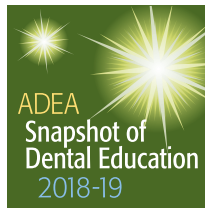


ADEA
Snapshot of Dental Education
2018-19



Introduction

The American Dental Education Association (ADEA) is The Voice of Dental Education. Its members include all 76 U.S. and Canadian dental schools, more than 1,000 allied and advanced dental education programs, over 60 corporations and more than 20,000 individuals.

The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

ADEA is committed to conducting research into contemporary and emerging issues that are likely to impact decisions in the dental education and policy-making communities.

Each year, ADEA collects data on topics of particular interest to dental school deans, program directors, faculty, students, residents and fellows.

The resulting ADEA Snapshot of Dental Education presents findings on discrete subject areas to help the ADEA membership and other stakeholders better understand the academic dental profession and its role in health and health care.

The information in this report is taken from data compiled by ADEA, the American Dental Association and other sources.

The associated online resources are updated regularly and are available for download at: **adea.org/snapshot**.

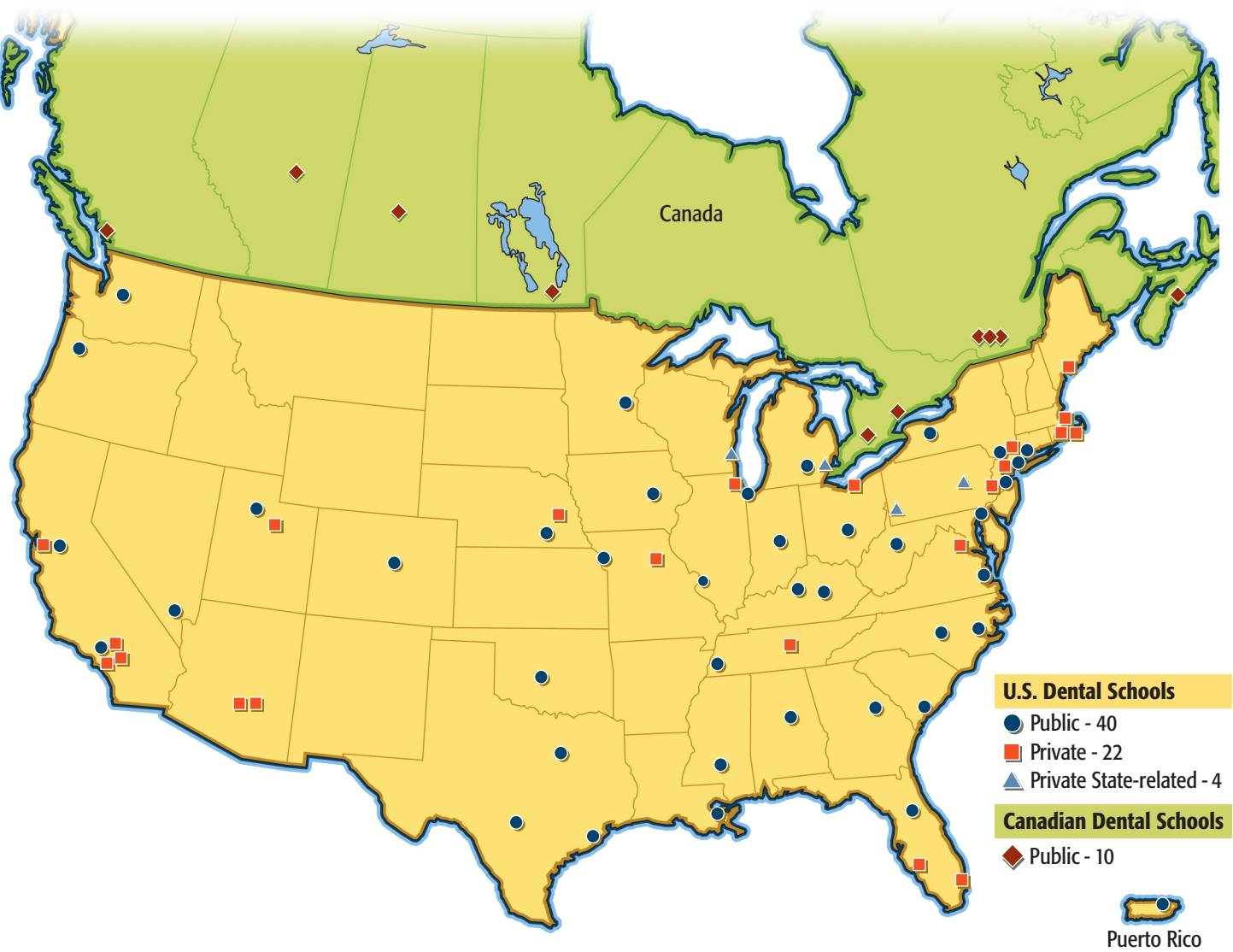
ORDERS

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Distribution of Dental Schools in North America

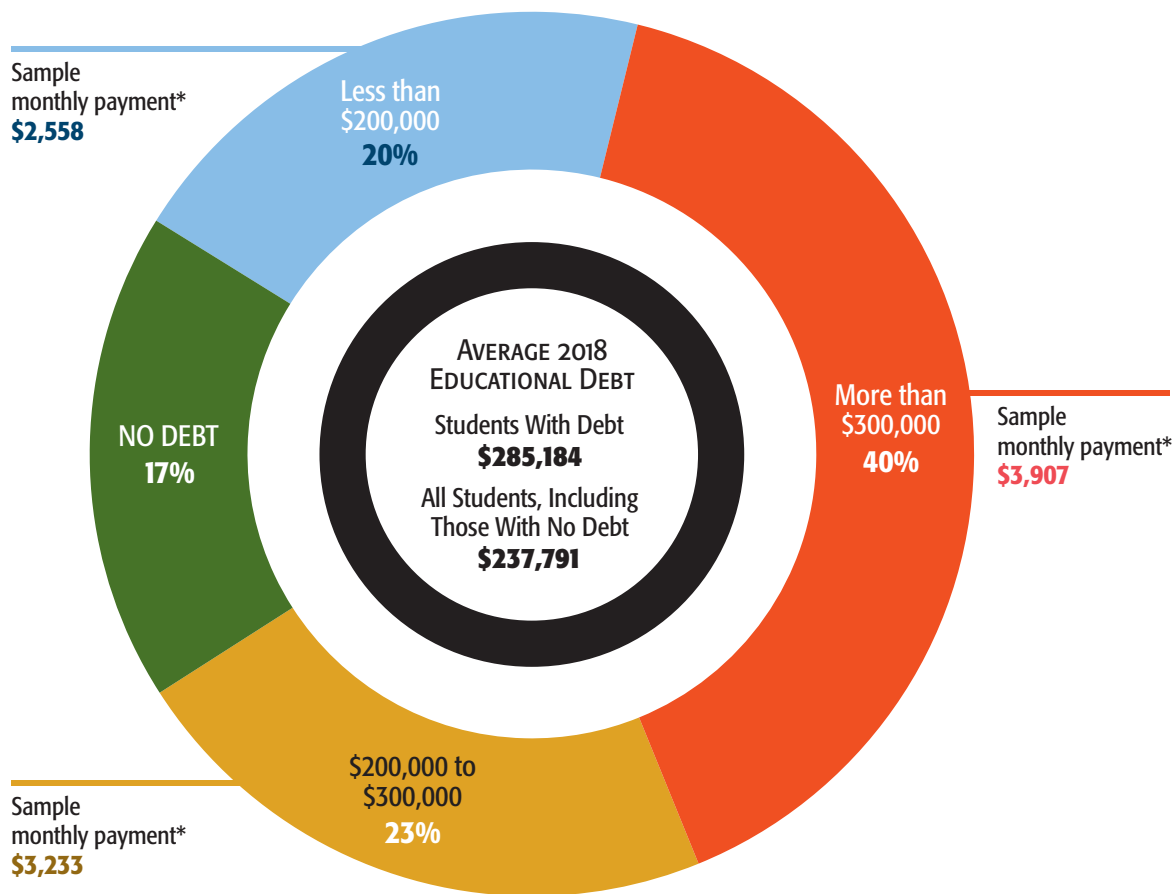
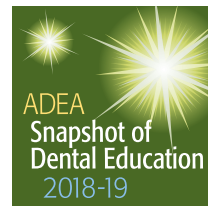


