

Differences and Similarities Between Dental Schools at Public and Private Universities

An edited version of a conversation among William Kotowicz, D.D.S., M.S., Dean, The University of Michigan School of Dentistry; Howard M. Landesman, D.D.S., M.Ed., Dean, University of Southern California School of Dentistry; and David Myers, D.D.S., M.S., Dean, School of Dentistry, Medical College of Georgia; moderated by N. Karl Haden, Ph.D., Associate Executive Director, AADS, and Lisa A. Tedesco, Ph.D., Vice President and Secretary of The University of Michigan. The conversation took place by conference call on September 11, 1998, in preparation for the Summit Conference.

The discussion is followed here by a brief commentary by D. Walter Cohen, D.D.S., Chancellor, Medical College of Pennsylvania Hahnemann University, and Dean Emeritus, University of Pennsylvania.

LISA TEDESCO: One of the things we used as an orienting frame for the Summit is the chapter on the dental school in the university from the IOM report. A lot of this chapter deals with finance, the vitality of programs, and the question of linking the university and the dental school more closely in terms of the school's contribution to the university. One of the clear implications in that chapter is that something different happens in public and private education. In our conversation today we want to get your perspective on those issues, based on the worlds you deal with in your schools, and to tease out some directions for the future. So the first question is: **In the current environment, on what dimensions are public and private dental schools different? How are they similar?**

DAVID MYERS: From my perspective, public and private schools are somewhat different and somewhat alike. They are alike in a focus and commitment to a quality education for predoctoral dental students. Different schools always have little differences in the way they go about it, but overall, quality education is what we are trying to provide. We are all in it to educate students so that, when they graduate, they will be well prepared to begin the practice of dentistry. That's a shared value for public and private institutions. After you get past that, differences begin to arise. In fact, there are differences not only between public and private, but within public schools and probably within private too, as to their commitment to research, the value the particular institutions place on research at any given time, and the resources they allot to it.

Other differences arise depending on where we are coming from because we have different constitu-

encies we are trying to serve. For us, as a state school, our constituency is well defined by the geographical borders of our state. As the only dental school in the state of Georgia, we are very focused and becoming increasingly focused because of the message from our legislature and university system board of regents that we are basically here to provide educational opportunities for residents. So our focus is to provide dental practitioners for the citizens of Georgia.

Now, granted some graduates are going to go to other areas to practice and some will even go into other careers, but there is that expectation that we admit students who are Georgia residents and have a high probability of staying here to practice because that's the agenda of the constituency we are trying to serve. In the public sector, therefore, it's relatively easy for me to know what we need to be focused on, in the sense of who your students should be and what we hope to be able to say our graduates are providing to the state. Although I personally don't have any experience with private schools, I think a private school has a broader constituency, which may be national or international in scope. That may make it more difficult to show your university that you are really addressing their agenda and that your graduates are indeed providing this resource for that constituency, whoever they may be.

WILLIAM KOTOWICZ: Like David, I feel that there are differences between the private schools and there are differences between the public schools, but when you look at it together, there are privates that look like publics and there are publics that look like privates. So I think that distinction, particularly in these times of decreased state support, is beginning to look less clear. I'm also at a public institution in the state, yet I

think our university mission is a little different from Georgia's in that we feel that the professional schools in the university are a national and international resource. I do not have any requirement to admit 80-90 percent of our students from the state. So that makes me look in a sense like a private, even relative to research. When I look at dental schools overall, I see some fine research universities in the private sector, as well as a few private schools that have relatively large D.D.S. enrollments. So it's getting harder to look at the situation and say there are differences in research. Many of the privates do exist in large population centers, but beyond that, with the missions of the university variable, we are alike in many ways these days.

