, limited availability of and accessibility to healthy foods, a lack of optimally fluoridated water, limited parental health literacy, and

² UWSOD. (n.d.). RIDE Program. Retrieved from <https://dental.washington.edu/ride-program/>

³ EDNow. (2016, October 3). RIDE Program: Creating Access to Oral Health Care. Retrieved from <https://education.uw.edu/news/ride-program-creating-access-to-oral-health-care>

⁴ Tierney, D. (2020, September). The Washington Rural Health Access Preservation Project: Two Decades of Achievements Supporting Health Care in Rural Communities. Washington State Department of Health.

⁵ https://www.aapd.org/globalassets/ruralpediatricoralhealth_aapd_rpc.pdf

limitations of Medicaid coverage in certain states. These issues often lead to a lack of comprehensive, ongoing, high-quality dental care for many rural children, resulting in higher rates of poor oral hygiene, unhealthy diets, and lower utilization of preventative dental care services. Consequently, rural patients—especially children—may require additional treatment and have a higher frequency of non-urgent dental visits to the Emergency Department. Given that "the best dental education is good patient care", the FAU COD is responding the calls to action in the education domain of this timely *Rural Oral Health* report.

5.1. FAU'S ALIGNMENT WITH AAPD RECOMMENDATIONS

The FAU College of Dentistry recognizes the importance of promoting optimal oral health and oral health care access for all Floridians, including those living in rural communities. The mission of this brief is to highlight barriers faced by rural children and propose actions that can be taken by advocates to improve their oral health. The most effective approaches involve stakeholders working together to address the unique needs of each community.

5.1.1. AAPD Recommendations

The AAPD Report includes ten directives to improve access to care in rural areas. FAU COD is responsive to the majority of those elements in scope of dental education.

The timing of this report is extremely important: having been published in the public domain only a month ago, it provides external corroboration of FAU's efforts and has brought the most salient elements of our proposal to the forefront.

5.1.2. Recruit from Rural

In order to build a strong and robust dentist and dental team workforce in rural areas, it is important to look towards recruiting from rural communities to the profession. This approach can help to ensure that individuals with a strong connection to rural communities are able to work and provide dental care in these areas. One way to accomplish this goal is by partnering with dental recruitment agencies. These agencies specialize in connecting qualified dental professionals with practices nationwide, including those located in rural areas. Additionally, dental job boards, emphasizing unrepresented localities, can be used to advertise open positions to potential candidates. By focusing on recruiting from rural communities, it is possible to build a strong and sustainable dental workforce that is better equipped to meet the needs of these underserved areas.

One of the most pressing barriers to dental care in Florida's rural communities is the critical shortage of dental providers. Rural populations account for two-thirds of the nation's Health Professional Shortage Areas, resulting in limited and uneven dental care access. To solve this issue, FAU has developed a comprehensive plan that includes recruiting students from underserved areas, providing financial incentives to encourage service in these regions, and establishing a vast network of clinical facilities with a statewide geographic reach. Clinical rotations have been secured in Palm Beach County and partnerships have been established with leading organizations such as the Caridad Center, the Brumback Clinics, the Hartland Rural Health Network (HRHN), and the Florida Rural Health Association. FAU is also working with leading dental colleges in the country to design a community-facing model for their DMD program.

5.1.3. Recruit to Rural

Recruiting dentists to work in rural areas is crucial to improving oral health outcomes in these communities. One strategy to recruit dental specialists, including pediatric dentists, is by offering enhanced loan repayment programs and tax benefits. These financial incentives can help offset the costs of providing dental services in underserved areas and can make working in rural communities more attractive for dentists. By introducing dentists to the benefits of working in rural areas, dental schools and public health organizations can play a critical role in increasing access to dental care for children and families in these underserved communities. Through these efforts, a new generation of dental professionals can be inspired to serve rural populations and make a meaningful impact on the overall oral health of these communities.

5.1.4. Incentivize Whole-Person Care

A crucial aspect of achieving optimal oral health care in rural areas is the integration of care coordination, case management, and transportation support services in dental insurance plans and dental offices. Paying dental providers for these services will encourage their incorporation into dental care plans, resulting in whole-patient care that positively impacts oral health. By integrating services such as care coordination, dental providers can address non-dental health-related factors that may impact oral health such as nutrition, behavioral health, and transportation. Case management can help identify patients with complex health needs and direct them to appropriate community resources. Transportation support services can increase dental access and attendance for patients living in remote and rural areas where public transportation may be limited or non-existent. By incentivizing dental care providers to incorporate these crucial services in their dental care plans, insurance providers can help bridge gaps in health care access and promote comprehensive whole-patient care that positively impacts oral health outcomes in rural areas.

5.1.5. Reach Out, Refer, and Collaborate

Partnering with various organizations and agencies is essential in promoting optimal oral health in rural areas. By facilitating partnerships between medical providers, schools, community organizations, county agencies, oral health coalitions, faith-based organizations, advocates for children, and pediatric dentists, it's possible to implement programs that help improve oral health outcomes. Through these collaborations, organizations and agencies can work together to identify areas where dental care access is limited and develop programs that will improve access to care for rural children. Schools can provide opportunities for oral health education, and community organizations can help promote healthy eating habits and access to fluoridated water. Pediatric dentists can provide support and expertise on effective care delivery to rural communities, and faith-based organizations can help raise awareness of the importance of oral health in underserved areas. With effective partnerships and collaborations, efforts to promote optimal oral health can be more successful and sustainable, allowing children in rural areas access to the best oral health care possible.