Source: American Dental Education Association, 2018

STATE/PROVINCE	DENTAL SCHOOL	YEAR OPENED	STATE/PROVINCE	DENTAL SCHOOL	YEAR OPENED
AL	University of Alabama at Birmingham School of Dentistry	1948	NJ	Rutgers, The State University of New Jersey, School of Dental Medicine	1956
AZ	A.T. Still University Arizona School of Dentistry & Oral Health	2003	NY	Columbia University College of Dental Medicine	1852
	Midwestern University College of Dental Medicine-Arizona	2008		New York University College of Dentistry	1865
CA	Herman Ostrow School of Dentistry of USC	1897		Stony Brook University School of Dental Medicine	1973
	Loma Linda University School of Dentistry	1953		Touro College of Dental Medicine at New York Medical College	2016
	University of California, Los Angeles, School of Dentistry	1964		University at Buffalo School of Dental Medicine	1892
	University of California, San Francisco, School of Dentistry	1881	NC	East Carolina University School of Dental Medicine	2011
	University of the Pacific, Arthur A. Dugoni School of Dentistry	1896		University of North Carolina at Chapel Hill School of Dentistry	1950
	Western University of Health Sciences College of Dental Medicine	2009	OH	Case Western Reserve University School of Dental Medicine	1892
CO	University of Colorado School of Dental Medicine	1973		The Ohio State University College of Dentistry	1890
CT	University of Connecticut School of Dental Medicine	1968	OK	University of Oklahoma College of Dentistry	1972
DC	Howard University College of Dentistry	1881	OR	Oregon Health & Science University School of Dentistry	1898
FL	Lake Erie College of Osteopathic Medicine School of Dental Medicine	2012	PA	The Maurice H. Kornberg School of Dentistry, Temple University	1863
	Nova Southeastern University College of Dental Medicine	1997		University of Pennsylvania School of Dental Medicine	1878
	University of Florida College of Dentistry	1971		University of Pittsburgh School of Dental Medicine	1896
GA	Dental College of Georgia at Augusta University	1969	PR	University of Puerto Rico School of Dental Medicine	1957
IL	Midwestern University College of Dental Medicine-Illinois	2011	SC	Medical University of South Carolina James B. Edwards College of Dental Medicine	1967
	Southern Illinois University School of Dental Medicine	1972	TN	Meharry Medical College School of Dentistry	1886
	University of Illinois at Chicago College of Dentistry	1891		University of Tennessee Health Science Center College of Dentistry	1878
IN	Indiana University School of Dentistry	1879	TX	Texas A&M University College of Dentistry	1905
IA	The University of Iowa College of Dentistry & Dental Clinics	1882		UT Health San Antonio School of Dentistry	1970
KY	University of Kentucky College of Dentistry	1962		University of Texas School of Dentistry at Houston	1905
	University of Louisville School of Dentistry	1887	UT	Roseman University of Health Sciences College of Dental Medicine – South Jordan, Utah	2011
LA	Louisiana State University Health New Orleans School of Dentistry	1968		University of Utah School of Dentistry	2013
ME	University of New England College of Dental Medicine	2013	VA	Virginia Commonwealth University School of Dentistry	1893
MD	University of Maryland School of Dentistry	1840	WA	University of Washington School of Dentistry	1945
MA	Boston University Henry M. Goldman School of Dental Medicine	1963	WV	West Virginia University School of Dentistry	1957
	Harvard School of Dental Medicine	1867	WI	Marquette University School of Dentistry	1894
	Tufts University School of Dental Medicine	1868	AB	University of Alberta School of Dentistry	1917
MI	University of Detroit Mercy School of Dentistry	1932	BC	University of British Columbia Faculty of Dentistry	1964
	University of Michigan School of Dentistry	1875	MB	University of Manitoba Dr. Gerald Niznick College of Dentistry	1958
MN	University of Minnesota School of Dentistry	1888	NS	Dalhousie University Faculty of Dentistry	1908
MS	University of Mississippi Medical Center School of Dentistry	1975	ON	University of Toronto Faculty of Dentistry	1875
MO	A.T. Still University Missouri School of Dentistry & Oral Health	2013		Western University Schulich School of Medicine & Dentistry	1965
	University of Missouri - Kansas City School of Dentistry	1881	QC	McGill University Faculty of Dentistry	1821
NE	Creighton University School of Dentistry	1905		Université Laval Faculté de Médecine Dentaire	1971
	University of Nebraska Medical Center College of Dentistry	1899		Université de Montréal Faculté de Médecine Dentaire	1904
NV	University of Nevada, Las Vegas, School of Dental Medicine	2002	SK	University of Saskatchewan College of Dentistry	1965

Over Half of 2018 Dental School Graduates Report Total Educational Debt Under \$300,000

FOR 2018 DENTAL SCHOOL GRADUATES WITH EDUCATIONAL DEBT, THE AVERAGE SELF-REPORTED EDUCATIONAL DEBT WAS UNDER \$300,000. TOTAL EDUCATIONAL DEBT IS THE SUM OF EDUCATIONAL DEBT INCURRED BEFORE AND DURING DENTAL SCHOOL.



*Standard 10 year (120 level payments)

Assumptions for sample monthly payments: Sample payments based on amounts of \$300,000, \$250,000 and \$200,000 on a Standard 10 year repayment plan (120 level payments) • \$162,000 direct unsubsidized, remainder direct PLUS (Grad PLUS) • Six-month "window" period (grace period for direct unsubsidized loans, post-enrollment deferment for direct PLUS) after graduation • No voluntary or aggressive payments, and loans "held to term" (entire repayment period used) • Appropriate interest rates based on academic year loans disbursed for Class of 2018 • Repayment numbers run with AAMC/ADEA Dental Loan Organizer and Calculator

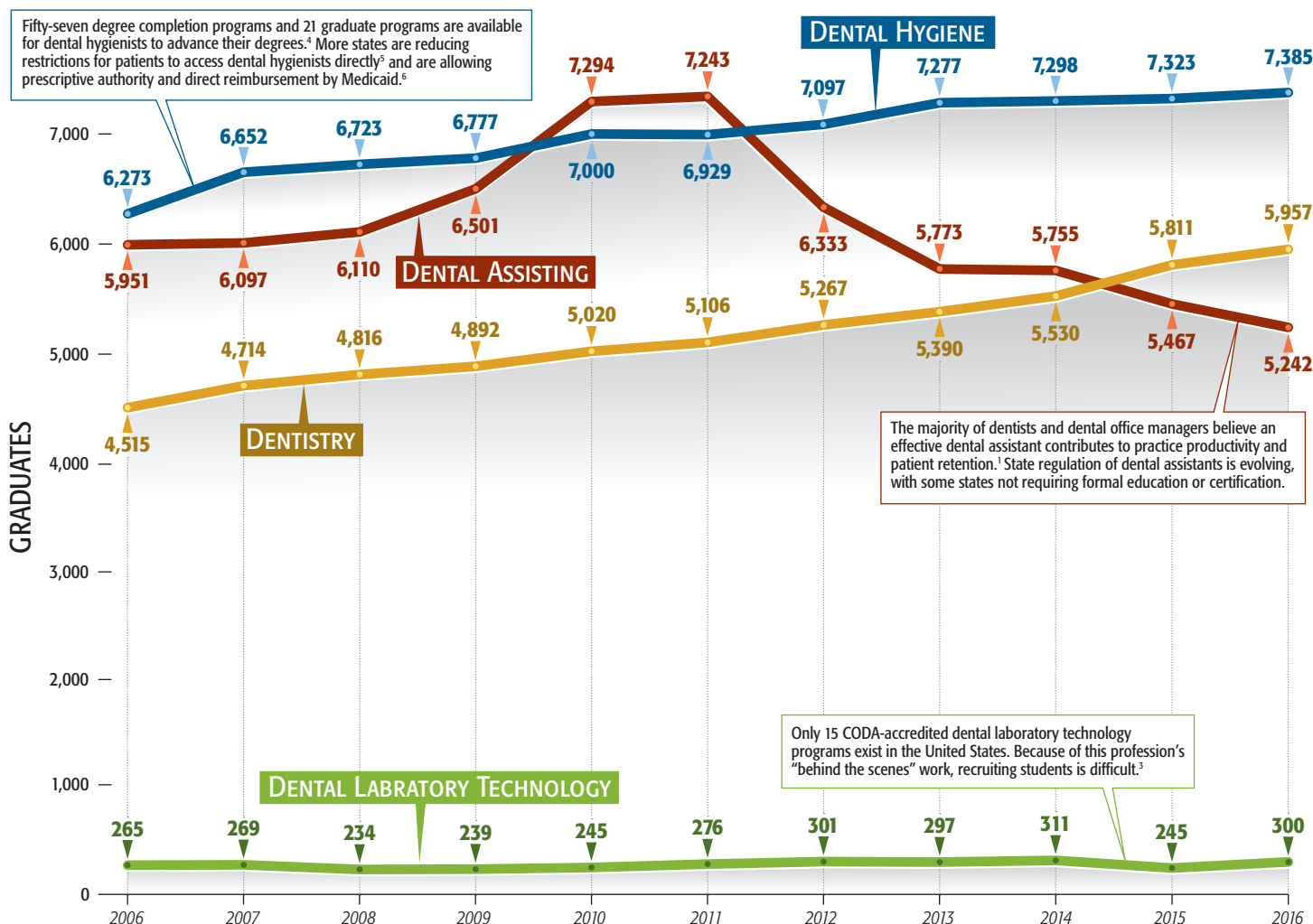
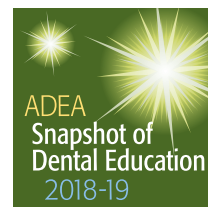
Note: The repayment amounts under this basic repayment plan are not based on income, they are straight amortization schedules based solely on amount borrowed, interest rate and repayment term. Interest rates are fixed on each loan for the life of the loan. There are a number of income-driven repayment plans designed to help borrowers who cannot initially afford repayment under this and other time-driven plans, and whose repayment amounts are based on income and family size.

