

American Association of Orthodontists

2017 Orthodontic Workforce Report

April 2018



American
Association of
Orthodontists®

My Life. My Smile. My Orthodontist.®

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Introduction

This report provides a picture of the orthodontic workforce in the United States, including supply, geographic distribution, education, demographics, practice characteristics, and more. This information is intended to help residents, members, and leadership understand the current orthodontic workforce and establish a foundation for future study of trends in the orthodontic workforce.

Executive Summary

- The American Dental Association (ADA) estimates there are 10,658 orthodontists currently practicing in the United States as of 2017.¹ This translates to about 3.27 orthodontists per every 100,000 population.
- Since 2001 there has been a 15 percent increase in the number of professionally active orthodontists in the United States, though the number of orthodontists per 100,000 population remains steady with U.S. population growth.¹
- States with the highest percentage of professionally active orthodontists and highest estimated population include California, Texas, New York, Florida, Pennsylvania, and Illinois.¹
- States with the most orthodontists per 100,000 population include Utah, District of Columbia, Colorado, New Jersey, Connecticut, Massachusetts, and Nevada.¹
- Approximately 37 percent of all 3,142 U.S. counties and county-equivalents have at least one professionally active orthodontist; however, 47 percent of these counties have more orthodontists per 100,000 population than the national average of 3.27.¹
- There are 67 U.S. orthodontic residency programs accredited by the Commission on Dental Accreditation (CODA). Since 2001 there has been a 47 percent increase in total enrollment and a 31 percent increase in the number of graduates.²
- For the 2016-17 academic year, the average tuition for all years of residency amounted to \$103,430. This is a 14.2 percent increase compared to the 2012-13 academic year.²
- Males represent about 72 percent of all professionally active orthodontists, though there is a growing number of females entering the profession. For instance, females represent 50 percent of orthodontists under the age of 35, compared to about 35 percent of orthodontists between the ages of 35 and 44.³
- Most professionally active orthodontists are between ages 35 and 54. The average age for all professionally active orthodontists is 50 years old.³
- The percentage of orthodontists nearing retirement age (16%) is slightly greater than the percentage of orthodontists below the age of 35 (12%). This may suggest a proportionate number of orthodontists entering and exiting the workforce.³
- Roughly 33% of orthodontists are certified by the American Board of Orthodontics (ABO). A greater percentage of board-certified orthodontists are 55 and older; however, there seems to be an uptick in the percentage of board-certified orthodontists under 35. Compared to graduates from 6 to 10 years ago, it appears that more graduates are getting certified within one year of graduation.³
- The sole or primary practice modality for 85% of orthodontists is an orthodontist-owned single or group practice (i.e., where orthodontists dedicate all or most of their time). A slightly smaller

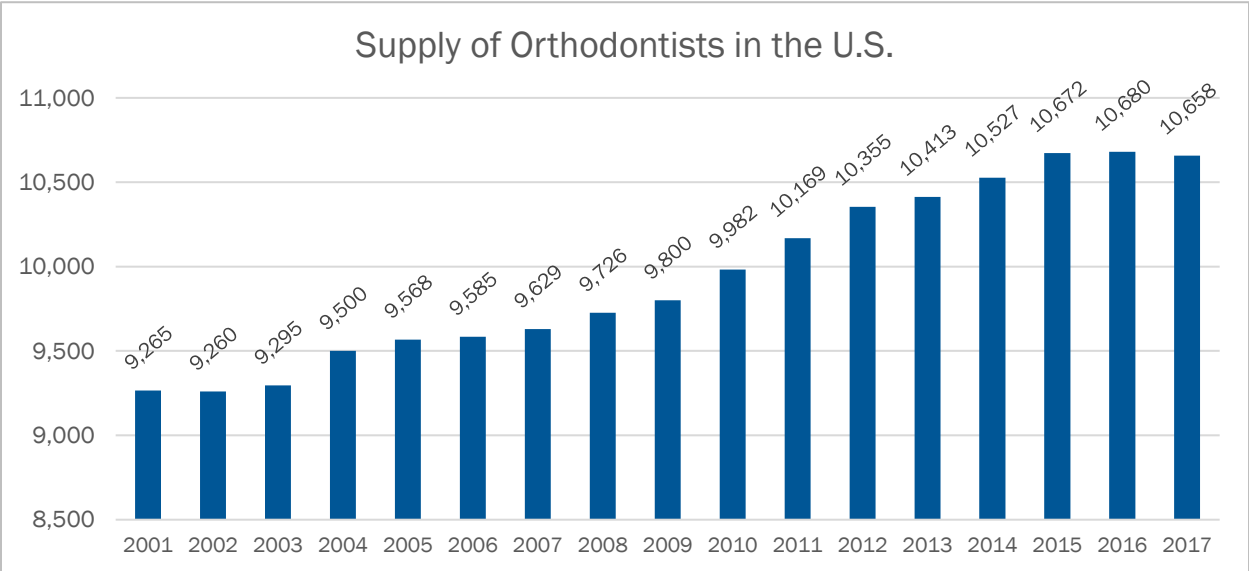
percentage of female orthodontists (79%) work in orthodontist-owned single or group practices compared to 87% of male orthodontists. A larger percentage of orthodontists under the age of 35 work in corporate dental practices/dental support organizations (DSOs) and dentist/specialist-owned dental group practices compared to other age groups.³

- Approximately 79% of orthodontists own or share ownership of a practice.⁴
- Orthodontists generally practice in metropolitan areas or small cities and towns with populations between 2,500 and 50,000.⁴
- Orthodontist-owned private practices most commonly have one single location; however, over 40% are likely to have two or more locations.⁴
- Recent graduates are most often looking for full-time associate positions in orthodontist-owned single or group practices, though many aspire to be practice owners in the long term.⁵
- A large majority of recent graduates accepted an orthodontic career opportunity prior to graduation and were employed as a full-time associate and/or working in an orthodontist-owned single practice.⁵
- The most important factors in recent graduates' search for orthodontic opportunities tend to be location, ability to pay student loans, compensation, and career/professional development.⁵
- Many recent graduates expressed difficulty in finding opportunities, operating a practice, and/or managing student debt.⁵
- The average student loan debt is \$418,722 for graduates between 2008 and 2017. This equates to a monthly payment of about \$4,819 at a 6.8 percent interest rate.⁶
- Student loan debt has caused many new and younger orthodontists to delay practice ownership and/or other plans, face obstacles for obtaining practice financing, prioritize salary and compensation over personal preferences, increase hours and/or work multiple jobs, commute several miles from home, and delay personal and family plans.⁶
- There is large difference between average expected salary for residents versus average actual salary for recent graduates.⁶

U.S. Supply of Orthodontists

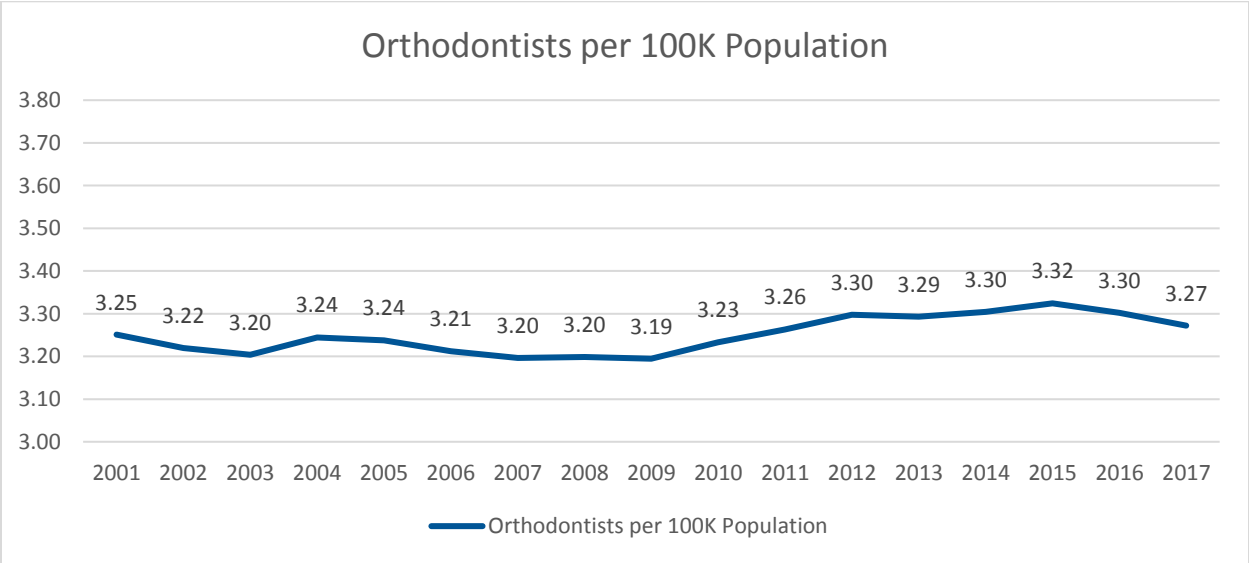
National Level

The American Dental Association (ADA) estimates there are 10,658 orthodontists currently practicing in the United States.¹ This translates to about 3.27 orthodontists per every 100,000 population.



Source: American Dental Association, Health Policy Institute, Supply of Dentists in the U.S.: 2001-2017.

