Guest Editorial

Cost of Dental Education, Student Indebtedness, and Our Social Contract

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One of the most pressing concerns for dental students today is educational debt. Dental school graduates have among the highest amounts of student debt in the nation. Over the last decade, student indebtedness has increased much more quickly than inflation, a rise that is directly related to higher tuition and fees. In 2013, dental students overall incurred an average debt of $241,000, according to the American Dental Education Association (ADEA). For students graduating from private dental schools, the figure was $283,000.

The expense of running a dental school is also growing, with total expenditures for all schools reaching $3.3 billion in FY 2012. Unlike medical schools, where students in their clinical training mainly observe faculty work at hospitals—with minimal cost to the school—dental schools bear the overwhelming cost of operating patient clinics. Without a dramatic shift in how this country prepares dentists, the financial structure of dental school is not likely to change, nor is the four-year cost of attendance, which (excluding living expenses) has reached $264,810 for private and $159,460 for public schools.

This issue of the Journal of Dental Education presents several articles on the costs of dental education and running a dental school (see Bertolami and Berne, Stafford et al., Makarem and Coe, and Spallek et al.); these include proposals on student indebtedness and loan repayment options. But as we consider the impact of decreasing public support, increasing education costs, and increasing student debt, we must also consider the influence of these changes on the profession’s social contract: our sense of responsibility to treat the underserved and provide service to those less fortunate. Our discussion must therefore include the role of dental schools in the oral health safety net and the willingness of our graduates to practice in underserved areas and volunteer their services.

Dental graduates wishing to participate in the oral health safety net have several options. In 2005, the U.S. Health Resources and Services Administration called for an expansion of state and federal funds to address student indebtedness, which is high throughout the medical and dental professions. Income-based loan repayment programs, which provide federal subsidies in the form of loan forgiveness after twenty years of practicing as a professional, address this recommendation. Without the ability to make debt manageable, many graduates simply could not afford to practice in a place where patients cannot fully pay for their services, so they opt for more affluent communities. With income-based loan repayment, graduates pay debt off based on what they can afford. By electing income-based loan repayment, graduates now have the option of practicing in lower socioeconomic areas. Whether graduates seize that opportunity, however, remains to be seen.

For dental schools, participation in the oral health safety net is becoming more difficult. Increasing costs and decreasing government funding are imposing great financial strains. It is time that the state and federal governments recognize that dental school clinics are a vital public health resource and fund them accordingly. Both public and private dental schools should be reimbursed for these services, just as community health centers, federally qualified health centers, and hospitals are reimbursed for providing charity care. The cost of treating patients has the most significant impact on the cost of dental education. Public funding for these services would significantly reduce the need for tuition and fee increases.

Another way to enhance dental education and expand the oral health safety net is for state boards of dentistry to compel all graduates to partake in at least one year of postgraduate residency training. Because the science of oral health care and the therapeutic modalities have increased in complexity, these programs greatly benefit students, but they must be accredited by the Commission on Dental Accreditation (CODA) as General Practice Residency (GPR)
or Advanced Education in General Dentistry (AEGD) programs to ensure a substantial educational benefit. For this proposal to be viable, however, programs need to be fully reimbursed for patient care provided or to be supported by Graduate Medical Education (GME) funding, and student loan repayment should be deferred, with monies possibly coming from reductions in emergency and urgent oral health care as more patients have access to preventive oral health care services.

Today, more than ever before, there are options for dental graduates to contribute to the public good by volunteering, participating in public assistance programs, or practicing in underserved communities. In order, though, for them to view these options as viable, they must feel that their debt is manageable. Dental schools can assist by controlling rising costs passed on to students in the form of tuition and fees.

Dental schools contribute to the public good by providing critical services to those who otherwise could not afford them. Few realize the high cost of running an institution that provides hands-on education for students, in addition to treating patients. But because oral health is still so often unrecognized as a key component of overall health, they rarely get the support and funding they need. It’s time for that to change.

REFERENCES


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