Source: American Dental Education Association, Survey of Dental School Seniors, 2018 Graduating Class

Note: Percentages may add up to more than 100% due to rounding.

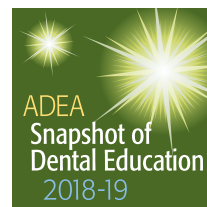
Are There Enough Dental Graduates?

IN 1977, THE U.S. POPULATION WAS 220 MILLION, AND THERE WERE 5,177 DENTAL SCHOOL GRADUATES (OR 2.4 DENTAL SCHOOL GRADUATES PER 100,000 PEOPLE). IN 2017, THE U.S. POPULATION GREW TO 325.7 MILLION, WITH 6,238 DENTAL SCHOOL GRADUATES (OR 1.9 DENTAL SCHOOL GRADUATES PER 100,000 PEOPLE). AT THE SAME TIME, THERE HAVE BEEN FLUCTUATIONS IN THE NUMBER OF GRADUATES FROM OTHER ALLIED DENTAL PROFESSIONS.

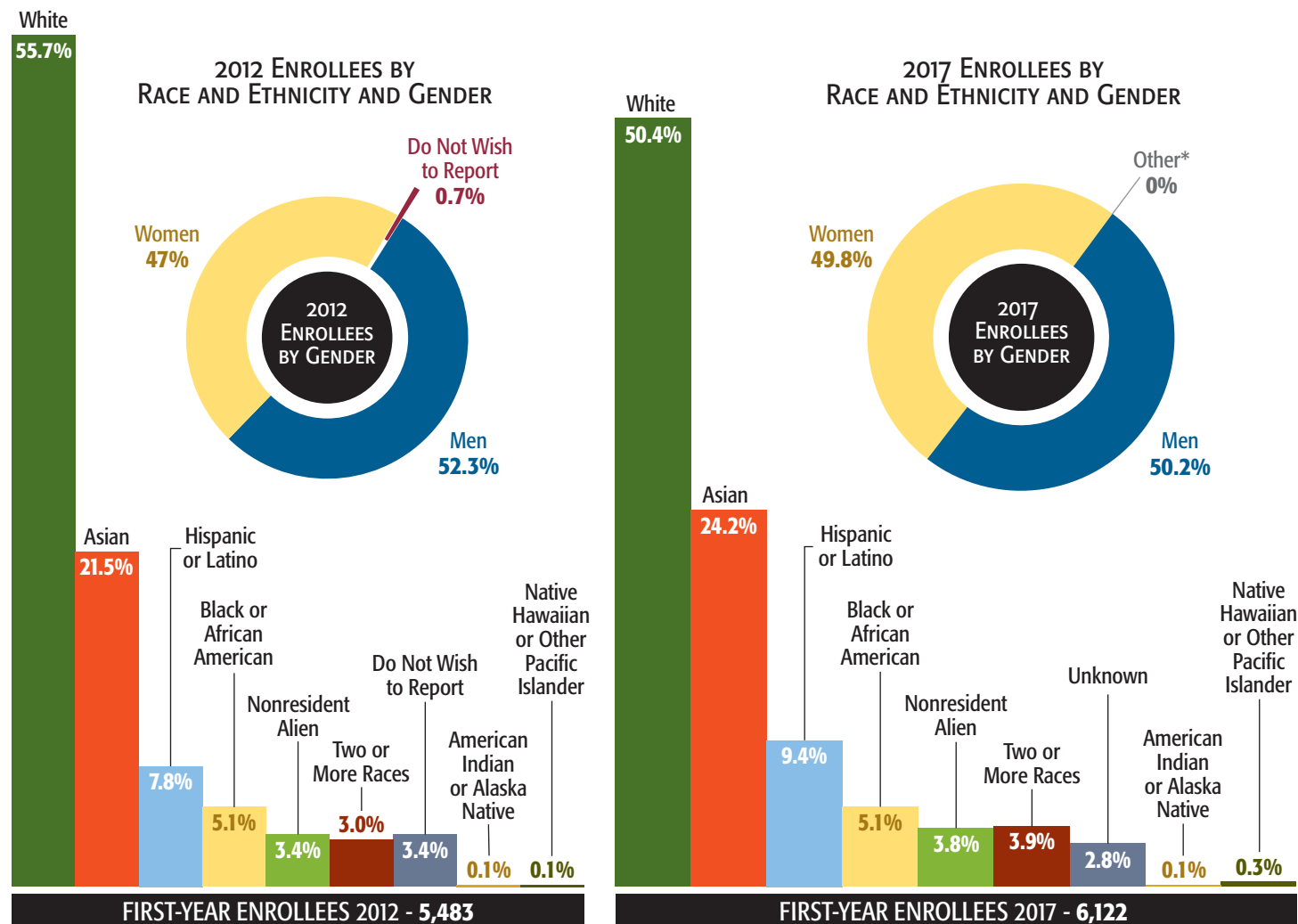


Source: American Dental Association, Health Policy Institute, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Surveys of Dental Laboratory Technology Education Programs, and Surveys of Dental Education. ¹The DALE Foundation, The Value of Dental Assistants to the Dental Practice, **November 2016**; ²Dental Assisting National Board, **2018 State Fact Booklet**; ³ada.org/en/coda/find-a-program; ⁴adha.org/dental-hygiene-programs; ⁵adha.org/resources-docs/75118_Facts_About_the_Dental_Hygiene_Workforce.pdf; ⁶Oral Health Workforce Research Center, Dental Hygiene Scope of Practice, 2016.

The Dental Student Population Includes More Women and Is More Diverse Over Time



IN THE PAST FIVE YEARS, DENTAL SCHOOL ENROLLMENT DISAGGREGATED BY RACE, ETHNICITY AND GENDER INCLUDES MORE WOMEN ENROLLEES, NEARLY 50% (49.8%), AND AN OVERALL RISE IN DIVERSITY, WITH OBSERVABLE RISES IN ASIAN, HISPANIC OR LATINO, NONRESIDENT ALIEN, TWO OR MORE RACES AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ENROLLEES.

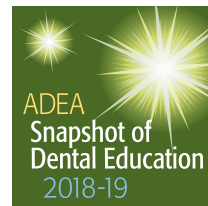


Note: ADEA adheres to the revised federal guidelines for collecting and reporting race and ethnicity. Percentages may add up to more than 100% due to rounding.