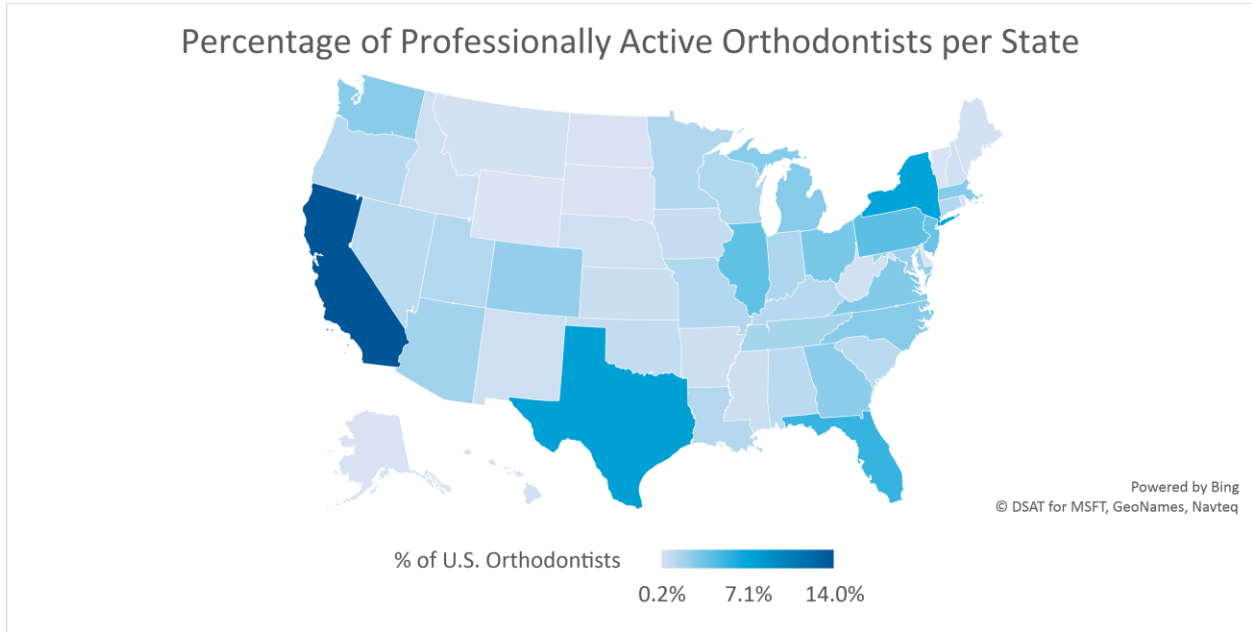
Since 2001 there has been a 15 percent increase in the number of professionally active orthodontists in the United States, though the number of orthodontists per 100,000 population remains steady with U.S. population growth.¹



Source: American Dental Association, Health Policy Institute, Supply of Dentists in the U.S.: 2001-2017.

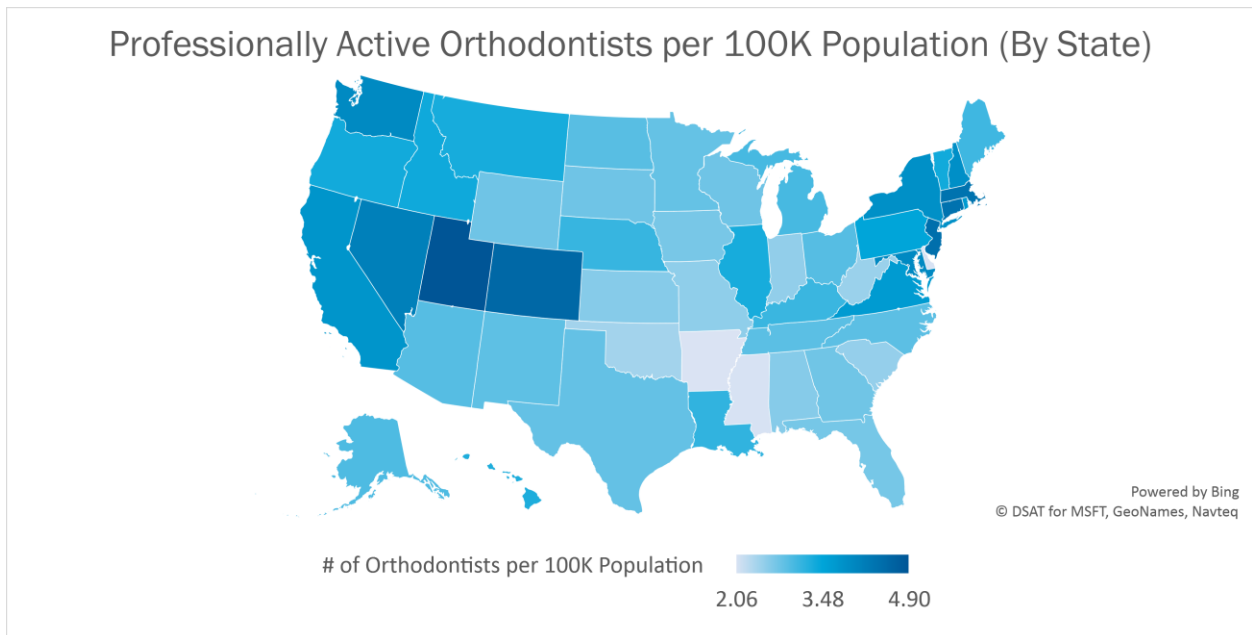
State Level

States with the highest percentage of professionally active orthodontists include California, Texas, New York, Florida, Pennsylvania, and Illinois.¹ These states also have the highest estimated population in the U.S., thus lowering the number of orthodontists per 100,000 population compared to other states.



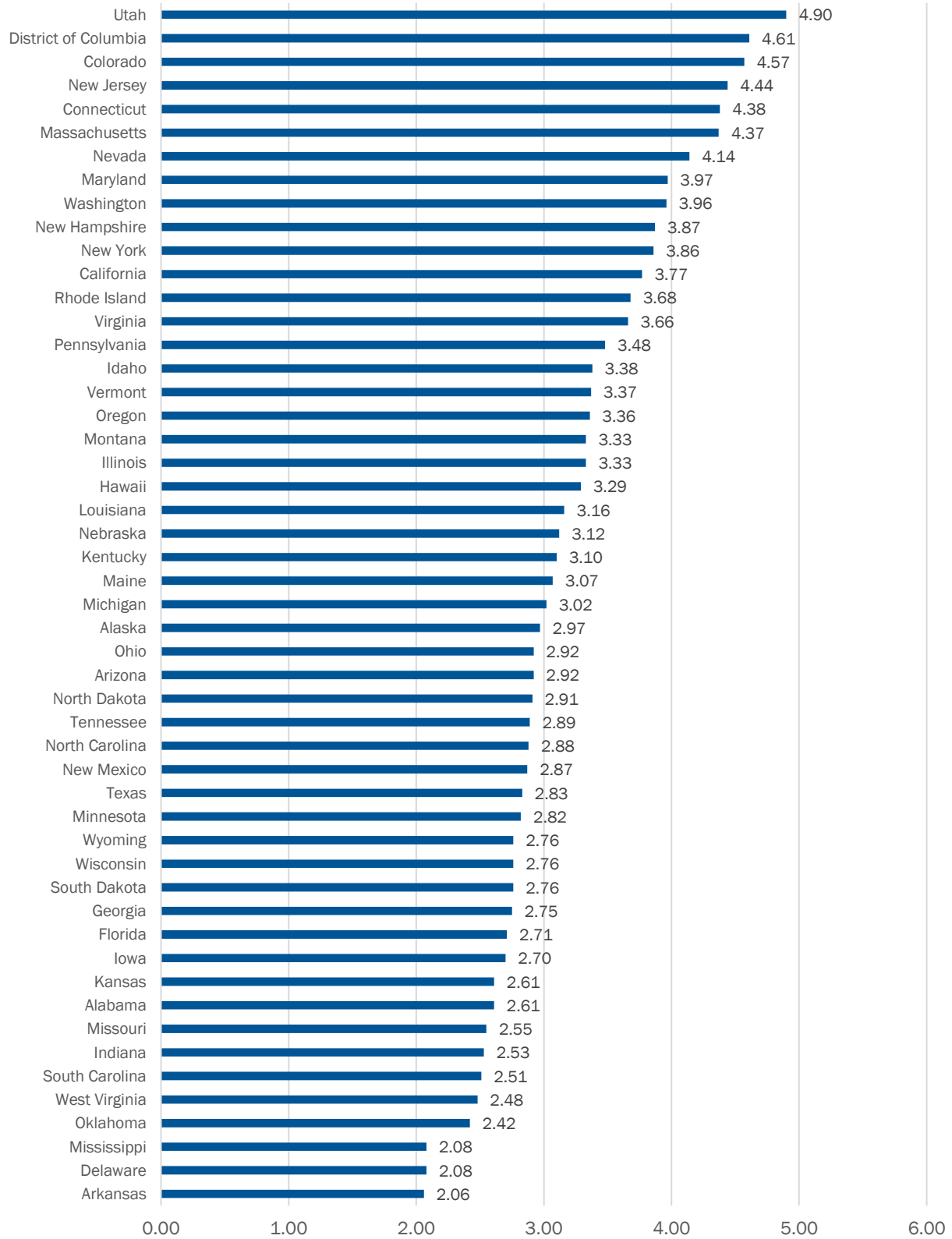
Source: American Dental Association, Health Policy Institute, Professionally Active Orthodontists per 100,000 Population, 2017.

States with the most orthodontists per 100,000 population include Utah, District of Columbia, Colorado, New Jersey, Connecticut, Massachusetts, and Nevada.¹



Source: American Dental Association, Health Policy Institute, Professionally Active Orthodontists per 100,000 Population, 2017.

