

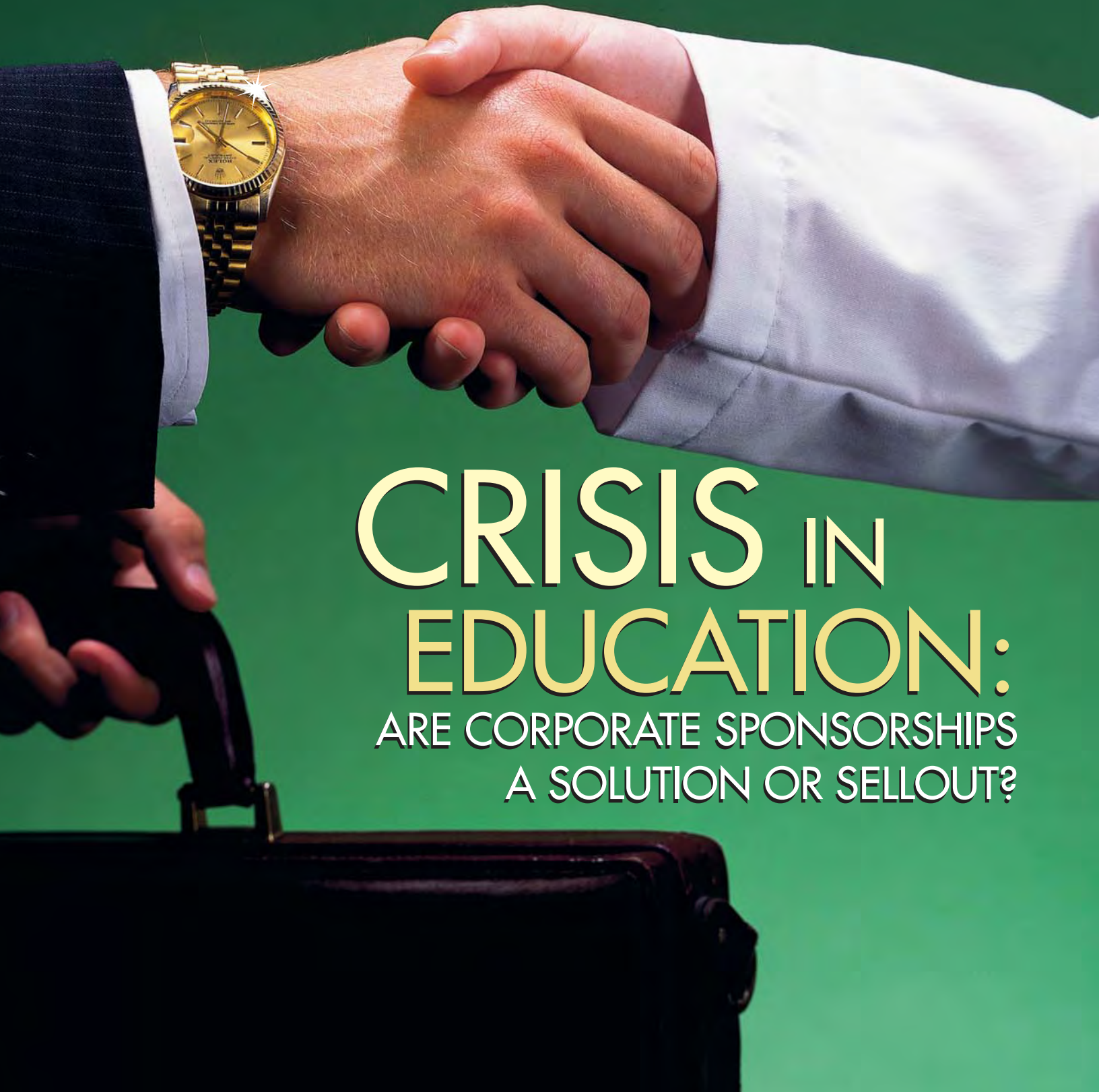
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# REVIEW

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## CRISIS IN EDUCATION:

ARE CORPORATE SPONSORSHIPS  
A SOLUTION OR SELLOUT?

# Corporate sponsorships

IN DENTAL EDUCATION:



SOLUTION  
OR SELLOUT?