*The "Other" gender category includes students who prefer not to report gender, do not identify as either male or female or whose gender is not available.

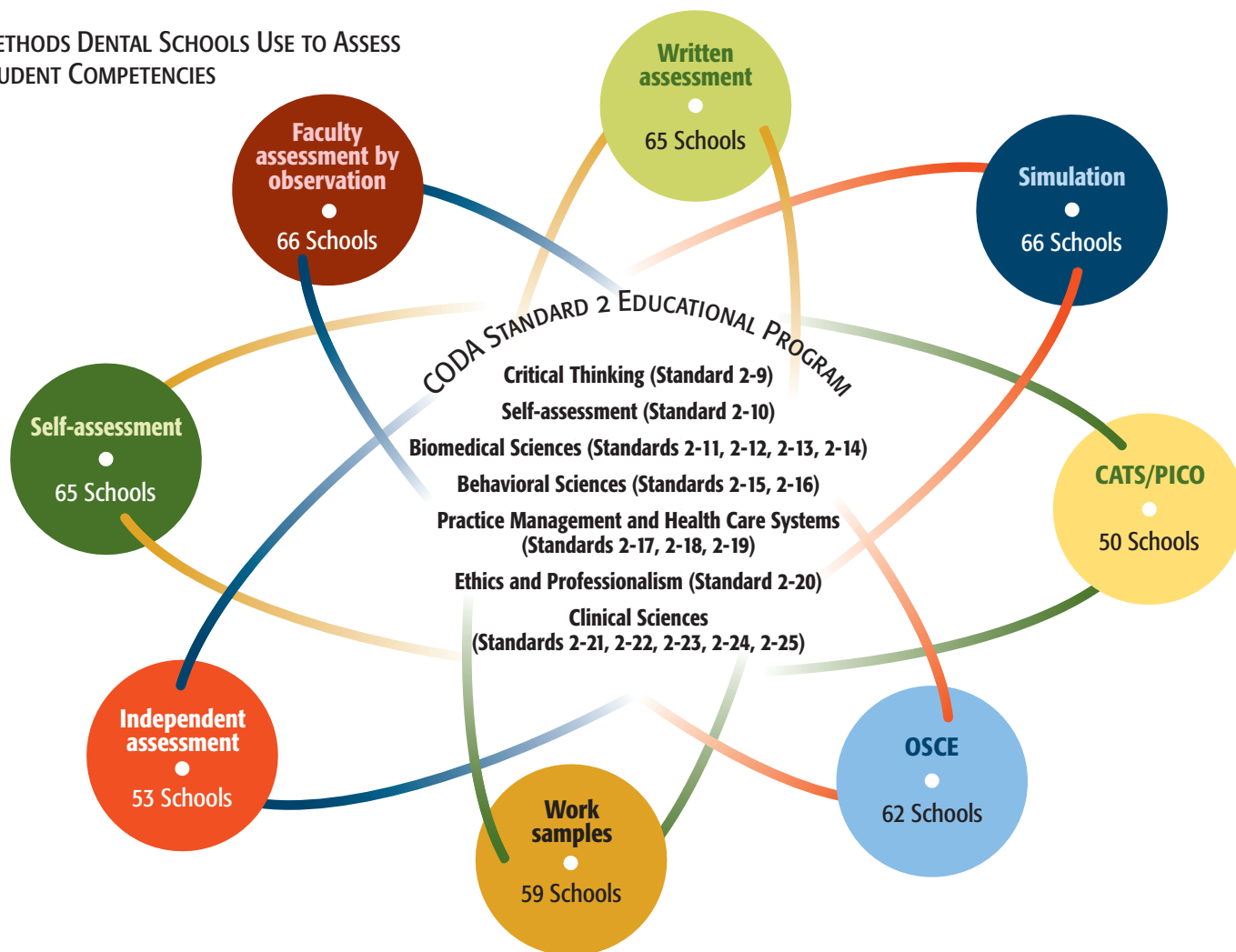
Source: American Dental Education Association, U.S. Dental School Applicants and Enrollees, 2012 and 2017 Entering Classes

Dental Schools and CODA Play Key Roles in Assessing Dental Student Competencies



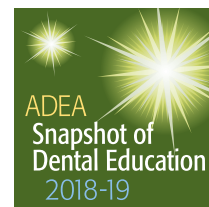
CODA STANDARDS SPECIFY THAT ACADEMIC DENTAL INSTITUTIONS MUST USE STUDENT EVALUATION METHODS THAT MEASURE THEIR DEFINED COMPETENCIES. *"The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills, but also assess the process and procedures which will be necessary for entry-level practice."* (CODA STANDARD 2-5)

METHODS DENTAL SCHOOLS USE TO ASSESS STUDENT COMPETENCIES

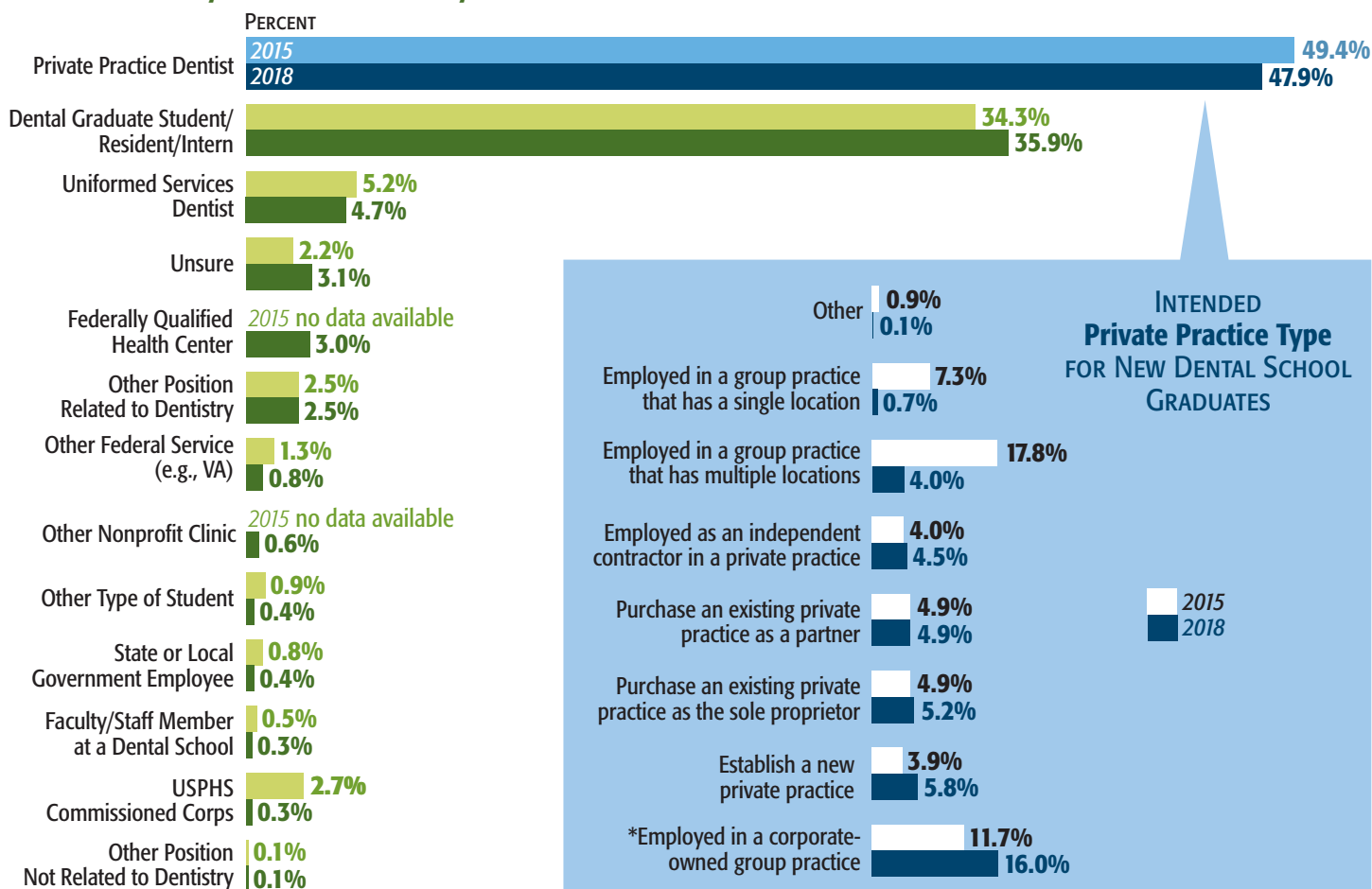


What Career Paths Do They Seek?