Professionally Active Orthodontists per 100,000 Population (By State)

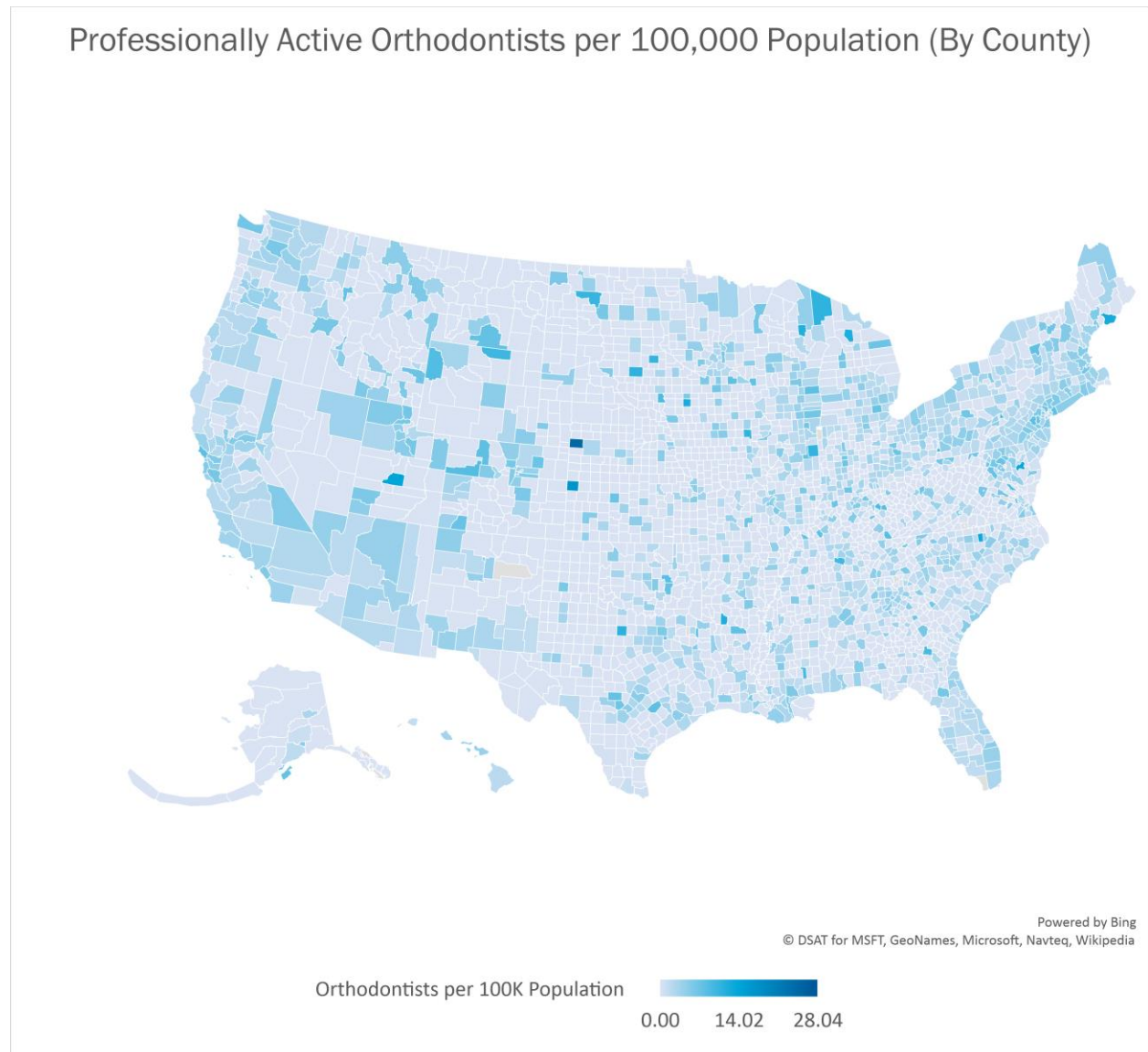


Source: American Dental Association, Health Policy Institute, Professionally Active Orthodontists per 100,000 Population, 2017.

County Level

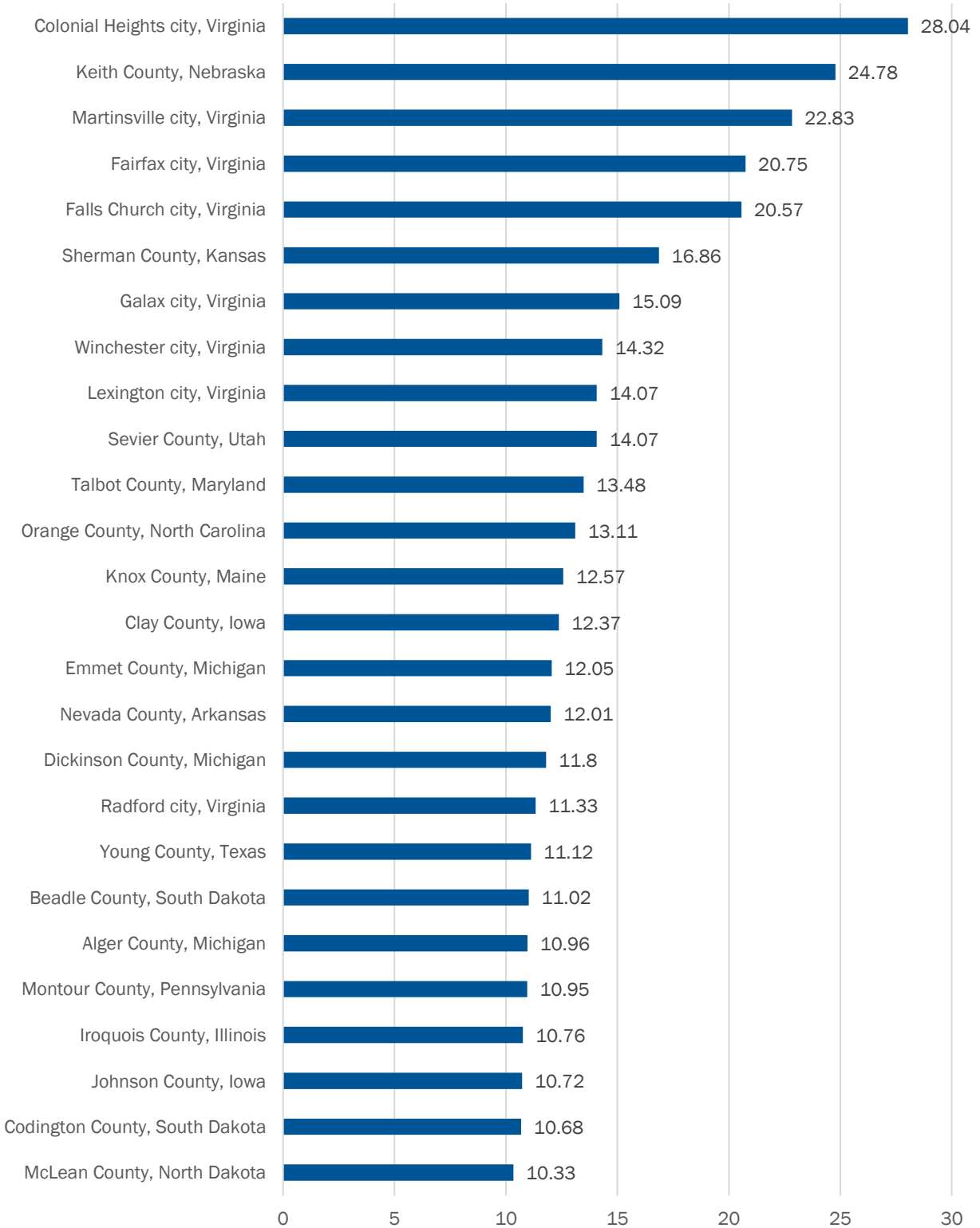
Approximately 37 percent of all 3,142 U.S. counties and county-equivalents have at least one professionally active orthodontist; however, 47 percent of these counties have more orthodontists per 100,000 population than the national average of 3.27.¹

Counties or county-equivalents with the highest number of orthodontists per 100,000 population (20+) include Colonial Heights, Virginia; Keith County, Nebraska; Martinsville, Virginia; Fairfax, Virginia; and Falls Church, Virginia.¹



Source: American Dental Association, Health Policy Institute, Professionally Active Orthodontists per 100,000 Population, 2017.

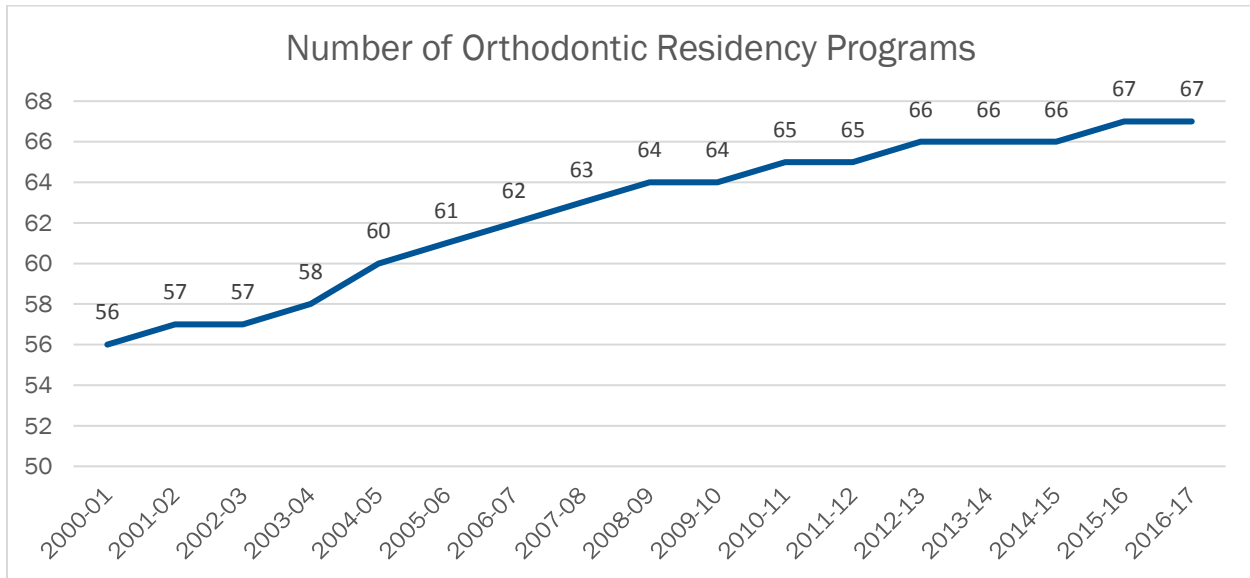
Counties/County-equivalents with 10+ Orthodontists per 100K Population



Source: American Dental Association, Health Policy Institute, Professionally Active Orthodontists per 100,000 Population, 2017.