Lisa Richter

**F**ACULTY SHORTAGES, STAGGERING STUDENT DEBT LOADS, SCHOOL CLOSINGS AND SAGGING INFRASTRUCTURES: All symptoms that dental education is critically ill, if not at death's doorstep.

The numbers back this up:

- There are more than 310 funded faculty vacancies among the nation's 56 dental schools, an average of nearly six vacancies per school. Moreover, more than half of the current faculty are 50 years or older, and those who are retiring are not being replaced in sufficient numbers<sup>1</sup>
- The average educational debt of all dental students upon graduation in 2004 was \$122,263<sup>2</sup>
- Between 1986 and 2001, seven dental schools closed, all private or private/state-related schools. In 2003, three new schools opened<sup>2</sup>
- The majority of dental schools are nearly 40 years old<sup>1</sup>

(For additional statistics, see sidebar on page 16.).

These challenges have inspired the ADA and its charitable arm, the ADA Foundation, along with other dental education stakeholders, to coordinate a major initiative. The National Campaign for Dental Education aims to raise awareness of these challenges, promote a culture of philanthropy and enhance numerous dental education fundraising efforts, totaling a massive \$500 million (See sidebar on page 14.).

"Dental education is the foundation from which all dentistry is built and sustained," said ADA President Richard Haught. "In order to keep our great dental education strong, we must all take urgent action and safeguard the future practice of dentistry and the well-being of the public's oral health."

## CORPORATE CREEP

In the meantime, schools facing these harsh economic realities, coupled with dwindling state support, have turned to alternate means for support: corporations. A quick Internet search finds numerous examples of corporate donations in recent years:

In 2003, Delta Dental Plan of Wisconsin donated \$1.52 million to the Marquette University School of Dentistry—its second million-dollar donation—as part of a fundraising campaign to support the school's Dental Informatics Center, a new dental practice management curriculum and technology upgrades.

The ODS Cos., an organization that provides dental, medical and professional liability insurance, along with a

variety of business services including dental practice management software and benefits administration, has donated nearly \$5 million to Oregon Health and Science School of Dentistry. The funds help endow a chair to commemorate the Oregon Dental Association's centennial celebration, support construction of the Oral and Maxillofacial Surgery Outpatient Clinic and fund a professorship.

In April, the Arizona School of Dentistry and Oral Health announced that Zila, maker of an oral screening device, ViziLite, donated \$25,000 to the program. The news release goes on to say that "ASDOH, Arizona's first and the nation's newest dental school, will integrate ViziLite into its curriculum with the opening of the new clinic."

## HIRE EDUCATION

Nevertheless, some school administrators predict that traditional fundraising techniques may still not be enough.

"To thrive, leaders in higher education must seek more creative partnerships with corporate America. These partnerships will enhance the education of students in new and innovative ways to practice, improve their understanding of biotechnology and create an enhanced standard of excellence for our graduates," state Lawrence H. Meskin, DDS, MSD, MPH, PhD, and Howard M. Landesman, DDS, MEd.<sup>3</sup>

As an example, the authors cite the unique partnerships forged between the Orthodontic Education Co. and several universities.

OEC, based in Ponte Vedra Beach, FL, was formed to "increase the number of practicing orthodontists in the

U.S. and enhance the market opportunities for graduating orthodontists," according to its Web site.

"One of the foremost issues facing the orthodontic industry today is the rapid decline in the number of practicing orthodontists," said the company. "If left unchecked, this decline will severely impair the orthodontic industry's capacity to treat patients."

The company cites the following statistics, culled in large part from ADA data: four United States orthodontic schools collectively produce just 280 graduates per year, only 225 of whom go on to practice in the U.S. The small number of graduates is not due to a lack of interest; there were more than 8,200 applications for 292 seats for the 2001-02 class. (Editor's note: This is a bit misleading. While there are approximately 8,000 applications to U.S. orthodontic programs annually, there are only 500 to 600 applicants, since most are applying to multiple programs in hopes of obtaining a seat at one of them.) Existing programs cannot afford to attract faculty and, therefore, must keep class sizes small. In turn, these small class sizes limit the amount of clinical revenues that the schools rely on to support the programs.

Over the next 12 years, more than half of the practicing orthodontists will retire. Using a 15-year horizon, the number of retirees will be approximately 5,625. Existing residency programs will add an estimated 3,375 graduating orthodontists during this time. This leaves an estimated 6,750 practicing orthodontists in 2015, a reduction of 25% from 2000.