HOWARD LANDESMAN: I agree with Bill that, in the twenty-first century, privates and publics will start to look more and more alike and there won't be this clear distinction between private and public dental schools. Also, I agree with Bill that it really depends on the school and how the school and the university manage things. For example, if the school is on revenue-center management, you're responsible for running your own operation and what you do with your money is up to you. I think the major difference today, and probably as we will see it in the future, is the difference in tuition. In state schools, students pay much less tuition if they are in-state residents than they would at a private school; whereas private schools are for the most part depending more upon tuition revenue to meet school operating costs. Also, the cost to educate a student is different in private and public schools. ADA and AADS data show a tremendous difference in cost to educate a student in a public school versus a private school. Those two factors are very critical. In fact, one reason that several private schools closed is linked to money: school leadership was ineffective in managing revenues, and the university was unwilling to subsidize the school. In private education—which is what I've been involved in all my life—the university is less willing to subsidize a dental school. So one has to immediately say to oneself, there is not a chance that we're going to get any subsidy from this university and therefore we have to figure out a way to manage resources.

I think private schools also differ from public schools in that privates can get things done a bit more quickly without going through as many layers of administration and faculty groups that public schools go through. At least that's what I've heard when I've talked to deans in public institutions. That ability to move more quickly may not be necessarily a good or bad thing, but it can occur.

However, I think we're the same in that the same problems exist in public and private education. The major problems for both are the cost to educate a dental student, the lack of diversity, and the difficulty in attracting and retaining quality faculty. It's much easier today for individuals to go out and enter practice than to become faculty at an institution. Before it was much easier to enter academia. I think that's a result of the economy. If this economy should turn, maybe it would be easier to attract faculty. We also have a problem of the lack of student and faculty diversity whether we're public or private. We share problems of not having enough patients to assure a broad base of clinical experience and student competence, and of maintaining a balance, a very delicate balance, between the internal community of scholars and the external community of practitioners. And most important, all of us have the problem—and it's one that we have to take very seriously—that dentistry is not a priority in a university, whether it be public or private, and we must find ways to promote and maintain the value of a dental school within our own universities.

TEDESCO: I have a clarification question for you all. **Are we hearing you say that the critical differences are no longer along the public or private dimensions, but that there's a mission emphasis variable?**

KOTOWICZ: I would say that is the case. I think the state support issue has been a difference in the past, but now the declining state support is driving a greater similarity between public and private schools.

LANDESMAN: I also agree that the variable is now caused more by differences in mission emphasis. I recently made the statement at a dean's meeting that all deans had better know the strategic plan of their own university, and once they understand it, they had better figure out a way that their dental school can fit into it. If they don't and they think they can survive outside of the plan, they are in trouble. Dental schools have to learn to integrate themselves within their parent university and be part of the strategic plan of the parent university.

TEDESCO: **Would you say that that's an accurate reflection: that the critical difference goes more to a mission emphasis, with your particular stakeholder being the state?**

MYERS: In our situation I feel that way. We're a publicly supported institution and the public has certain expectations of us, which are primarily driven through the legislative agenda and our state board of regents that governs the university system. In Georgia,

I think the essence of the difference goes back fundamentally to the mission and the stakeholder. To me, that's the key.

KOTOWICZ: I certainly would support that. In our case, we consider ourselves a resource to the university by providing faculty to teach not only at the undergraduate D.D.S. level but at the baccalaureate degree level in the university and in the medical school. Becoming an integral part of the life sciences effort in the university is part of our shared vision.

TEDESCO: I want to ask one follow-up question related to the pressure to keep tuition dollars down because it may be one of the distinguishing features of state schools and maybe not privates. State schools do feel pressure to keep the tuition increase down in any period of time, and universities have this desire to show that they are making higher education affordable—indeed it's a requirement because of the public service piece. Howard, how does this play out in your world?

LANDESMAN: I also feel pressured to keep tuition down. However, since my major source of revenue is tuition, on an annual basis I see what the university is recommending for tuition increase for the entire university, and then at the dental school I have tried for the past eight years to keep ours at least a percent less than what the university does. I think that sends a message psychologically to the university that the dental school is trying to keep it down. However, I do feel pressured by it. I don't like to see students graduating dental school with six-figure debt as many are when they graduate USC.

KARL HADEN: **How do public and private dental schools differ with regard to the university's mission and educational values and how do they differ in the programs or operations designed to achieve the university's mission?** Howard, you mentioned that you thought private education was somewhat faster to make things happen than public institutions. I'm curious as to what those things are.