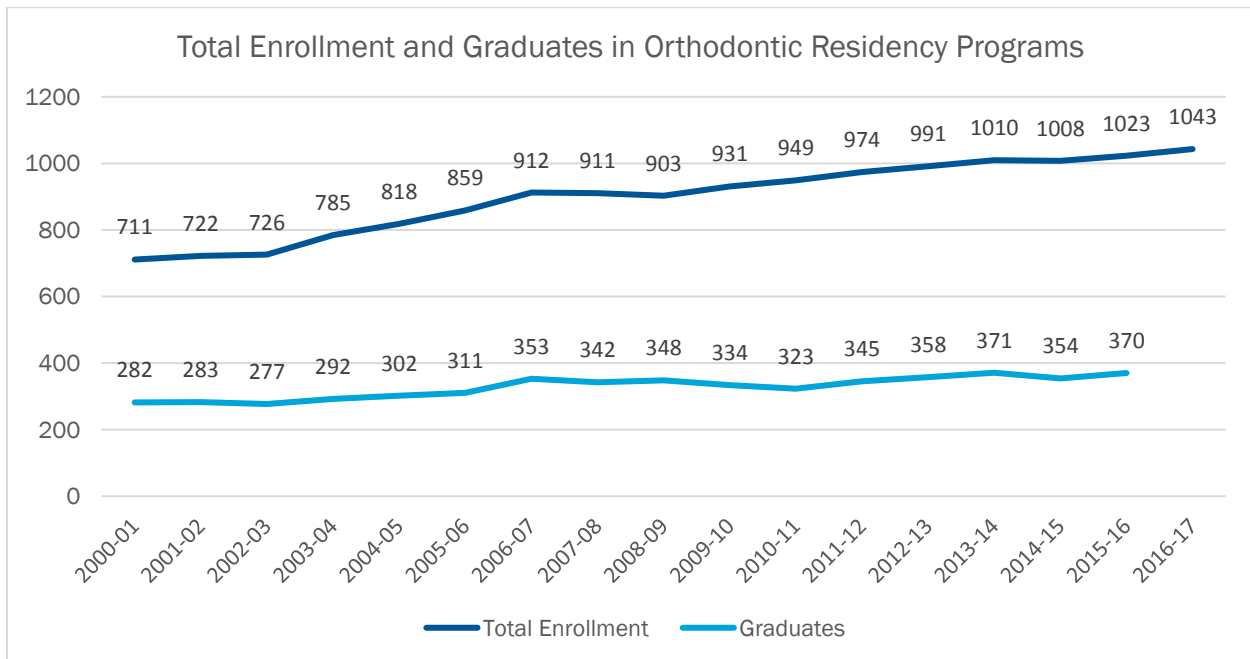
Orthodontic Education

There are 67 U.S. orthodontic residency programs accredited by the Commission on Dental Accreditation (CODA).²



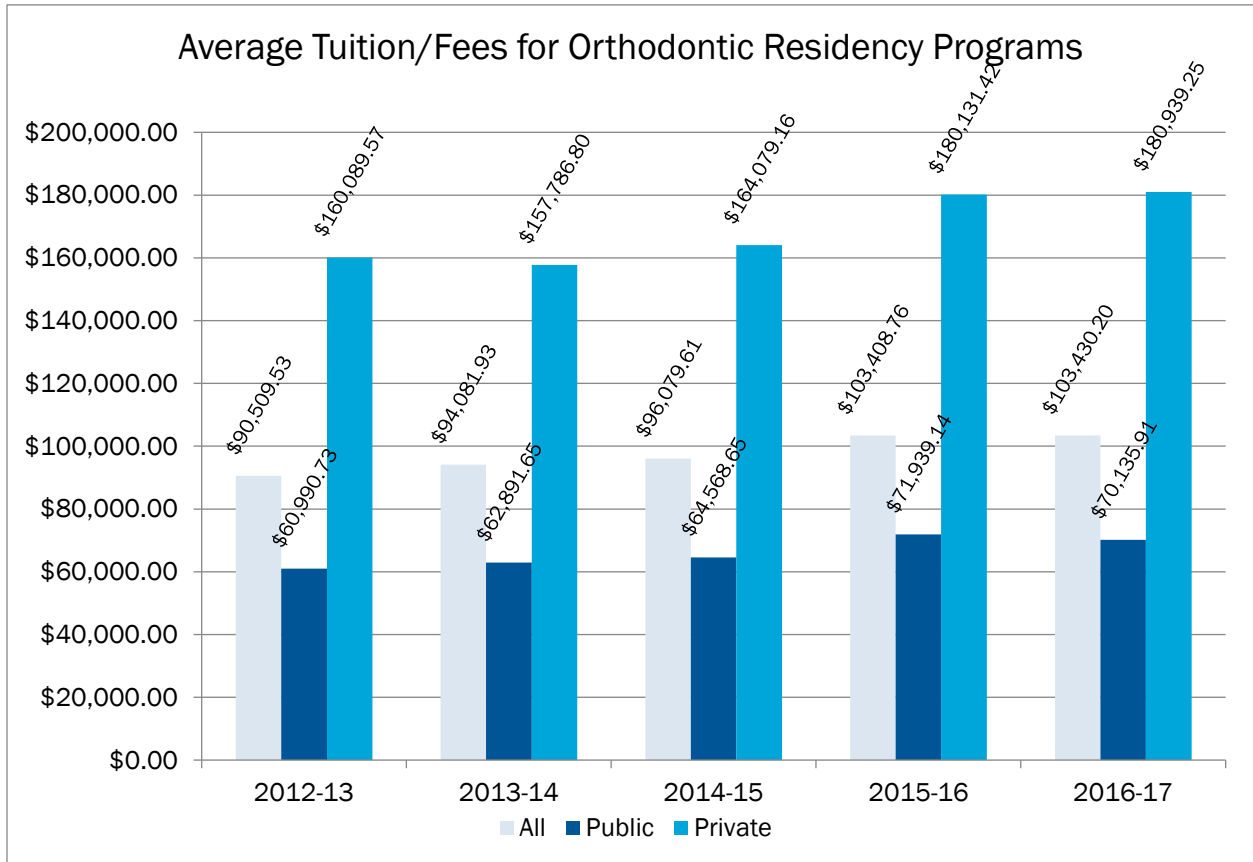
Source: American Dental Association, Health Policy Institute, Survey of Advanced Dental Education.

Within the past two decades, CODA has granted accreditation to over 10 new programs and others have expanded in size. This has generated a 47 percent increase in total enrollment and a 31 percent increase in the number of graduates since 2001.²



Source: American Dental Association, Health Policy Institute, Survey of Advanced Dental Education.

The cost of orthodontic education is also on the rise. For the 2016-17 academic year, the average tuition for all years of residency amounted to \$103,430. This is a 14.2 percent increase compared to the 2012-13 academic year. There is also a considerable difference between average tuition costs for public and private institutions.²



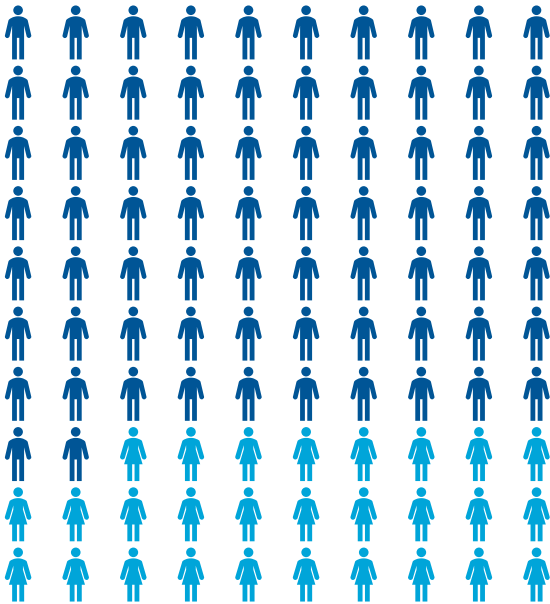
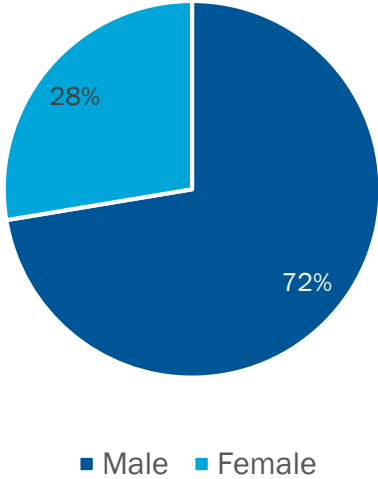
Source: American Dental Association, Health Policy Institute, Survey of Advanced Dental Education.

U.S. Orthodontist Profile

Gender

Historically orthodontists have been predominately male. Today males represent about 72 percent of all professionally active orthodontists, though there is a growing number of females entering the profession.³

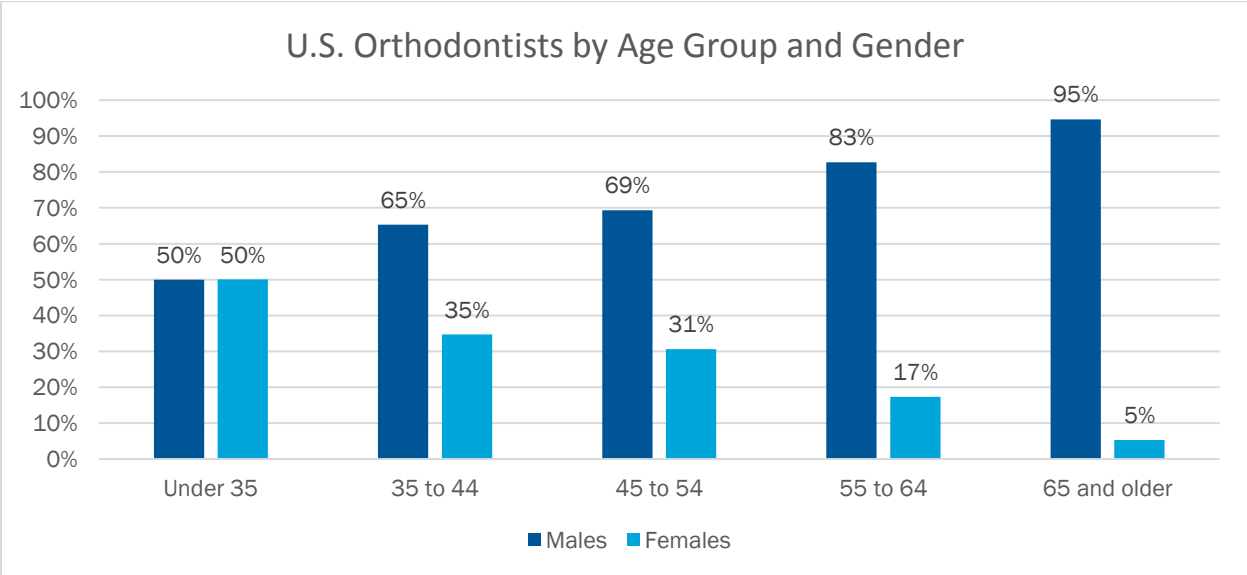
U.S. Orthodontists by Gender



January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=9,547.