Healthy eating habits and access to fluoridated water are also important factors in promoting optimal oral health. Limited availability and accessibility to healthy foods and a lack of optimally fluoridated water can lead to cavities and other oral health problems. Advocates for rural children should work with local schools, grocery stores, and other community organizations to promote healthy eating habits and increase access to fluoridated water. This

kind of public and community healthy-minded advocacy is one of the cornerstone's of FAU's first-in-kind Culture of Service.

In addition, FAU's unique curriculum will cover Payor systems including Medicaid to the degree necessitated by its commitment to serving rural and underserved communities, which are majority Medicaid. Medicaid is a commonly used payor for dental treatment for low-income families, but in some states, reimbursements by Medicaid dental programs fail to cover the costs associated with delivering dental care. As a result, many dentists choose not to participate in Medicaid, while some may be doing so at a financial loss. Advocates can work to increase Medicaid dental reimbursement rates to encourage more dentists to participate and increase dental care access for rural children. And FAU Dentists will be encouraged from admissions onward to take the leadership role of accepting Medicaid and building their business plans around it.

5.1.6. Improve Oral Health Literacy

Motivating and educating parents and caregivers is an essential strategy to improve oral health outcomes for children living in rural communities. These adults play a critical role in helping children establish and maintain good oral health habits, such as regular brushing and flossing, healthy eating, and regular dental check-ups. By increasing parental awareness of the importance of optimal oral health, we can help foster a culture of good oral health practices in rural families. Educating parents and caregivers can be done through a variety of methods, including partnering with local schools and child care centers, developing language and culturally-appropriate educational materials, and outreach through social media and community events. By empowering parents and caregivers to prioritize optimal oral health for their children, we can help to ensure that every child in a rural community has the opportunity to achieve and maintain good oral health throughout their life.

Parental health literacy is another important factor in promoting good oral health habits in children and FAU's unique curriculum is one of the first in the country to offer a Medically Integrated Model of Dentistry. Advocates can work to increase parental awareness and knowledge of the importance of oral health by partnering with local schools, childcare centers, and other community organizations. They can also develop language and culturally-appropriate educational materials that will help families understand and implement good oral health practices at home.

5.1.7. Enhance Digital Capability

Extending internet access in rural areas is a critical strategy in improving oral health outcomes in these communities. Broadening the reach of teledentistry through increased internet access will enable underserved rural populations to access dental care more easily and improve their oral health status. By leveraging telehealth services, individuals residing in rural communities can receive preventative and restorative care while maintaining social distancing practices. Expanding coverage and payment parity for services delivered via telehealth is also critical in ensuring that rural populations can access high-quality and affordable dental care without needing to travel long distances. In addition, investing in digital infrastructure will enable rural communities to keep pace with technological advancements and ensure equitable access to dental care for all residents. Overall, extending internet access in rural areas is a crucial strategy for improving oral health outcomes and promoting health equity.

6. FACULTY RECRUITMENT

Summary of Activities	
Work Thus Far; Decisions & Outcomes	
❖	FAU COD is actively seeking qualified practitioners from across the country to potentially join its faculty.
❖	A sophisticated database has been created to monitor level of interest and geographic location.
❖	FAU is eager to recruit a team of dedicated faculty members, including Department Chairs and Associate Deans, alongside the leadership search for the incoming COD Dean.
❖	Initial funding for these initiatives has been requested from the legislature and should be forthcoming in the next few weeks.
❖	Detailed strategies are being discussed strategically to attract premier candidates.
❖	Future reports will detail operational efforts related to recruitment and other initiatives.

The FAU COD has seen an influx in interest and inquiries from dental professionals seeking to join the faculty, following news reports on COD’s establishment. To manage this high demand with precision, we have created a sophisticated database that monitors their level of interest—whether it be clinical or preclinical teaching—as well as geographic location. Remarkably, many qualified practitioners across America are interested in relocating to Florida for such a prestigious opportunity. Much of the interest has been accelerated by the recent success of FAU basketball team.

In response to this positive energy, we are eager to announce our plans for recruiting a team of dedicated faculty members including Department Chairs and Associate Deans alongside the leadership search efforts for the incoming COD Dean. These efforts will commence as soon as initial funding is approved by the legislature, which should be forthcoming in the next few weeks. To ensure that nothing but excellence becomes part of the new program's core foundation, detailed methodologies and strategies are being discussed strategically in order to attract premier candidates. Future reports will detail these and related efforts operationally.

7. CONCLUSION

At the FAU College of Dentistry, we are committed to providing every Floridian with access to comprehensive dental care. We recognize that some communities may not have adequate resources and faced geographic distribution disparity when it comes to dentists in Florida. Thus, our approach is multi-tiered: addressing each community's unique needs while developing comprehensive strategies for improved oral health services statewide. By joining forces towards a common goal, we can ensure all rural and underserved patients receive high quality dental healthcare—allowing them to achieve optimal wellness from sea coast beaches to panhandle farms. Once funding is secured, we will be able to progress with other areas of the contingency approval list.