LANDESMAN: I think the number one area is fundraising and what we can do with private donors. A perfect example occurred in the last couple of months. An individual was trying to give a large sum of money to another California university. He worked with the university for a very long period of time and couldn't seem to work out an arrangement with them that was satisfactory. Our president found out about it, knocked on the donor's door, and within a couple of weeks wrapped it up and got the large sum for USC. That is in no way a criticism of the other university; it's just an example of how we have less red tape to cut through.

Any of the UC systems have to go through a board of regents and other layers before they can work out such an arrangement, but the president of a private university or the dean of a dental school, for that matter, can work out an arrangement with a donor without going through multiple layers.

I think the other big difference is that, with public schools, you are getting money from the state in which you reside, so you're at all times obligated to them. However, in a private school, you're depending on private sources of revenue, so you can be more entrepreneurial than when you are dealing with a state and its regulations. It's easier to accomplish what you want to accomplish when you are getting funds from private sources.

KOTOWICZ: I'm not sure about that. I think in certain areas Howard is right. But on some other issues like faculty governance, tenure, and things like this, I can't say that there are differences between publics and privates. There may be some differences in terms of unionization, etc. I don't know if any private schools have unionized faculty, but there are probably some publics that do. Overall, in those issues relative to the academic side, I'm not clear. If I had to make a guess, I'd think they are the same. I can't see differences relative to academic issues. But that's a guess.

TEDESCO: In faculty governance, there may be some differences. But, in terms of students and operations and programs, we think the processes would be similar, wouldn't we? (All agree.)

LANDESMAN: Our mission is to prepare the highest caliber professionals we can—those who we think will develop into lifelong learners and critical thinkers and can participate equally with professionals in health care and other scholars in the biological sciences.

KOTOWICZ: In looking at the list of schools, I thought there might be some differences in the breadth of educational programs in that publics have a greater variety, but in fact you can find privates that have equally broad programs. So maybe the distinction should be that graduate education and Ph.D. training might be aligned more with research-oriented schools rather than private vs. public.

LANDESMAN: Of the fifty-five dental schools, there are really twenty that have extensive research programs and successfully compete for research money from the NIDCR. Of that twenty, eight are private schools. Since it's almost a 50-50 break between the privates and the publics, it's difficult to say which is

getting more research funds, publics or privates. It's pretty close right now.

TEDESCO: Except, of the fifty-five schools, there are more public, so a higher proportion of the privates are getting the research funds. [Further discussion points out that four of the top ten receiving NIDCR money are private institutions, but not all are dental schools, e.g., Forsyth Dental Center.] **But what about the statistic on the faculty-student ratios: the publics on average are higher than the privates. What does that mean?**

KOTOWICZ: The privates probably do have a higher student-to-faculty ratio on average. But Harvard has listed 2.05 students per faculty, so there is still a variable in there. Probably on average, I think it would be true.

LANDESMAN: What's going on is that privates have less money to educate a student and, accordingly, the faculty-student ratio is affected.

TEDESCO: Right. But what does it mean in terms of how your programs are being delivered? What are you doing differently that is of consequence? Is it just doing the same with less, which has a whole other set of implications?

LANDESMAN: The expression that goes around my university is doing more with less and doing it better. That might sound a bit pompous, but that's what needs to be done, so that's what we try to do. Are we doing it better? I don't know. We need to develop some outcomes measures to see. As with any public venture, there always seems to be more funds, whether it's the military or public education or anything else. In a private school you learn to do more or at least equal as you can in the public sector with less money and fewer resources.