For instance, females represent 50 percent of orthodontists under the age of 35, compared to about 35 percent of orthodontists between the ages of 35 and 44.³

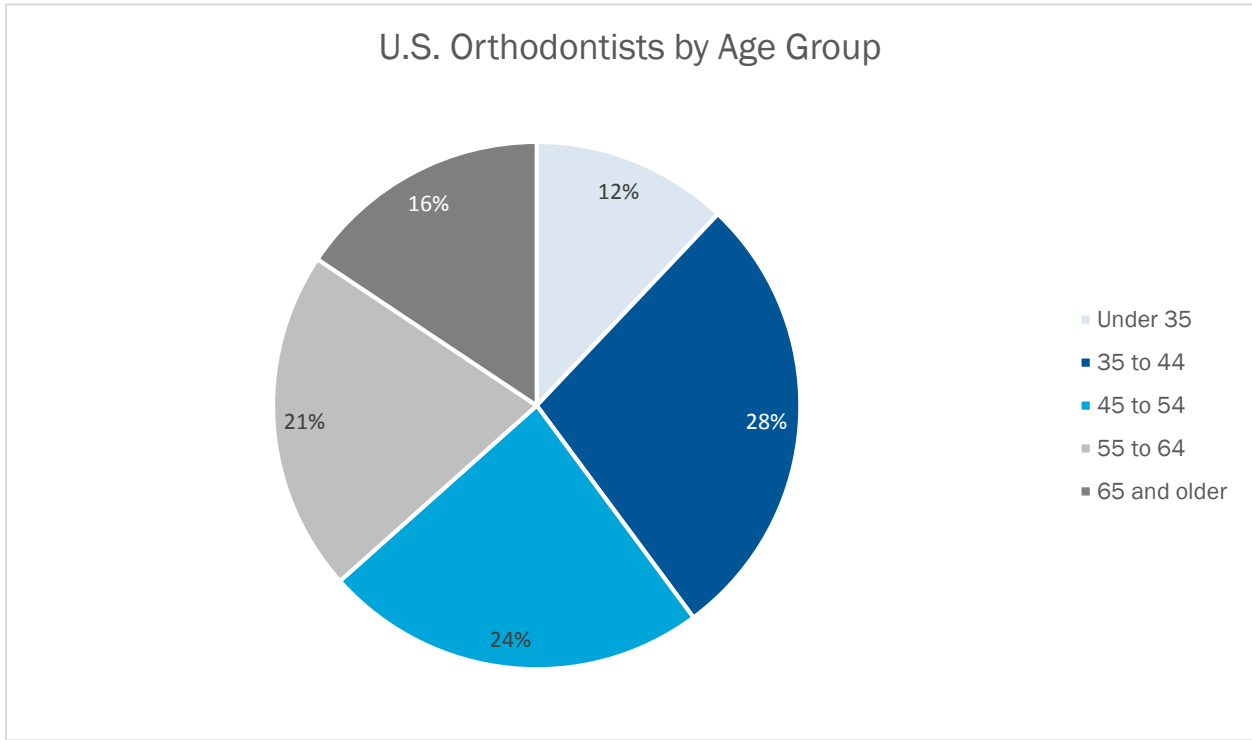
U.S. Orthodontists by Age Group and Gender



Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members. N=9,327.

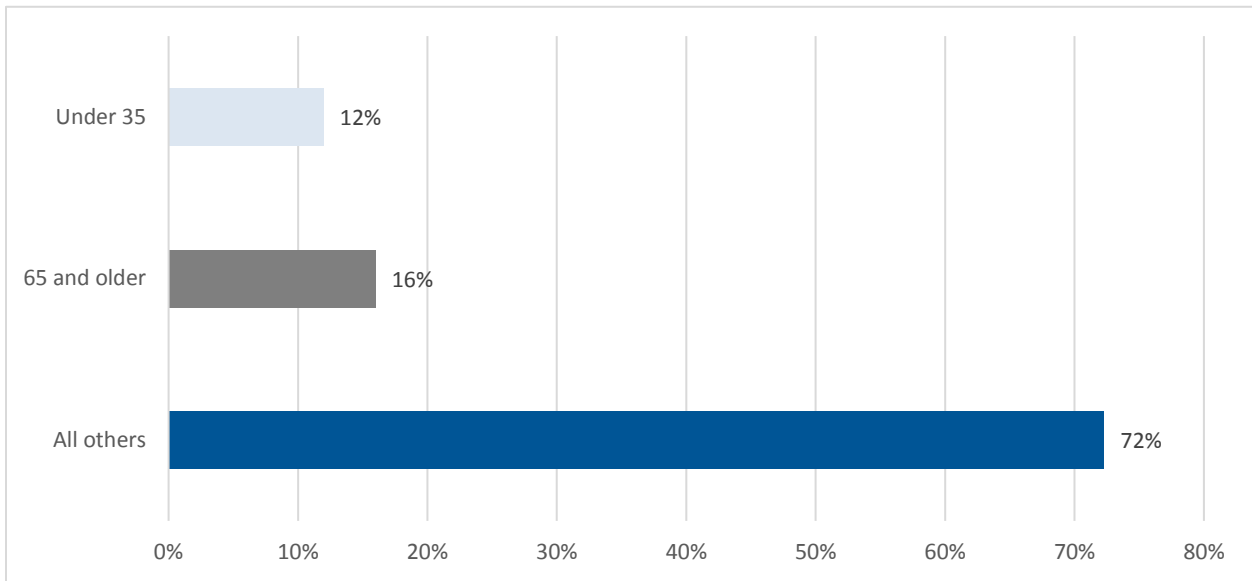
Age

Most professionally active orthodontists are between ages 35 and 54. The average age for all professionally active orthodontists is 50 years old.³



Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=9,327.

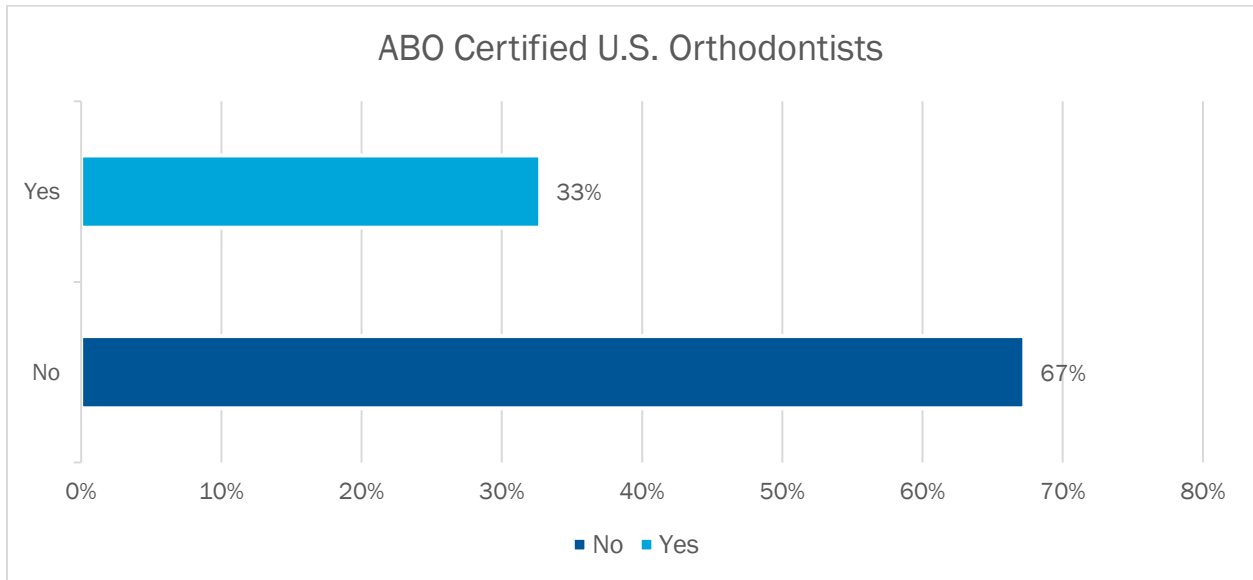
The percentage of orthodontists nearing retirement age is slightly greater than the percentage of orthodontists below the age of 35. This may suggest a proportionate number of orthodontists entering and exiting the workforce.³



Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=9,327.