POSTGRADUATE PRACTICE OPTIONS AND ACTIVITIES PURSUED BY 2015 AND 2018 DENTAL SCHOOL GRADUATES



INTENDED **Primary Professional Activity** FOR NEW DENTAL SCHOOL GRADUATES



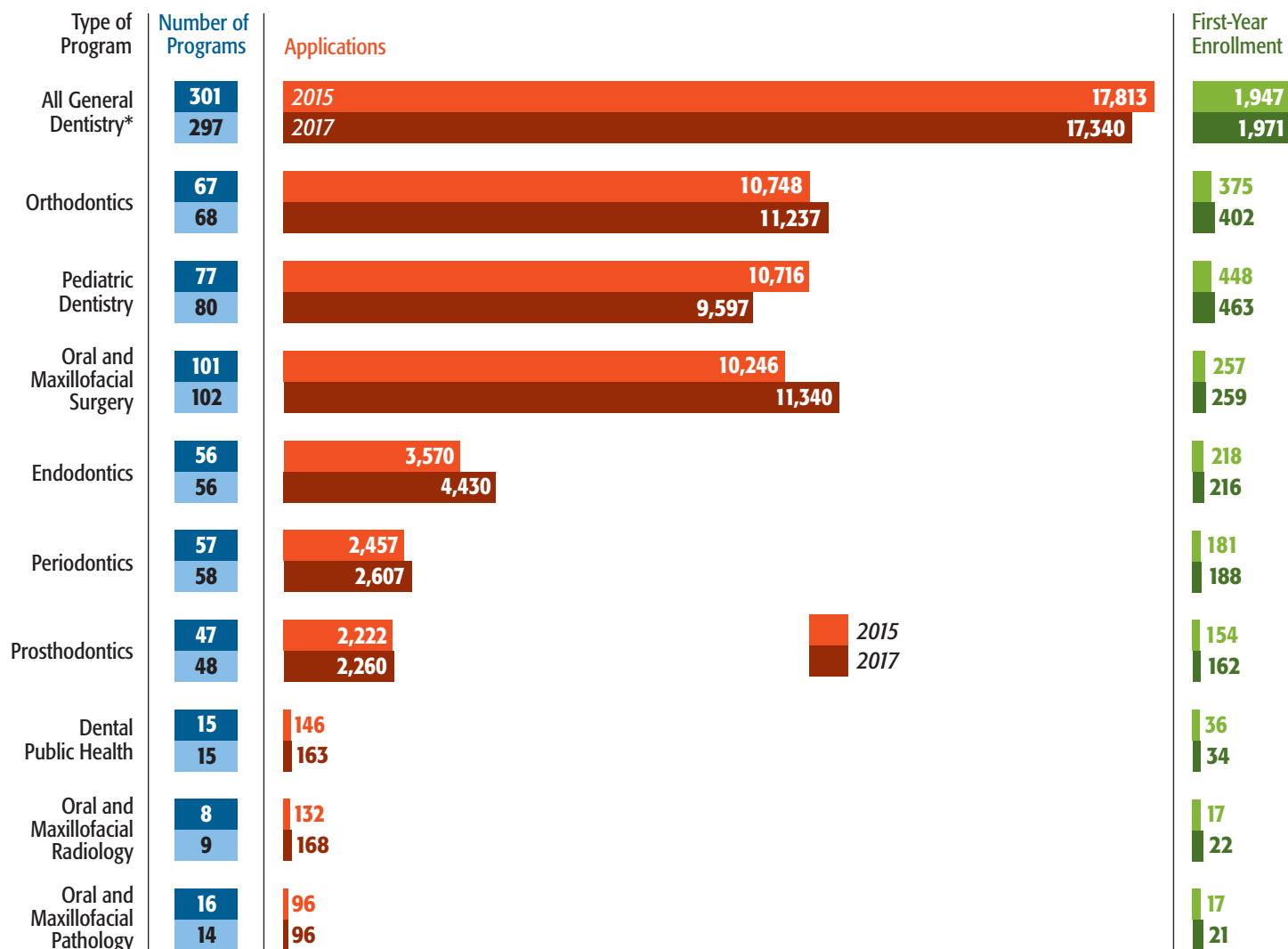
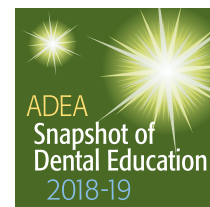
* In 2015, the question structure regarding employment in a corporate-owned group practice changed from "Select All That Apply" to "Select Only One." As such, results prior to 2015 cannot be compared with results in 2015 and later.

Note: Percentages may not add up to 100% due to rounding.

Source: American Dental Education Association, Surveys of Dental School Seniors, 2015 and 2018 Graduating Classes

Number of Applications and First-Year Enrollment for Advanced Dental Education Programs

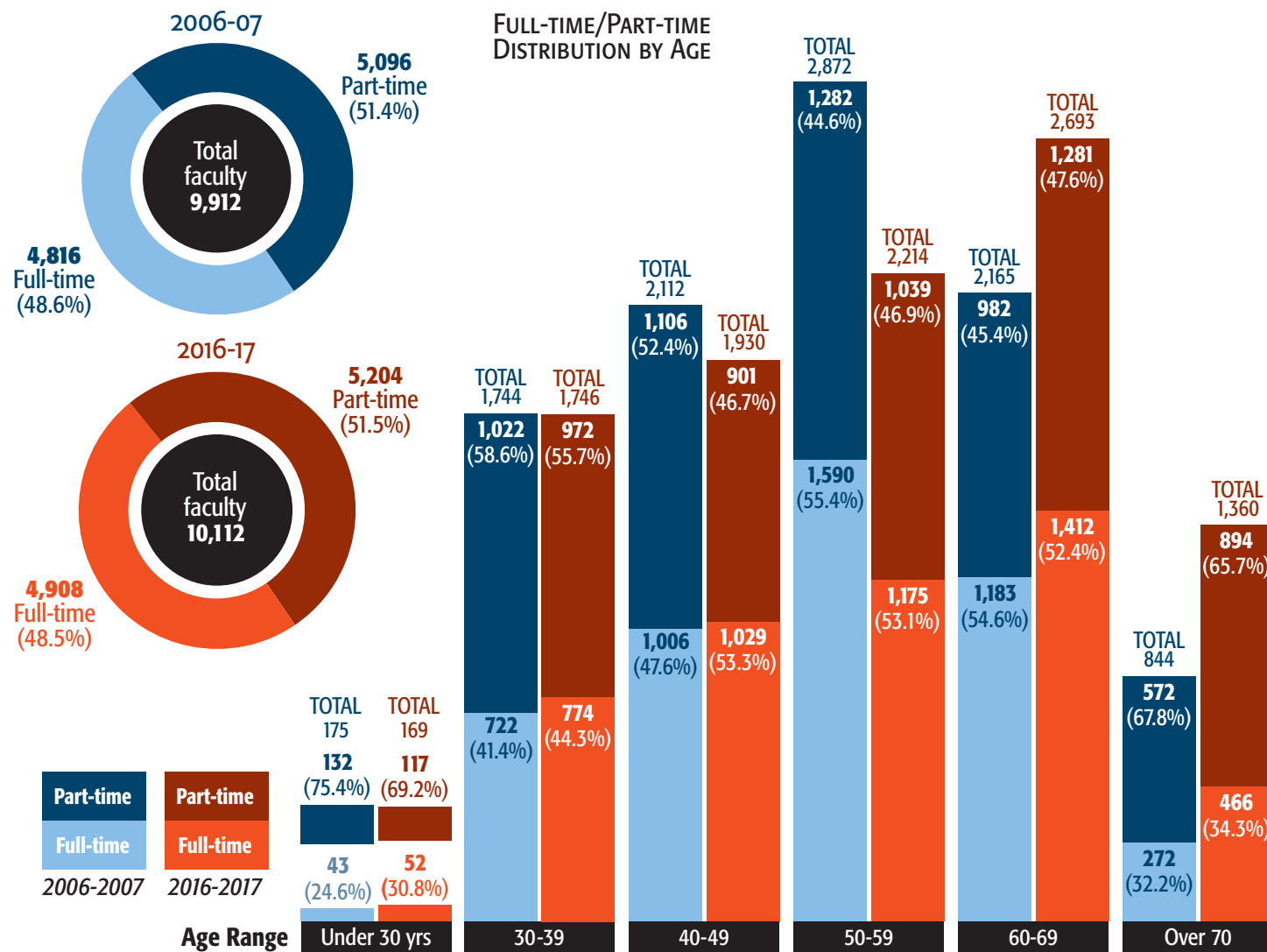
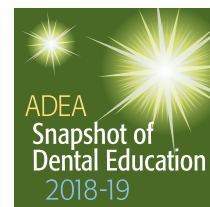
2016-17 ACADEMIC YEAR. APPLICATION FIGURES REPRESENT THE TOTAL NUMBER OF APPLICATIONS SUBMITTED TO ALL PROGRAMS, AND COUNTS APPLICANTS MORE THAN ONCE IF THEY APPLIED TO MULTIPLE PROGRAMS.