The current average number of case starts for a traditional orthodontic practitioner is 212 per year. Yet, with population growth and an increasing demand for ortho-

## National Campaign for Dental Education slated for 2007 start

A feasibility study commissioned by the American Dental Association Foundation in 2003 recommended that a National Campaign for Dental Education be established. The foundation responded by sponsoring a task force, comprised of 44 representatives from a cross-section of the dental community—educators, associations, specialty organizations, manufacturers and distributors, third-party payers, and other partners—to design the campaign, its organizational framework and guiding principles.

While the plan has not been officially unveiled, a working draft of the organizational framework lays out several key principles of the campaign:

- The country must invest in education or lose its position as the worldwide leader in oral health;
- To secure the future of dental education—and Americans' oral health—it is essential that stakeholders work together, in an atmosphere of mutual trust and respect, to affect change;
- The collaborative nature of the campaign—and its common cause—transcends the individual goals of each entity;

- A national campaign will raise awareness of the need for dental education, promote a culture of philanthropy and, ultimately, garner interest among prospective donors.

Currently, the comprehensive fundraising goal is \$500 million, of which, the ADAF hopes to raise \$100 million. The National Campaign will also serve as a resource for participating dental education fundraising campaigns and donation opportunities of the participating member organizations, offering donors one-stop shopping. For example, individuals, corporations and organizations may soon visit a National Campaign Web site and learn more about the funding opportunities they may choose to support.

As part of its work, which is scheduled to be completed this fall, the task force is also considering communications strategies, prospect management protocols, donor recognition opportunities and the establishment of counting guidelines. It will also recruit and establish a national campaign steering committee to implement its recommendations.

The National Campaign is slated to launch in the fall of 2007.

dontic services, the average demand for case starts per orthodontist could reach 700 cases per year by 2015.

This predicted demand, coupled with shortages in school funding and increasing tuition, sparked OEC to approach several universities with a groundbreaking strategy: OEC would provide schools with badly needed funding, through both direct contributions to the school and scholarships for the students. The schools, in exchange, would train orthodontists for OEC's orthodontic practices.

Currently, OEC has partnerships with three universities: University of Colorado (UC); University of Nevada, Las Vegas (UNLV); and Jacksonville University in Florida (JU), all of which are accredited by the Commission on Dental Accreditation.

The Jacksonville program is unique in that it is a freestanding orthodontic program without a traditional dental school; however, the basic components of the deals for all three schools are the same.

For example, at UNLV, the partnership includes an initial \$3.5 million commitment by OEC toward the construction of, and equipment for, a new 50,000-square-foot facility for clinical research and health sciences, scheduled to be completed in August. Additional annual revenue to be collected from tuition and clinical fees—projected to be between \$480,000 and \$720,000—will fund, among other things, operational support for the program and scholarships for Nevada residents.

The scholarship component of the program will cover eight students' full tuition and living expenses, estimated to cost approximately \$65,000 per year, per student (There are 12 students in the program). In exchange, scholarship recipients will be required to fulfill a seven-year commitment to OEC upon graduation. As part of that agreement, graduates will receive a guaranteed minimum income from OEC of \$150,000 per year, profit sharing and stock in the company, and funding for capital and startup operations of a new practice. The program is slated to graduate its first class in August 2006.

The training program also means residents will provide professional services to approximately 900 economically disadvantaged patients per year.

Legislators were so pleased with the UC deal, which cost the state no tax dollars, they passed a House Joint Resolution to publicly recognize the efforts of UC's then-dental dean, Landesman, and Gaspar Lazzara, DDS, president of OEC.

"The magnitude of the development of the university's Fitzsimons Campus requires creative and nontraditional approaches in developing educational programs and facilities that will benefit the citizens of the state of Colorado for generations to come," reads the resolution, in part. "We the members of the 64th General Assembly, thank Dean Landesman and Dr. Lazzara for their combined efforts to enhance the educational and professional opportunities available to citizens of the state of Colorado."

## YOUR-AD-HERE FEAR

However, others in the dental community are not so pleased with OEC's efforts.