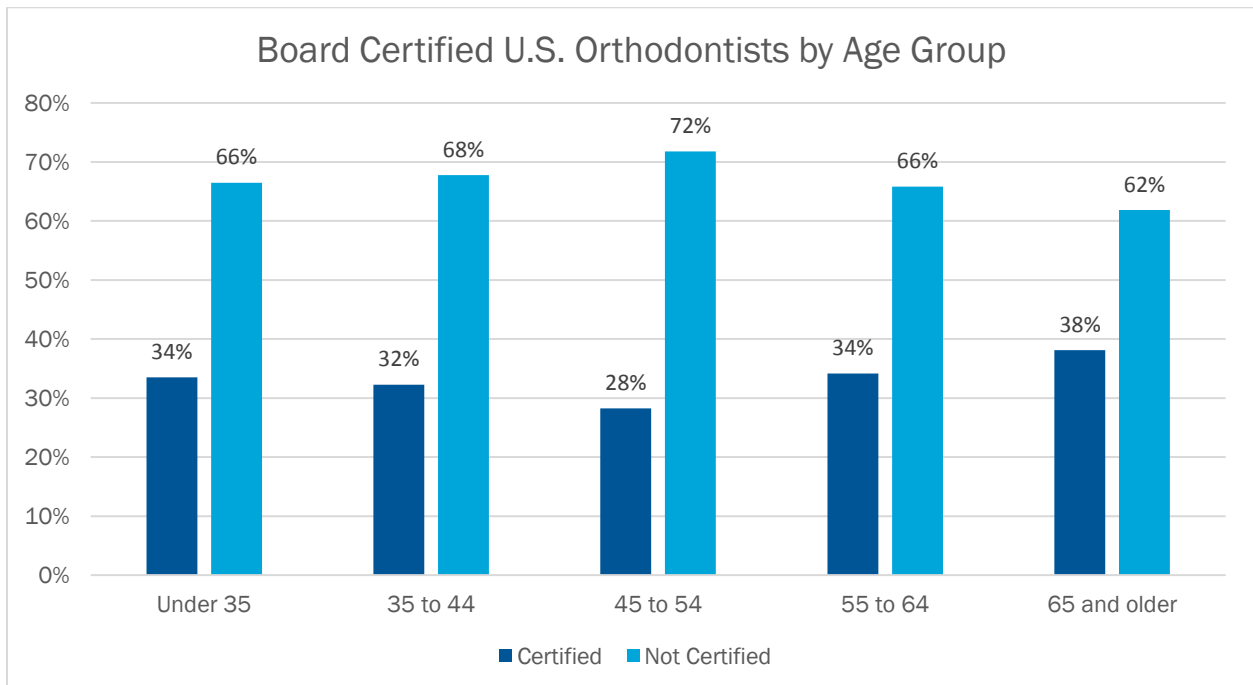
Board Certification

Roughly 33 percent of orthodontists are certified by the American Board of Orthodontics (ABO).³



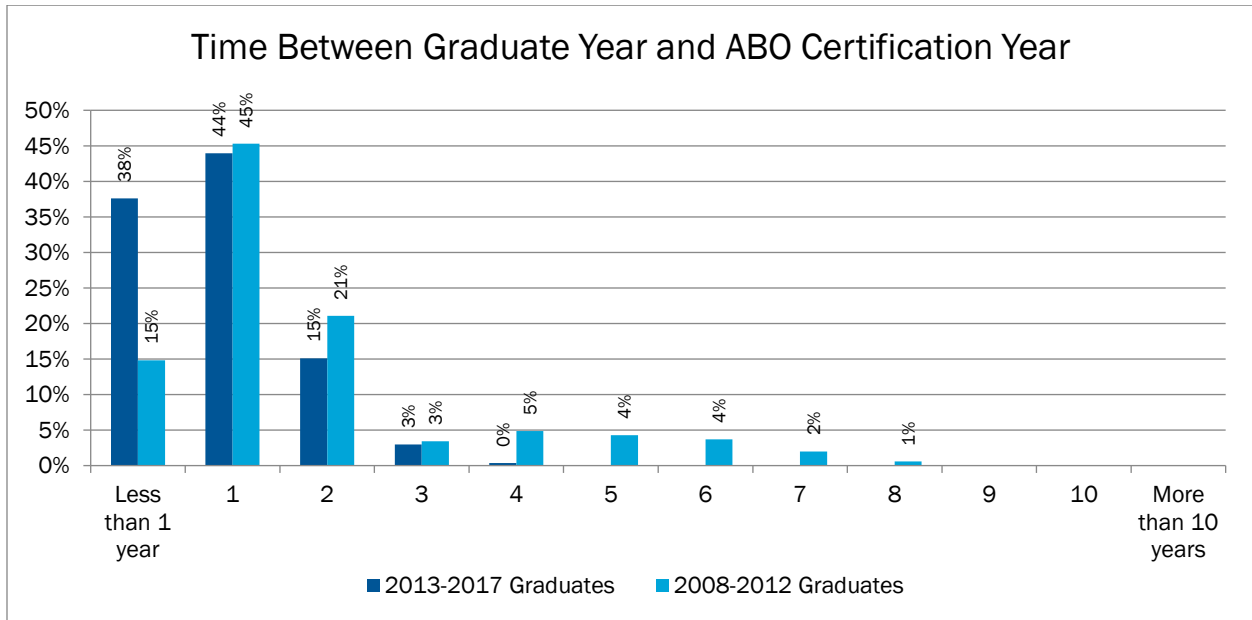
Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=9,457.

A greater percentage of board-certified orthodontists are 55 and older; however, there seems to be an uptick in the percentage of board-certified orthodontists under 35.³



Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=9,327.

Compared to graduates from 6 to 10 years ago, it appears that more graduates are getting certified within one year of graduation.³

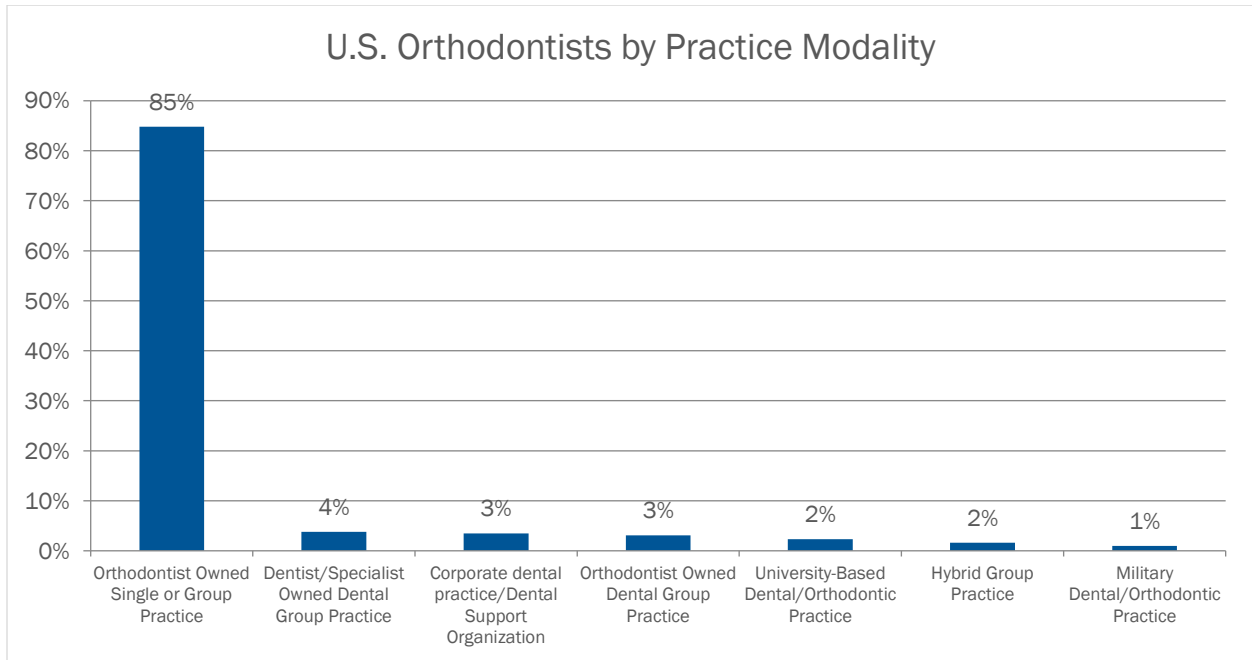


Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=2,787.

Practice Modality

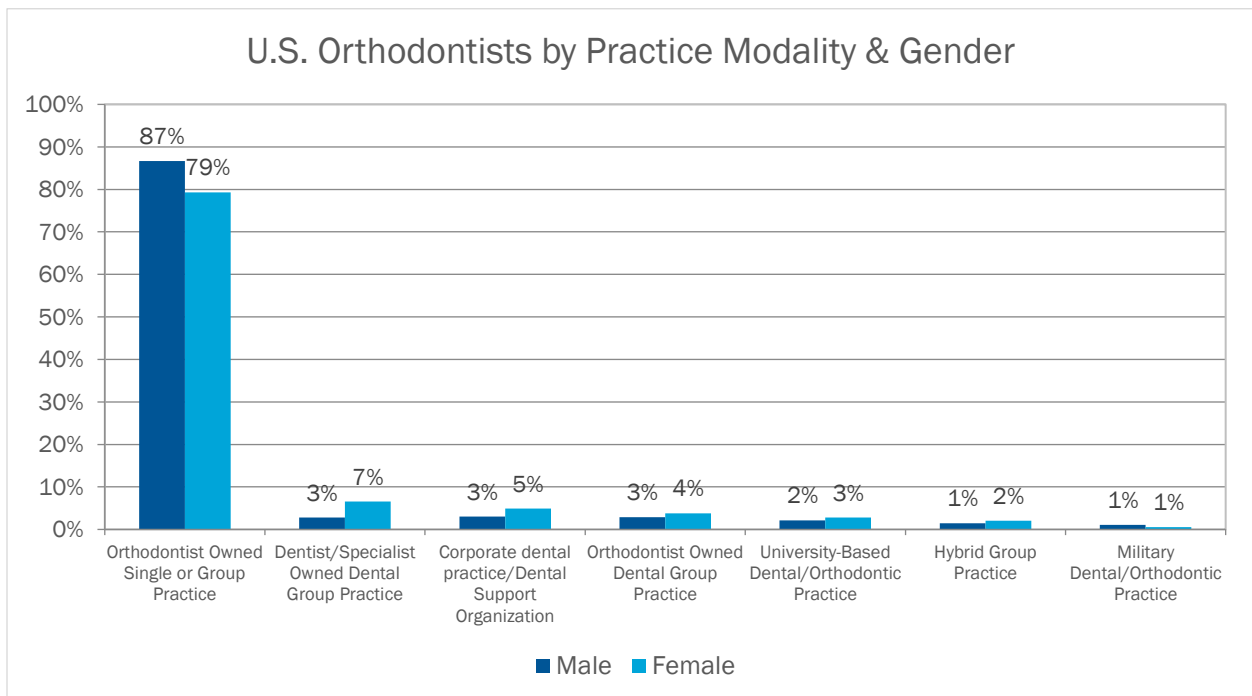
Definitions	
Orthodontist-Owned Single or Group Practice	A single practice which may have multiple sites and may encompass a number of providers. All providers are orthodontists.
Orthodontist-Owned Dental Group Practice	A single practice which may have multiple sites that is owned by an orthodontist but includes other providers that include general dentists and/or other dental specialists.
Dentist/Specialist-Owned Dental Group Practice	A single practice which may have multiple sites that is owned by a dentist or a specialist who is not an orthodontist and which includes other providers such as other dentists and specialists.
Corporate Dental Practice/Dental Support Organization	A group practice that has contracted with a dental support organization (DSO) to conduct all of the business activities of the practice that do not involve the practice of dentistry.
University-Based Dental/Orthodontic Practice	A group practice operated by an educational institution that often focuses on providing treatment to disadvantaged populations or as a mechanism for training dental professionals.
Military Dental/Orthodontic Practice	A group practice operated in connection with an arm of the national service.
Hybrid Group Practice	A group practice that does not clearly fit into any of the above categories and exhibits some characteristics of several of them.