TEDESCO: Question 3 orients our sights toward leadership. **In the next decade, what leadership skills are most essential for public dental education? And for private dental education? In terms of stewardship and management related to budget, finances, cost, and revenue, what are the similarities and differences for public and private schools?**

LANDESMAN: Whether public or private, you need to be a master at working with people in both the internal and external community of scholars, and if you understand the strategic plan of the university and make certain that the school of dentistry becomes an integral part of that plan, then you'll be fine. This includes things such as research, methods of excellence and mission standards, the quality of students, teaching methodolo-

gies, faculty with national and international prominence, alumni who believe in your mission. I think those are the critical things, whether private or public. This is relative to budget finance and costs. In private education, you better be prepared to fully cover the costs associated with the operation of the school. Under no circumstances can you expect a major private research university to subsidize any of the costs. And I think this will be true of publics also. Dental schools that were closed were in my opinion dependent, for the most part, upon their parent university to help support the dental school. And if dental schools are no longer seen as priorities, they should not be expecting to get anything from their universities. I think it's important for schools to make business partnerships with the university and, in that way, gain added value for the university. We have a partnership with our university bookstore, for example, in which the bookstore handles our instrument management system and, if they lost that, it would put the bookstore in the red every year. Little things like that help integrate the dental school with the university and show contribution, partnership, and value.

KOTOWICZ: I would agree about the differences between private and public institutions in terms of stewardship and management. It goes back to budgetary implications and the need to maximize revenue and minimize costs. All schools face that and there's no question about that. But to take that point a little further, I think the issue of leading the profession is going to be critical for dental schools. It's difficult to do at times, but I think that's where we need to be. Creating new knowledge, all the way from basic to translational, to clinical research and outcomes and technology transfer, that spirit of continued education of the need to stay apprised of what's going on—those are very important issues in which schools should exercise leadership. I think schools will have to use a lot of techniques like web-based transfer information to do that.

In addition, I think training the next generation of teachers is something that we need to look at very carefully, as we've all acknowledged we are perhaps not doing it right now because the economy is so good on the outside that we are not attracting new faculty. We have to address this and lead the profession in this way.

Finally, I think we need to look at ways to decrease the cost of dental education and the issue of how to convince Medicaid to help finance dental education, as the medical model does. We have to group together

to see if there are ways we can decrease the clinical component or the cost in clinical education. To do that, we may need to move outside our buildings into communities. Those are some of the things I think we will have to do in showing leadership.

MYERS: I agree with what has been said. I think, from a leadership point of view, it will be essential for the dean of a school, or anyone in a leadership role in that regard, to be committed to the institutional mission. I don't think any dental school will thrive and maybe not even survive if its mission and operation are not in concert with its university's mission. The leadership has just simply got to be very vigilant on that one.

Another point that we've alluded to but I want to emphasize is that in today's world things happen very fast, and there is no place to hide because everything that happens is news around the world in minutes or even seconds. My point is that you have to be prepared to have your programs constantly viewed by your constituency, and you have to be able to put forth tangible outcome measures that show in a meaningful way that dental education is valuable to the university and to the university's constituency. If we don't, we run the risk of appearing to be self-serving and looking like we're just an expensive, independent program that is hard for people to justify and see the value of. I think being mission-focused, being aware of public interest and public scrutiny, and being prepared to put forth meaningful outcomes in this arena are key to leadership.

HADEN: At the risk of oversimplifying, if you were designing a program to cultivate new deans, what five to six topic areas would you identify for this program?

MYERS: I would like to see AADS take the lead in developing some kind of an orientation or training. One of the things I think would be valuable would be for new deans to have the opportunity to visit schools besides their own early in their deanship. Talking with other deans is helpful because there's a lot of experience and expertise out there. When you visit other schools, you can also see a wide range of strengths and weaknesses. What comes out of this is a great deal of insight into dental education as a whole and a perspective that you don't get only in one environment. I know it would cost money but it would be helpful.

LANDESMAN: I really believe that existing deans are obligated to put people around them whom they can nurture so that those people will be the future deans. To me that is essential. You have two or three people around you and you let them know that you are

going to work with them and hopefully they will end up in your job or as a dean somewhere else. You can go to all of the training sessions and all of the leadership conferences you want, but if the people don't get the experience at the dental school where they are to see what's necessary to be successful as a dean and you don't help them, then you're not doing your job as a dean.

KOTOWICZ: There are certainly some core areas in which it would be helpful to get information and training, like in human resource management, financial administration, and research administration. Many of us come up through the faculty ranks and haven't had administrative experience. But I agree that going to another school to talk to people and see other programs in operation would be helpful.