For example, the *McGill Advisory* reported in its February issue that a "seemingly 'done deal' by OEC to expand the orthodontic program at University of Missouri, Kansas City, from four residents to 16 graduating residents annually was defeated, despite the promise of substantial financial contributions to the school by OEC. Reacting to a firestorm of protest by area dentists and orthodontists, evidenced by a substantial letter-writing campaign and the threat of resignation by the school's part-time clinical orthodontic faculty, the

## AGD Foundation, P&G to partner

The Academy of General Dentistry (AGD) and the AGD Foundation (AGDF) announced in July an education-based strategic partnership with The Procter & Gamble Company (P&G). The goal of the partnership is to accelerate the development and availability of AGD content-approved continuing education courses. The courses will be delivered at AGD's Annual Meeting, and at select AGD constituent meetings throughout North America to complement additional courses available online on both AGD's and P&G's Web sites.

Information presented at each partnership course will be shared with all AGD members in summary articles published by the AGD. Funding for these programs will be provided in part by a grant from the Academy of General Dentistry Foundation made possible by a grant of \$320,000 from P&G.

"This partnership illustrates the AGD's support of excellence in continuing education at the local level. We are especially excited to support our AGD constituents in their efforts to provide an unparalleled educational experience to their meeting attendees," says President Thomas A. Howley, DDS, MAGD.

"Broadening access to affordable and effective educational programming is at the heart of the AGD's mission, and an important part of ensuring the highest level of patient care possible."

"AGD and The Procter & Gamble Company both recognize the importance of continuing education to the dental profession," says AGD Executive Director Gerald "Jay" Donohue Jr., CAE, CMP. "The AGD is excited to collaborate with dental industry leaders, like Procter & Gamble, who share our vision for excellence in educational offerings. By combining sound scientific content with a comprehensive approach to effective delivery, we seek to maximize educational benefit for each attendee."

## By the numbers

### SCHOOL STATS:

- Approximately three-quarters of unfilled faculty positions reported to the ADEA are in the clinical sciences. The greatest factor influencing faculty separations and recruitment is retirement, followed by faculty leaving to enter private practice. Ultimately, the dental faculty shortage places in jeopardy the general and oral health of the public.<sup>2</sup>
  - In 2002-03, there were 727 advanced specialty and general dentistry education programs in the United States. Dental schools sponsor fewer than half of these programs; the majority are sponsored by other institutions, such as hospitals or the military.<sup>6</sup>
  - Thirty-five percent of orthodontic graduate programs in the U.S. report having at least one vacant faculty position.<sup>7</sup>
  - Orthodontic faculty annual income is less than one half that of private practitioners matched by experience and geography. Moreover, faculty reported working 25% more hours per week and income per hour for full-time faculty was less than one-third of their private-practice colleagues.<sup>7</sup>
  - In some states, revenues from state governments have been decreased by as much as 35% over a two year period. . . . whereas revenues from endowments have decreased in public and private schools because short-term interest rates have been some of the lowest in 45 years.<sup>3</sup>
  - According to estimates, the cost of delivering a four-year educational program, on average, approximates \$300,000.<sup>3</sup>
  - Dental education is a \$1.5 billion industry.<sup>3</sup>

### DEBT LOAD LOWDOWN

- In the 2003-04 academic year, the total combined costs for four years of dental school (tuition and other expenses) ranged from \$35,537 to \$206,139.<sup>6</sup>
  - The average student debt increased from less than \$60,000 in 1990 to more than \$107,500 in 2002.<sup>6</sup>
  - In 1992, 12% of dental school seniors reported having no debt at the time of graduation.<sup>2</sup>
  - Orthodontic residents perceived that it would take an average of 67% longer to pay off their educational debt in a faculty position than in private practice.<sup>7</sup>

### INCOME FACTS

- The average net income of solo, full-time, private general practitioners was \$159,550 in 2000. It was \$270,790 for dental specialists.<sup>2</sup>
  - The average net income of new dentists graduating from U.S. dental schools between 1999 and 2001 was \$142,461; for graduates from 1996-1998 it was \$153,174; and for graduates of 1992-1995 it was \$174,565 (Survey of New Dentist Financial Issues, American Dental Association, 2002).<sup>2</sup>

### ACCESS TO CARE DATA

- The ratio of professionally active dentists to 100,000 population peaked in 1994 at 60.2, having risen from a low of about 49 in 1960. The ratio is projected to decline, continuously, throughout a 2020 projection period, to about 54 professionally active dentists per 100,000 population.<sup>2</sup>

board of curators voted down the OEC proposal in November 2004.”<sup>5</sup>

In Florida, Laurance Jerrold, DDS, JD, ABO, dean and program director of the Jacksonville program, which graduated its first class this past summer, said he has been disappointed with the reactions of his orthodontic colleagues to the new program.