*All General Dentistry includes General Practice Residency, Advanced Education in General Dentistry, Dental Anesthesiology, Oral Medicine, and Orofacial Pain.
Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Advanced Dental Education

Age of Full-time and Part-time Dental School Faculty

FULL-TIME AND PART-TIME FACULTY BY AGE, 2006-07 AND 2016-17 ACADEMIC YEARS

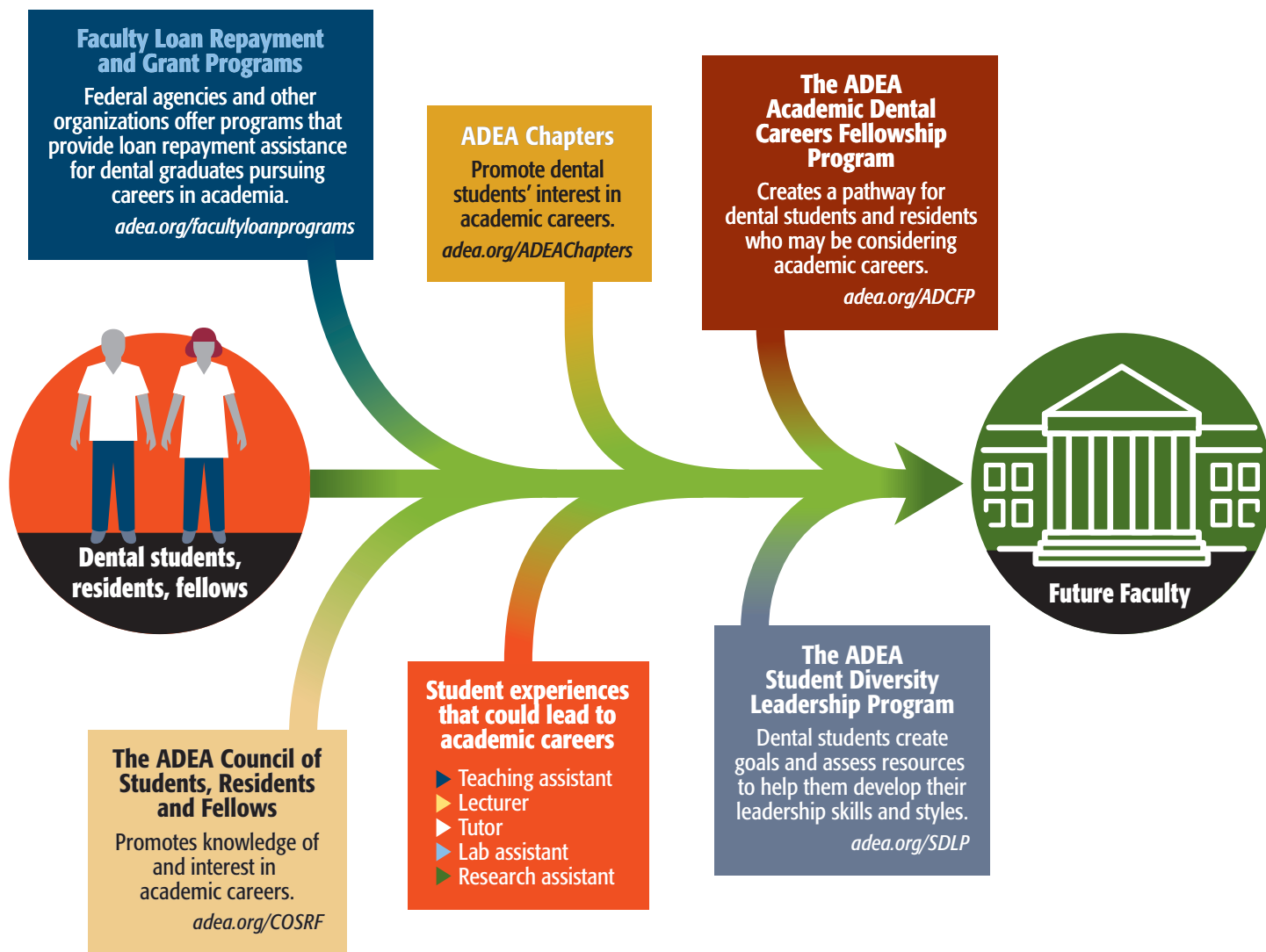
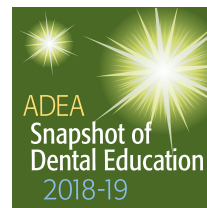


Note: Voluntary faculty are not included.

Source: American Dental Education Association, Survey of Dental School Faculty, 2016-17; ADEA Survey of Dental Educators, 2006-2007.

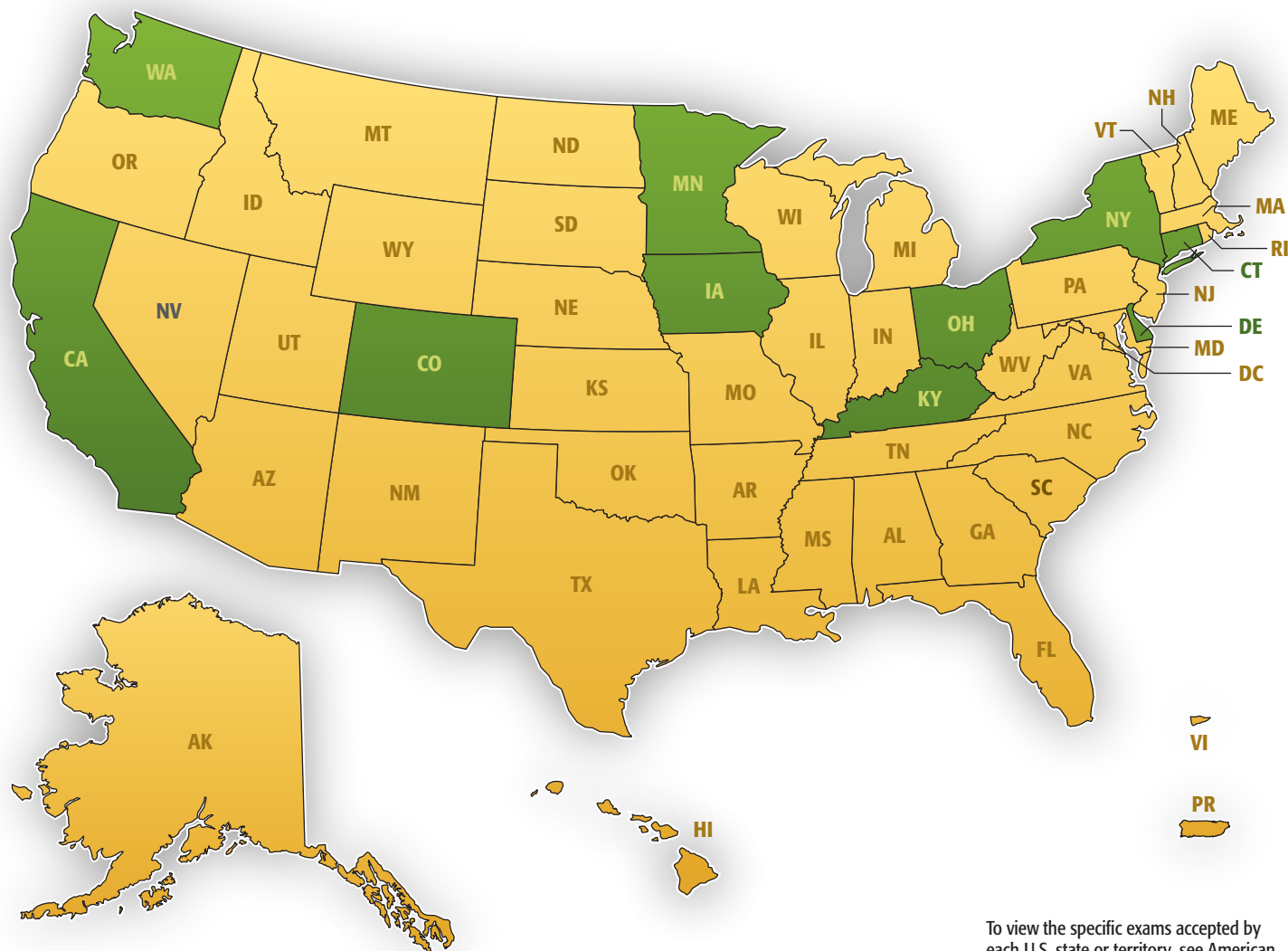
Dental Student Pathways to Academic Careers