LANDESMAN: One final point on leadership skills. I think the schools that will really thrive in the twenty-first century are the schools that have large endowments, so I think leaders of dental schools today have to think at all times what the endowment for their school will be in the future. The great schools will be the schools that have great endowments.

KOTOWICZ: I would agree that there is going to be an increasing dependency on endowments; I know there is at our institution already. That's also part of the mission of the university, and we at dental schools have to be a part of that. That's getting back again to the core mission of the university and being a part of it.

HADEN: Six private dental schools closed during the late 1980s when the ratio of applications to positions was very low. **If faced with a reduced number of applicants to positions in the future, will more private dental schools close? The second part of this question: What would be the impact on oral health care and research if private dental education ceased to exist?**

LANDESMAN: I believe that every private school that closed was because the administration of the dental school did not fully understand how to integrate themselves into the university in the areas that we have spoken about this morning—collaborative research, teaching programs, alumni support, and all those things. In most instances, the universities were subsidizing the dental schools that closed, which we know universities are not in a position to do. I believe that, if you don't do all the things we've mentioned and if the university has to continuously subsidize the dental school, then it will be prone to closure whether public or private. What will make the difference in ensuring that the university doesn't consider closing the school

is that it is a contributing partner to the overall mission of the parent university.

KOTOWICZ: I agree totally with what Howard said. But I would emphasize that it is very dangerous for public schools to have a sense of security for the exact same reason that Howard stated. I would not draw that line at the private side and say that publics are safe.

HADEN: Second part of the question, if I could rephrase this: can we do without private dental schools?

KOTOWICZ: If you look at the numbers of graduates from the private schools, I think that the big problem we would face is the manpower shortage, a shortage of being able to supply dental health care for the public of the country. What may result would be some publics having to increase in size as a consequence.

LANDESMAN: I would like to change the question and ask if we could do without *poor* private and public dental schools and the answer is probably yes. What we want is excellence in both private and public sectors; in this society there is a need for both private and public education. But both have to show excellence in what they do; that's the key to success and survival.

MYERS: I agree. I personally think this whole business of closing schools has been unfortunate for dental education in a lot of ways and the public in other ways. I sure would hate to see any more closures. I think there is a place and need for all of them.

TEDESCO: Are we are preparing enough oral health care professionals for the next couple of decades? Let's model this out a bit. Assume that we are not meeting the needs of society. Do you think that will force us to change the mix of types of oral health care providers, the issues relative to who is providing which kind of care, and to thereby increase use of allied dental personnel? How far will this go? Is there a shortage; and if so, how bad is the shortage going to get?

LANDESMAN: Ed O'Neill (Pew Center for the Health Professions) said recently that, if you walked into, I believe he said it was Kansas City, today and asked the population there if they'd rather go see a nurse practitioner or a physician for a certain procedure, they'd rather see the nurse practitioner because he or she has been trained and educated to do certain procedures a lot better than a physician. I think we in dentistry have to start moving in that direction—probably produce the same number of dentists that we are currently producing, but allow the allied dental personnel to do more than we've allowed in the past. We all know what that

means and we all know the impact of that on our alumni and on the town. But the reality is that it is time to break out of this notion that only the dentist can do certain things and only a hygienist or assistant can do certain things. We know for a fact that, in many specialty practices and in certain specialties, allied dental personnel are used extensively. It's time to allow auxiliaries to do more.

KOTOWICZ: In the event that there are shortages of care, we need to look at alternative methods of getting care to patients, and if that means increased utilization of allied dental personnel that's what we should be looking at.

MYERS: To me, this is one of the really critical issues we have today: it's not only the number of dentists, but what the allieds are going to do. To me for the most part, this is not a manpower issue; it's a reimbursement issue. It involves how we can realistically, on the one hand, train practitioners to survive in what is fundamentally a world of small business and, at the same time, meet our professional obligations to society to care for the spectrum of people who need our care. This issue of how we are going to provide care to all segments of the population is a really tough issue, but I think it's pushing its way to the forefront where we in dental education are going to have to deal with it. The issue has political overtones and repercussions for the whole culture and traditions of the profession.