“The general dental community has been kind,” said Dr. Jerrold, “but fear of the unknown has made some in the orthodontic community quite resistant.”

### WHO'S PAYING THE PRICE?

In addition to a general resistance to change, said Samuel Low, DDS, MS, Med,\* associate dean of faculty practice, continuing education and allied dental health and a professor of periodontics at the University of Florida College of Dentistry, criticisms fall into three main categories: conflict of interest, the implications to future research, and the contractual relationship between the corporation and the students—all of which, ultimately, have the power to affect quality of care.

### CONFLICTS OF INTEREST

With OEC involved in the financing of these new programs, skeptics question how much influence the company will have on curriculum and student selection. They ask:

Will the orthodontic programs be coerced into choosing only those students who agree to sign a contract with OEC, not necessarily the best and the brightest?

Will students be steered toward procedures that are most economical from a business standpoint but not necessarily what's best for patients?

Will the curriculum be influenced by OEC?

Will students be restricted to only approved products, vendors and materials?

Jerrold answers all these questions with an emphatic no. “The university and I have complete control over the educational program,” said Jerrold. “It's true that, as part of this agreement (between Jacksonville and OEC), we have to accept 12 students per year. But I make my choices from a long list of applicants supplied by OEC.”

### RESEARCH

Alan Friedel, DDS,\* who maintains a general practice in Hallandale, FL, and is an associate clinical professor at the University of Florida Hialeah Clinic, articulates another

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\* Drs. Low and Friedel are both active in the dental community, however, they stress that their opinions are their own and in no way reflect those of the Florida Dental Association or any other of the organizations with which they are involved.

er major concern among some practitioners: the implications to research.

“As proprietary schools become more prevalent, we are losing the pure research that dental schools used to provide. The economic realities of education are such that we will see more and more ‘stripped down’ programs doing little or no research. This leaves too much research in the hands of manufacturers and gives the practicing community less unbiased literature to rely upon when making clinical decisions.”

At Jacksonville, said Jerrold, there is a research component to the program designed to teach students, in part, to evaluate published research by having to do a research project, but that as a clinical institution, it is unrealistic to expect students to do any serious research in the two or three years they are orthodontic students.

“There are institutions that emphasize research, and that’s where the majority of significant research is coming from and will continue to come from,” said Dr. Jerrold. “For the most part, students there are research assistants who hope to eventually become PhDs and focus on research as a career.” But the vast majority of students, said Dr. Jerrold, are going to go into private practice, where straightening teeth—not research—is the emphasis.

## CONTRACTUAL RELATIONSHIPS

Still, the significant commitment the orthodontic students make when they sign a contract with OEC bothers some.

“This new form of corporate sponsorship puts our young dentists in an uncomfortable position,” said Robert Bitter, DMD, a periodontist with North Shore Periodontists, in Skokie. “They could feel compelled to sign an agreement because this would be the only way to gain admission to an educational program.” Further, he asked, without any real-world experience, how can they know what they’ve gotten into?

Dr. Jerrold likens the Jacksonville program to young men and women in the military who join to finance their education. Except, said Dr. Jerrold, “the kids in the military get no choice about where they will be sent.” He also points out that the students are strongly encouraged to have their contracts reviewed by accountants and attorneys.

And, with the cost of dental education sky-high, opportunities such as those provided by OEC open up the profession to people who cannot afford it.

Said Dr. Jerrold, “Sure, if you are born with the silver

spoon, why would you choose this program? But for many of my students, without this financial support, there is no way they would have even contemplated a career in orthodontics.” He added, “For the right person, this is the right deal.”

## WHOSE BUSINESS IS IT ANYWAY?

The bottom line, said Dr. Low, is that all oral healthcare professionals need to be aware of the crisis in dental education and ask themselves if dental education can survive without having some type of business/economic component. It is, he said, “Not as simple as just saying no.” ■

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LET US KNOW WHAT YOU THINK ABOUT CORPORATE SPONSORSHIPS

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