FOR DENTAL STUDENTS, RESIDENTS AND FELLOWS WHO OPT TO PURSUE A REWARDING CAREER AS DENTAL SCHOOL FACULTY, A VARIETY OF RESOURCES—FINANCIAL AND EXPERIENTIAL—HELP SUPPORT THE PATHWAY TO AN ACADEMIC CAREER.



A Statewide Call-to-Action: Alternate Pathways Toward Licensure and Licensure Portability

SIMILAR TO THE CLIMATE CHANGE ISSUE, AFTER YEARS, IF NOT DECADES, OF DISCUSSION BUT LITTLE CHANGE, WE ARE AT A POINT WHERE THE REALITY OF THE NEED TO ADDRESS THE ISSUE OF PORTABILITY OF INITIAL LICENSURE AND LICENSURE BY CREDENTIALS HAS HIT.



Source: ADA Council on Dental Education and Licensure.

To view the specific exams accepted by each U.S. state or territory, see American Dental Association "State Licensure Tables," <https://bit.ly/2xjNtOw>.

 Allows Alternate Pathways
to Licensure

 Requires a Single Encounter
Procedure-based Patient
Examination

*THE REPORT OF THE TASK FORCE ON ASSESSMENT OF READINESS
FOR PRACTICE*, CO-AUTHORED BY A JOINT TASK FORCE OF THE AMERICAN
DENTAL ASSOCIATION, AMERICAN DENTAL EDUCATION ASSOCIATION AND
AMERICAN STUDENT DENTAL ASSOCIATION, DESCRIBES THE REASONS THAT
CHANGE IS NEEDED IN LICENSURE AND SETS A PATHWAY FORWARD.

adea.org/tarpreport

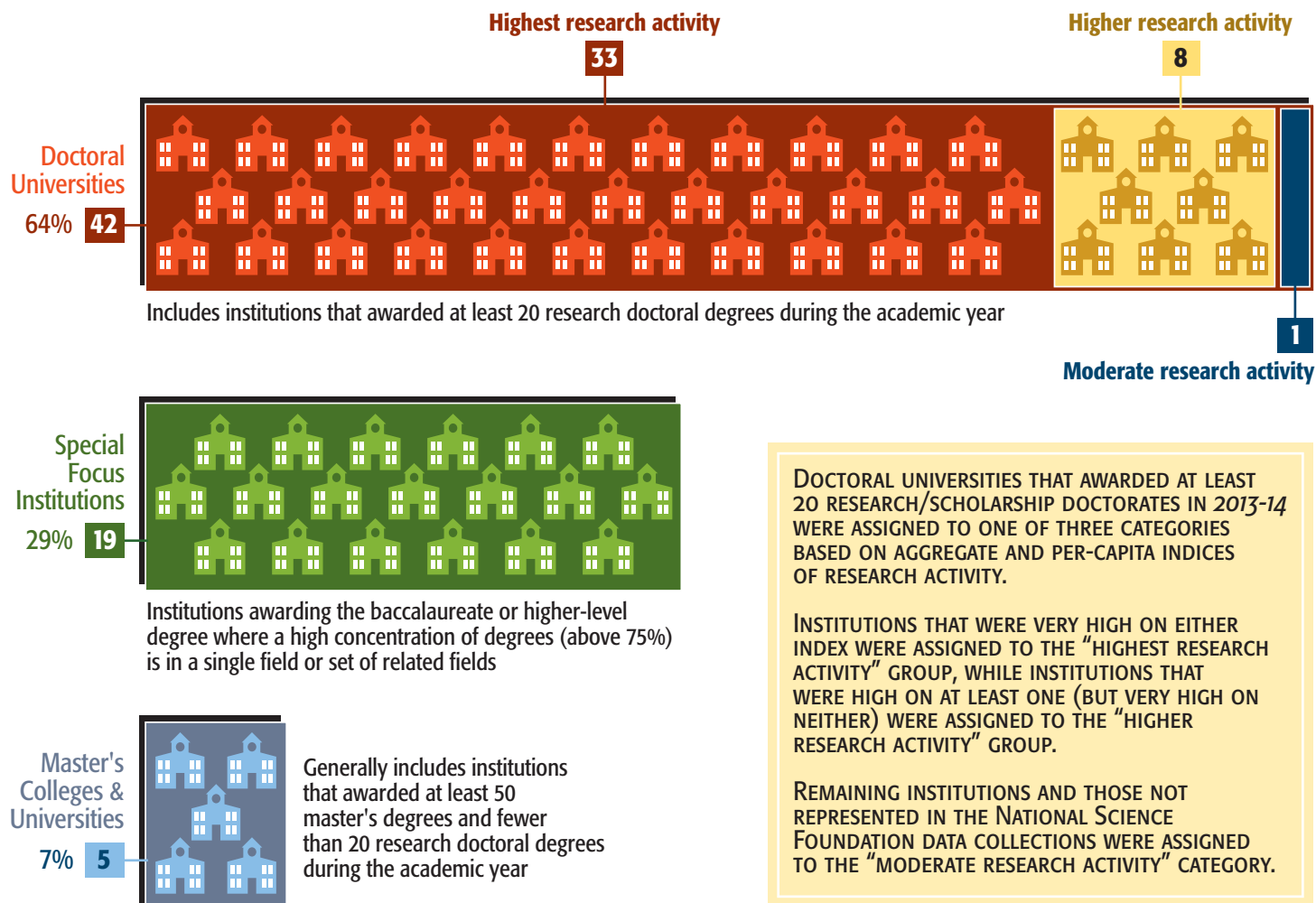
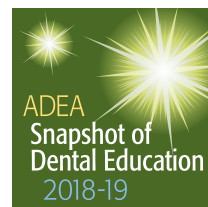
A statewide call-to-action centering on states' paths forward regarding licensure and licensure portability is of great significance to the dental profession and the public it serves.

The path forward calls upon states to eliminate the use of single encounter, procedure-based examinations on patients as part of the licensure examination and remove restrictions on portability of dental licensure. States' acceptance of a wider array of clinical exams and other pathways to licensure protect public safety while also increasing dentists' professional mobility.

As dentists in modern society become more mobile the issue of portability of licensure takes on increased importance.

**CONSIDER THIS: BETWEEN 2011-16, ABOUT 1 IN 18 DENTISTS MOVED TO A
DIFFERENT STATE, AND ABOUT 1 IN 8 DENTISTS AGES 40 AND YOUNGER
MOVED ACROSS STATE LINES.**

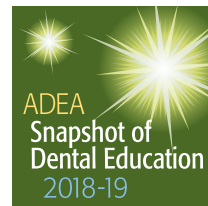
Carnegie Classifications of U.S. Dental Schools' Parent Institutions



Source: Indiana University Center for Postsecondary Research (2018).

Carnegie Classifications 2015 public data file, <http://carnegieclassifications.iu.edu/downloads/CCIHE2015-PublicDataFile.xlsx>. Accessed: August 13, 2018.