TEDESCO: This leads me to comment that the potential dentist shortage may be driven not necessarily by focusing simply on personnel to meet the demands that exist today, but that we will have to increase the supply side of dental personnel once we increase access to care. That will be a whole different problem. And it will stimulate a lot of different options to address the problem.

KOTOWICZ: That's why I include dealing with the access to care issue under leadership issues that dental schools are going to have to face with their students and graduates.

TEDESCO: Question 5 asks us to think about working collaboratively. This again was addressed in the IOM report in the chapter on financing and value to the university. **What collaborative ventures are feasible for public and private dental schools? Do public schools have an obligation to help private dental schools?**

KOTOWICZ: I would say it's the other way around.

LANDESMAN: I don't believe that public schools have any obligation to help private schools. I

think privates may, however, be asked to help some public schools learn how to educate alumni and friends in the art of giving. We are going to see states give less to public institutions, so publics will have to learn to do what privates have done. I think, first and foremost, all of us have to break out of our individual confines and become more integrated with the other health science disciplines within our own health sciences center or universities. Then all the things we've mentioned in this conversation will be more feasible. By the way, I'm a firm believer in joint faculty appointments. Joint appointments with other schools within the university are great ways for dental schools to collaborate. It doesn't have to be just with health sciences; you can have joint appointments with social work, psychology, and other areas. It's a good way to become totally integrated within the university and participate in something other schools love to do. It's also an easier way to get faculty.

Continuing education is another area of potential collaboration, especially now with this age of technology. And then partnerships with industry, private giving, and all of those areas of potential revenues become key to making or breaking public or private universities.

KOTOWICZ: I think there may also be some chance that we have not taken advantage of sharing instructional materials. With the use of instruction on the Internet, we should look very carefully at shared courses; this goes public to private, private to public, between publics and between privates. There is always potential for research collaboration with the right individuals, especially in clinical studies.

MYERS: My opinion is that collaborative efforts are feasible and that just about all didactic course material could be taught through web-based instruction. That fundamentally changes how you look at the boundaries and the laws of dental education. In the public sector I anticipate over the next few years that we will see increasing efforts to link funding for dental education to more specific service-type requirements in the state. Whatever the legislature determines is underserved—whether it's geographic areas or certain populations or prisons or nursing homes—there are going to be links and partnerships that will dramatically affect the structure of dental education. It will change boundaries between institutions and will change our fundamental concepts of who we are, what we do, and how and where we go about educating students.

HADEN: Bill, how would you evaluate the current status of collaborative efforts?

KOTOWICZ: Low at best. But there are things we are considering. We have been talking about shared appointments with faculty, for example, and determining if a faculty member can hold a joint position at two universities. That might be easier to do in a private than in a public.

TEDESCO: David, there are no other dental schools in your state, but in California and Michigan there are. Bill and Howard, do your schools have the capacity to just expand enrollment and take those students if the other school in that area closed?

KOTOWICZ: The IOM study said that it is difficult to open and close dental schools and I would add to absorb new students as well. There are space limitations particularly. I think if we look more creatively at clinical dental education, if we do start to look outside the boundaries of the parent institution into community centers and underserved areas, things can change. But all of that is not easily done. I think it would have some degree of difficulty.

TEDESCO: And how fast could it happen? Howard, could you do that? Could you just simply meet that need?

LANDESMAN: I couldn't. I don't have the physical facilities to do it. When Northwestern indicated that it was closing, all of us were asked if we could take students into our schools, and most had to say no. The reason was that we now have so many applicants, so many students at full capacity, that it was impossible. Ten or fifteen years ago, when we had a problem getting enough students, we might have accepted them. But at the moment, as flexible as we are, if you don't have the physical facilities and you can't do what you need to educate students, it's impossible.

MYERS: We don't have the capacity to pick up additional students. We have reached the limits of our facility. In our present setting, we wouldn't have the capacity to pick up additional students if a school closed.

LANDESMAN: I think the question should not be: if a school closed, what do we do? We should reword it to ask what should we do to prevent schools from closing. I don't see any reason that any other schools ought to close. We need to analyze why schools have closed and how we can prevent schools from closing in the future.