The sole or primary practice modality for most orthodontists is an orthodontist-owned single or group practice (i.e., where orthodontists dedicate all or most of their time).³



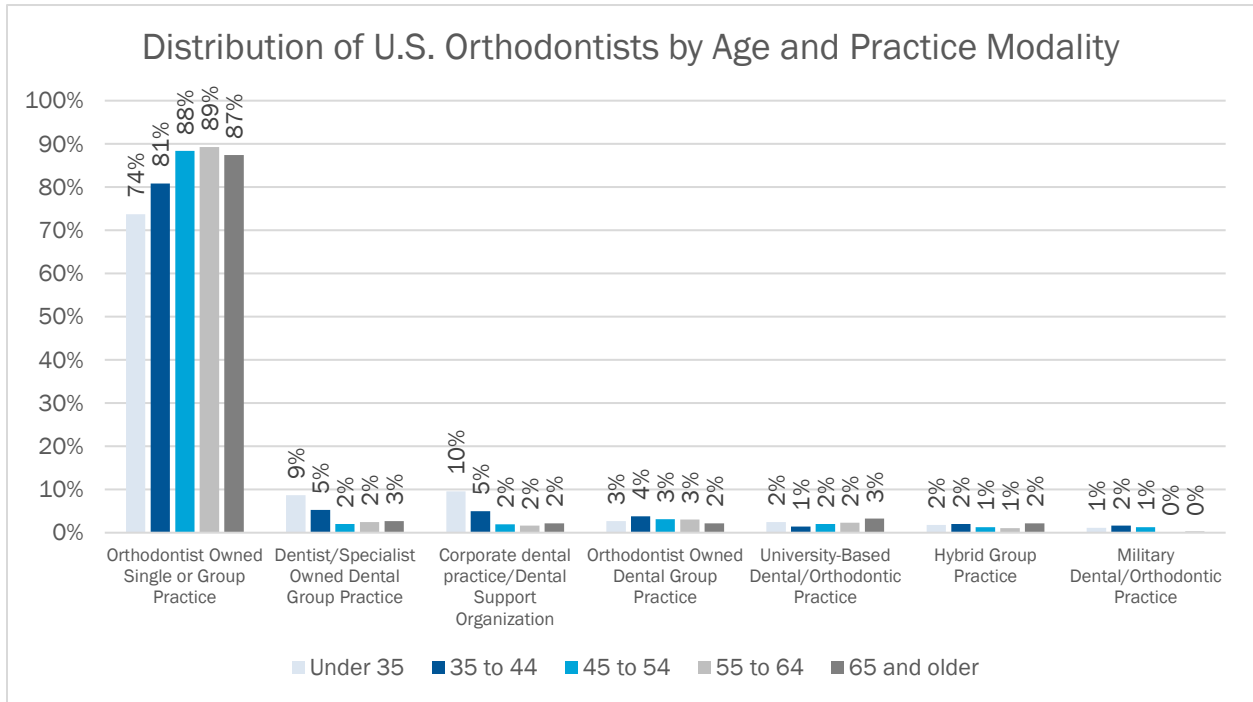
Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=4,830.

Compared to males, a slightly smaller percentage of female orthodontists work in orthodontist-owned single or group practices.³



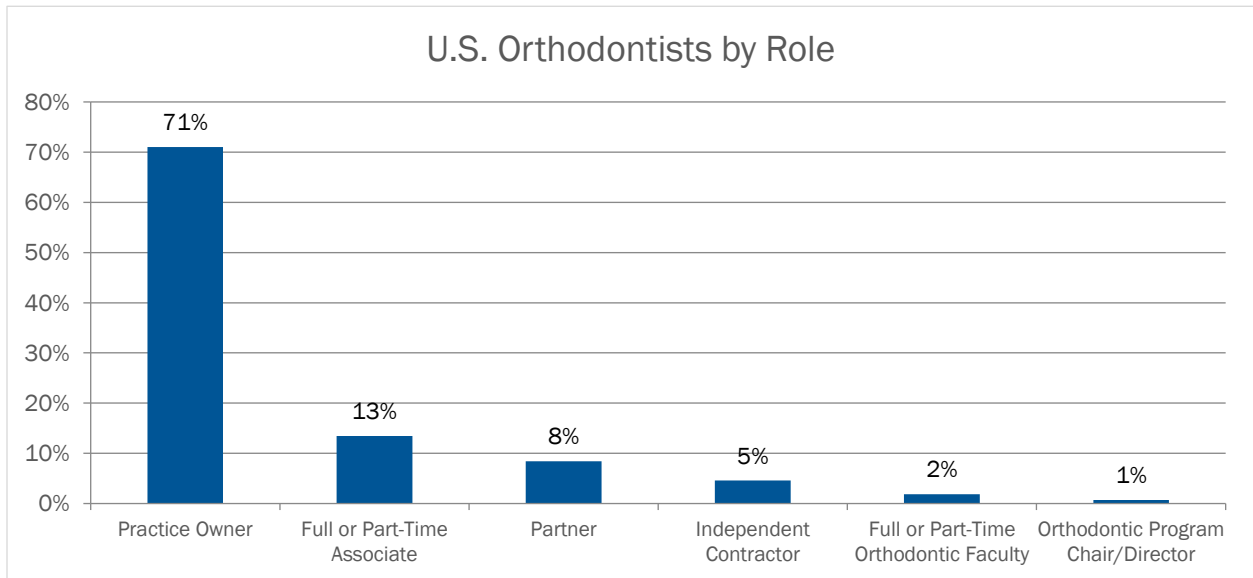
Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017.

A larger percentage of orthodontists under the age of 35 work in corporate dental practices/dental support organizations (DSOs) and dentist/specialist-owned dental group practices compared to other age groups.³



Source: American Association of Orthodontists, U.S. Membership Data, January 2018. Includes all active, life, service, and student members with a graduation date before December 31, 2017. N=4,830.

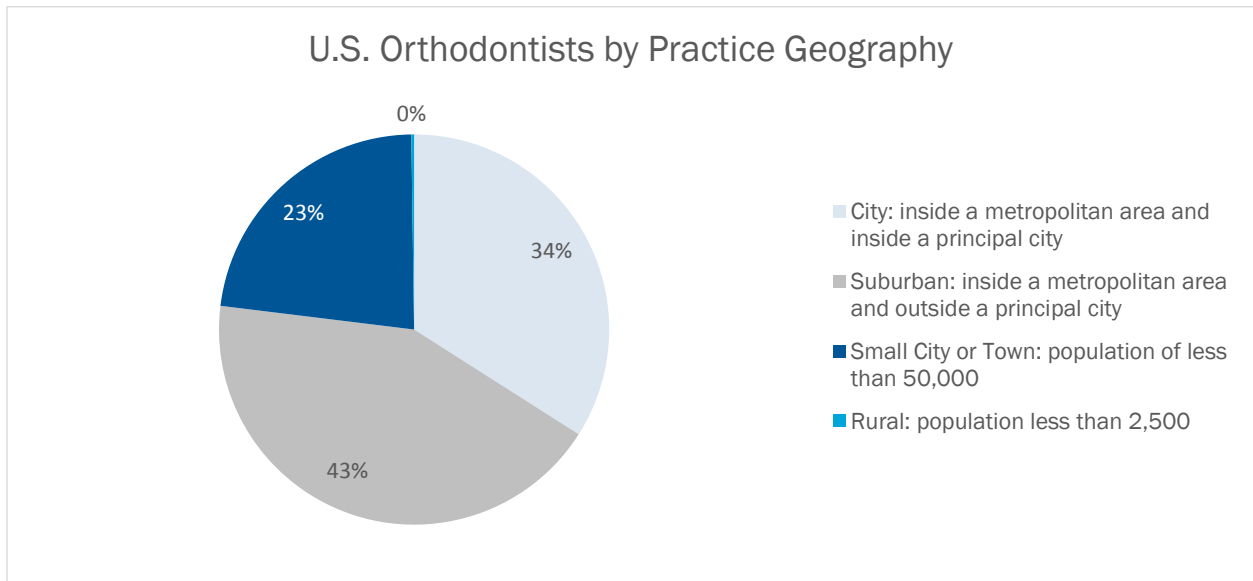
Approximately 79 percent of orthodontists own or share ownership of a practice. Others generally work as associates or independent contractors for private practices and dental support organizations (DSOs). A smaller percentage of orthodontists work in academic settings as program administrators or faculty members.⁴



Source: American Association of Orthodontists, 2016 Economics of Orthodontics & Patient Census Survey. N=438.