ADEA Advocacy and Government Relations: Members' Voices Informing Policymakers



WHETHER ADVOCATING ON BEHALF OF THE NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH OR SAFEGUARDING DENTAL EDUCATION PROGRAM FUNDING, ADEA'S ADVOCACY AND GOVERNMENT RELATIONS TEAM IS THE VOICE OF DENTAL EDUCATION ON AN ARRAY OF FEDERAL AND STATE ISSUES PERTINENT TO ACADEMIC DENTISTRY—HIGHER EDUCATION, FACULTY AND STUDENT LOAN REPAYMENT, LICENSURE PORTABILITY, IMMIGRATION, HEALTH CARE AND MORE. IN 2017 AND 2018, ADEA AGR WORKED DAILY TO ACHIEVE THE FOLLOWING RESULTS:



ANALYZE

- ▶ Monitor and assess thousands of pieces of state legislation and proposed regulations impacting academic dentistry.
- ▶ Track hundreds of bills in Congress dealing with health care reform.
- ▶ Examine over 100 pieces of federal legislation that stand to directly impact dental care and access.
- ▶ Review and report on multiple news sources daily.



EDUCATE

- ▶ Publish state and federal newsletters to educate members on the latest federal and state legislation and regulations.
- ▶ Send thousands of tweets on key issues impacting dental education.
- ▶ Educate ADEA Leadership Institute Fellows on how to advocate for dental education before state and federal legislatures.
- ▶ Hold monthly conference calls to answer ADEA member questions on legislation.



ADVOCATE

- ▶ Support ADEA priorities by signing individual and coalition letters sent to the Administration and Congress.
- ▶ Support amicus briefs filed with the U.S. Supreme Court.
- ▶ Hold congressional briefings on Capitol Hill in support of oral health training funding.
- ▶ Hold annual ADEA Capitol Hill Day, where ADEA members engage virtually and in-person with their Members of Congress.

Meetings held with
Members of Congress
and their staffs to achieve
higher funding levels for:

Oral health training
programs
\$40.7M

National Institute of Dental
and Craniofacial Research
\$461.8 million (+\$14M)

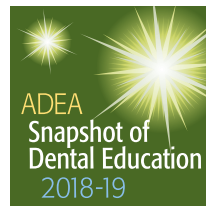
Health Careers
Opportunity Program
\$14.2M

Ryan White Part F—
Dental Reimbursement
Program **\$13.1M**

Poor Oral Health Affects Our Military's Readiness and National Security

"DENTAL DISEASE AND NON-BATTLE INJURY DATA FROM JULY 2009 TO JUNE 2011 FOR OPERATION IRAQI FREEDOM SHOW THAT ON AVERAGE, A SOLDIER IS LOST FOR THREE DAYS EACH TIME THEY SEEK DENTAL CARE. THIS DOES NOT INCLUDE THE SOLDIERS LOST TO THE UNIT TO TRANSPORT THE SOLDIER WHO NEEDS DENTAL TREATMENT."

—Col. Georgia Rogers, D.M.D., M.P.H., 2018*

An illustration of a sailor in a dark grey uniform with a white sailor's cap. The sailor has brown hair and a concerned expression, with a small gap in their front teeth. A speech bubble to the left of the sailor's head contains the text "If you can't eat, you can't fight." in red. The sailor is holding a white tray with both hands. On the tray is a blue plate with a hamburger, a fork, and a knife.

DID YOU KNOW?

- 1 4-F is a classification given to a new U.S. military registrant indicating he or she is "not acceptable for service in the Armed Forces" due to medical, dental or other reasons. The term originated in the Civil War to disqualify recruits who did not have **four front teeth** with which to tear open gunpowder packages.
- 2 In 2008, nearly all (95.8%) Department of Defense recruits required some type of dental care and over half were considered to be Dental Readiness Class 3 (non-deployable, not medically/dentally ready).
- 3 The most common disqualifier for military service in the 20th century was not flat feet, but military personnel dental health and complications, such as acute necrotizing ulcerative gingivitis (trench mouth).
- 4 The rampant dental problems of soldiers during World War II led to the National Dental Research Act in 1948. The Act established the National Institutes of Health's third institute, known today as the National Institute of Dental and Craniofacial Research.

Sources:

*Gourley, G. Dental health and readiness: keeping soldiers deployable and in the fight. DefenseMediaNetwork, June 11, 2018

1. Calcaterra N. 4-F: Unfit for service because of your teeth? Directions in Dentistry, March 19, 2013.

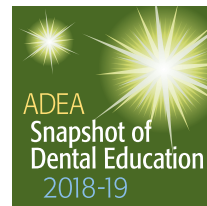
2. The military's proud history of oral disease prevention. Inside Dentistry, 7(5):2011.

3. NIDCR turns sixty. National Institute of Dental and Craniofacial Research. Press release, June 24, 2008.

4. 2008 Department of Defense (DoD) recruit oral health survey. Military Medicine, 176(8), August Supplement 2011, p. 1.

ADEA Value Proposition

THE AMERICAN DENTAL EDUCATION ASSOCIATION (ADEA) HAS 20,000 MEMBERS AND REPRESENTS ALL 76 DENTAL SCHOOLS IN THE UNITED STATES AND CANADA. ADEA ALSO REPRESENTS MORE THAN 1,000 ALLIED AND ADVANCED DENTAL EDUCATION PROGRAMS AND OVER 60 CORPORATE MEMBERS. WITH HEADQUARTERS IN WASHINGTON, DC, ADEA'S STAFF OF 70 WORKS TO REPRESENT AND SERVE THE NEEDS OF ACADEMIC DENTISTRY IN MANY KEY AREAS:



ADEA's four centralized application services—

process over 180,000 applications annually on behalf of our members.



Professional and leadership development programming—

for deans, program directors and dental and dental hygiene faculty.



Critical policy information and initiatives—

to support academic dental institutions in planning and decision-making.



Real-time state policy monitoring—

with online access for members.



Educational research and analysis—

findings from surveys and applicant data.



Recruitment activities—

ensure the continued quality and diversity of applicants to the dental professions.



Federal advocacy efforts—

address legislation and regulations that impact dental education.



Representation by the ADEA President and CEO—

on national higher education and health professions leadership bodies.



Guidance, training and tools—

foster inclusive excellence in dental education.

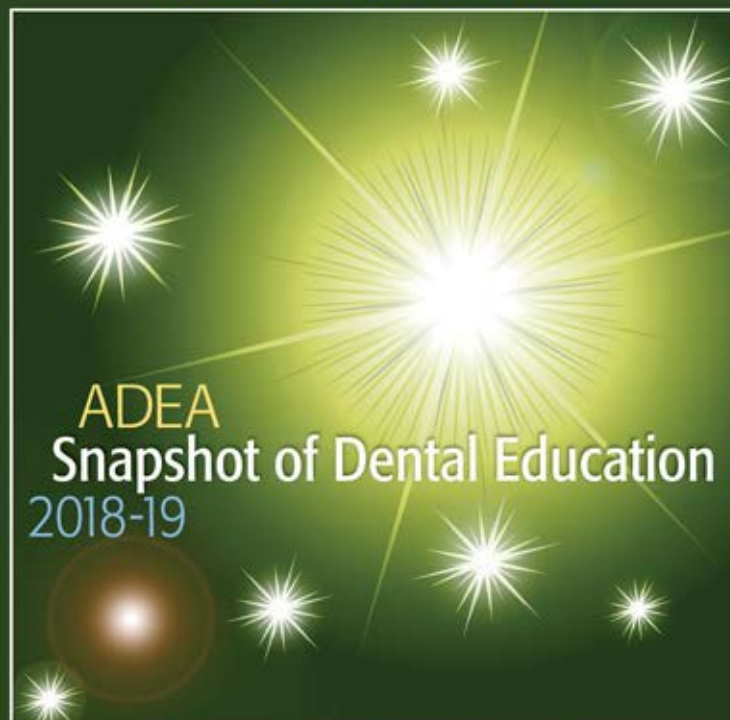


Unique profession-centric publications—

including the peer-reviewed *Journal of Dental Education*.

adea.org/valueproposition

THE VOICE OF DENTAL EDUCATION



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