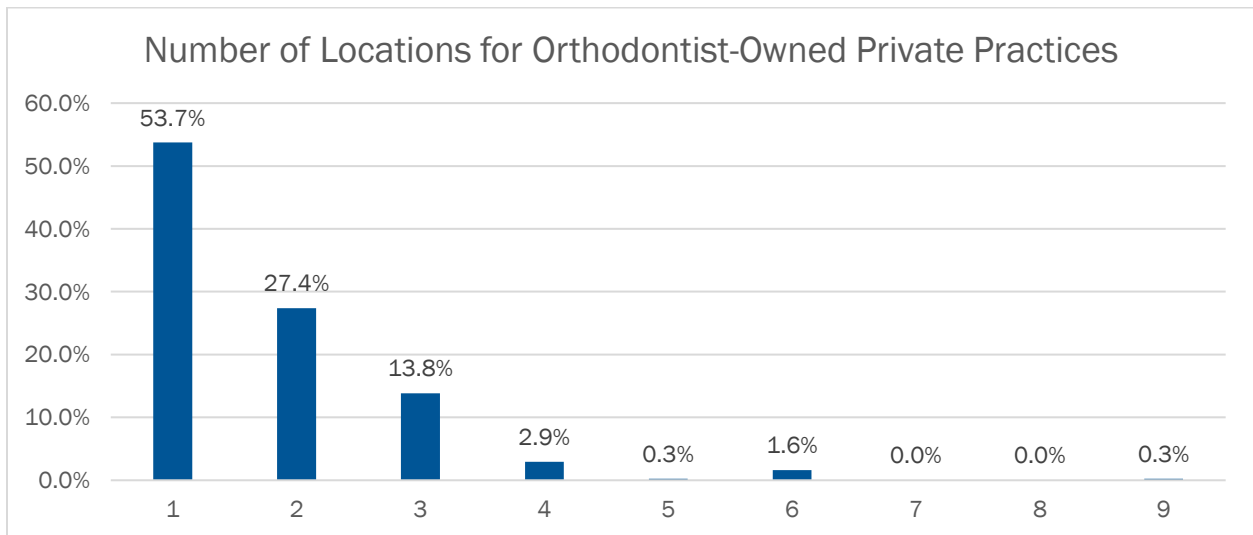
Practice Location

Orthodontists generally practice in metropolitan areas or small cities and towns with populations between 2,500 and 50,000. Very few orthodontists practice in rural communities.⁴



Source: American Association of Orthodontists, 2016 Economics of Orthodontics & Patient Census Survey. N=438.

It is common for orthodontist-owned private practices to have one single location; however, over 40 percent are likely to have two or more locations.⁴



Source: American Association of Orthodontists, 2016 Economics of Orthodontics & Patient Census Survey. N=376.

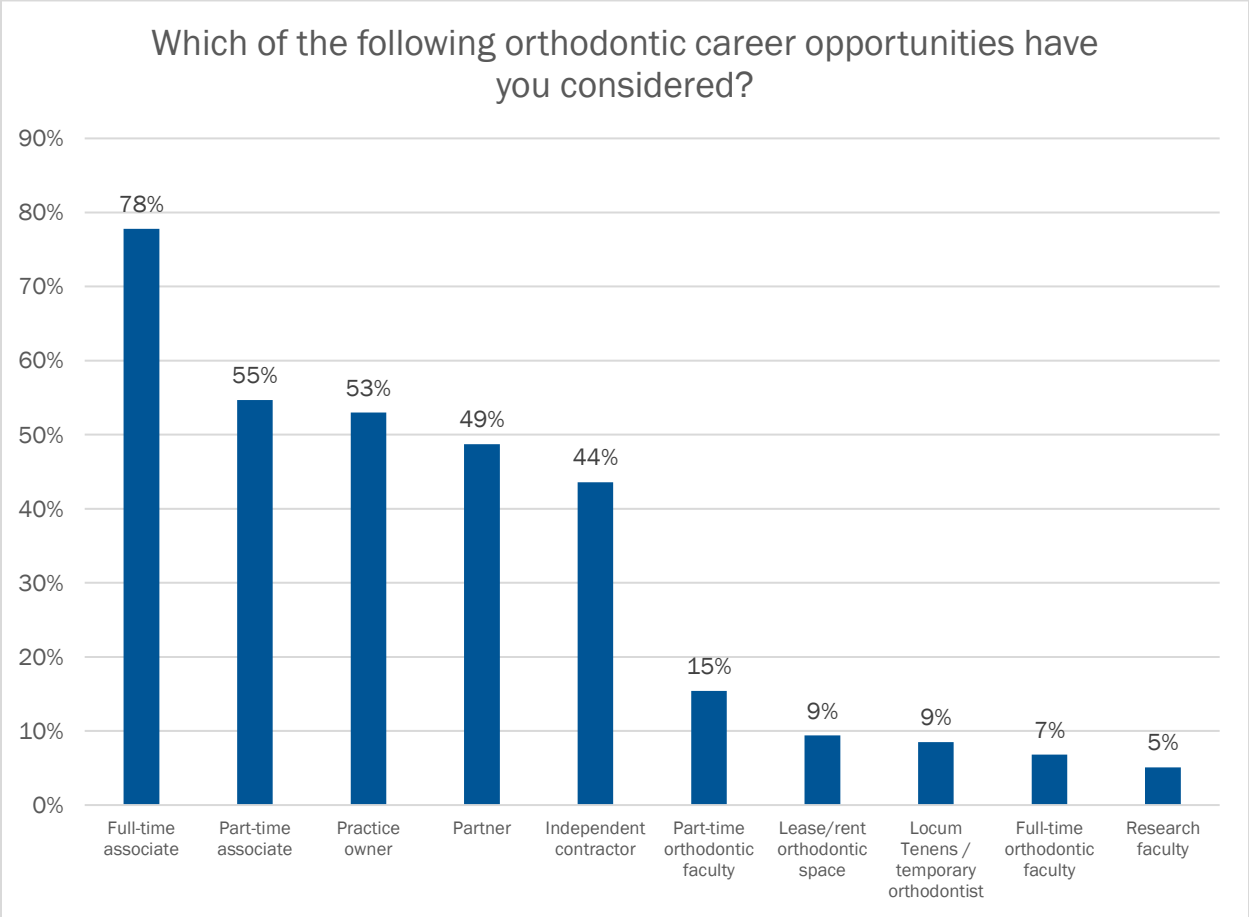
New Orthodontist Perspective

The American Association of Orthodontists recently conducted two surveys to learn more about career-related opportunities and challenges from the perspective of new and younger orthodontists:

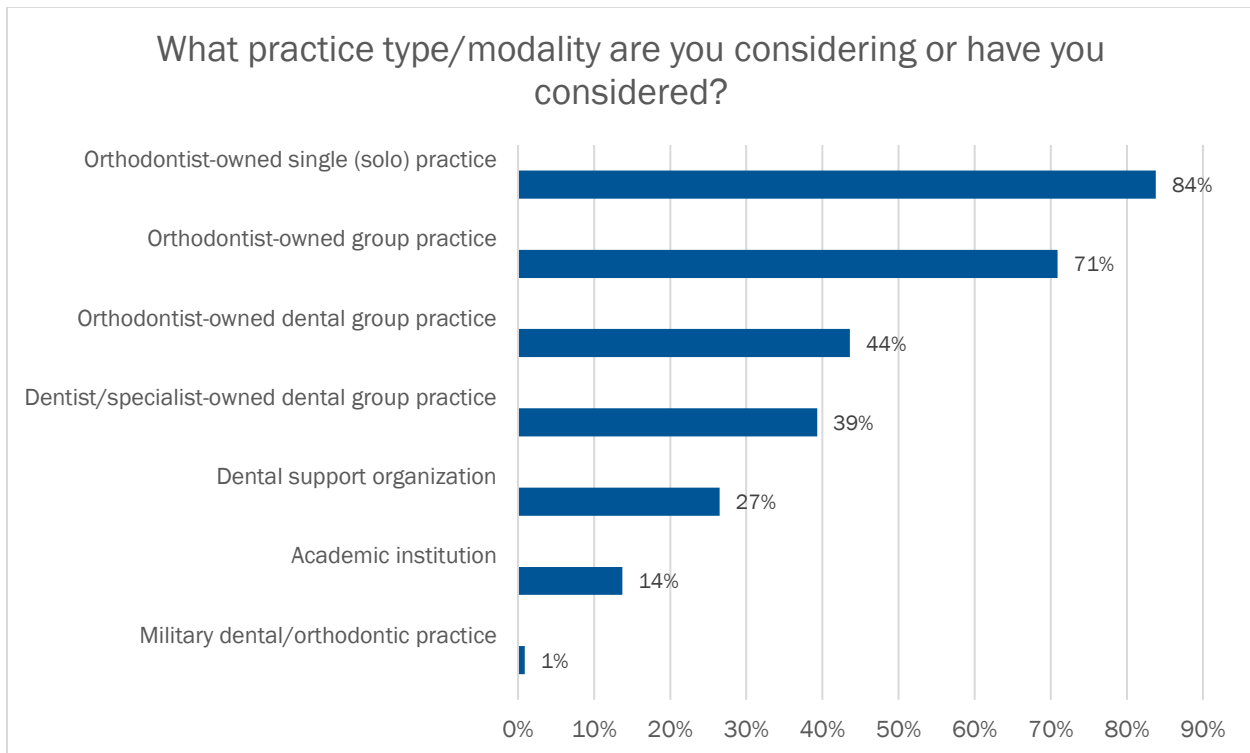
- Orthodontic Resident Graduate Tracking Survey:** This survey was sent to (382) 2016 and (341) 2017 graduates to better understand their search for employment, transition from residency to practice, and long-term plans. A total of 119 responses were received (16 percent response rate).
- Student Loan Survey:** This survey was sent to 3,773 orthodontic residents and orthodontists with less than 10 years in practice to understand the impact of student loan debt on career decisions and major life plans. A total of 612 responses were received (16 percent response rate). 48 states/territories are represented, including Washington D.C. and Puerto Rico.

Career Interests

Recent graduates who received the Orthodontic Resident Graduate Tracking Survey were asked about the types of orthodontic career opportunities and practice modalities they considered during their search for employment. Most indicated they were looking for full-time associate positions in orthodontist-owned single or group practices.⁵



Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=117.

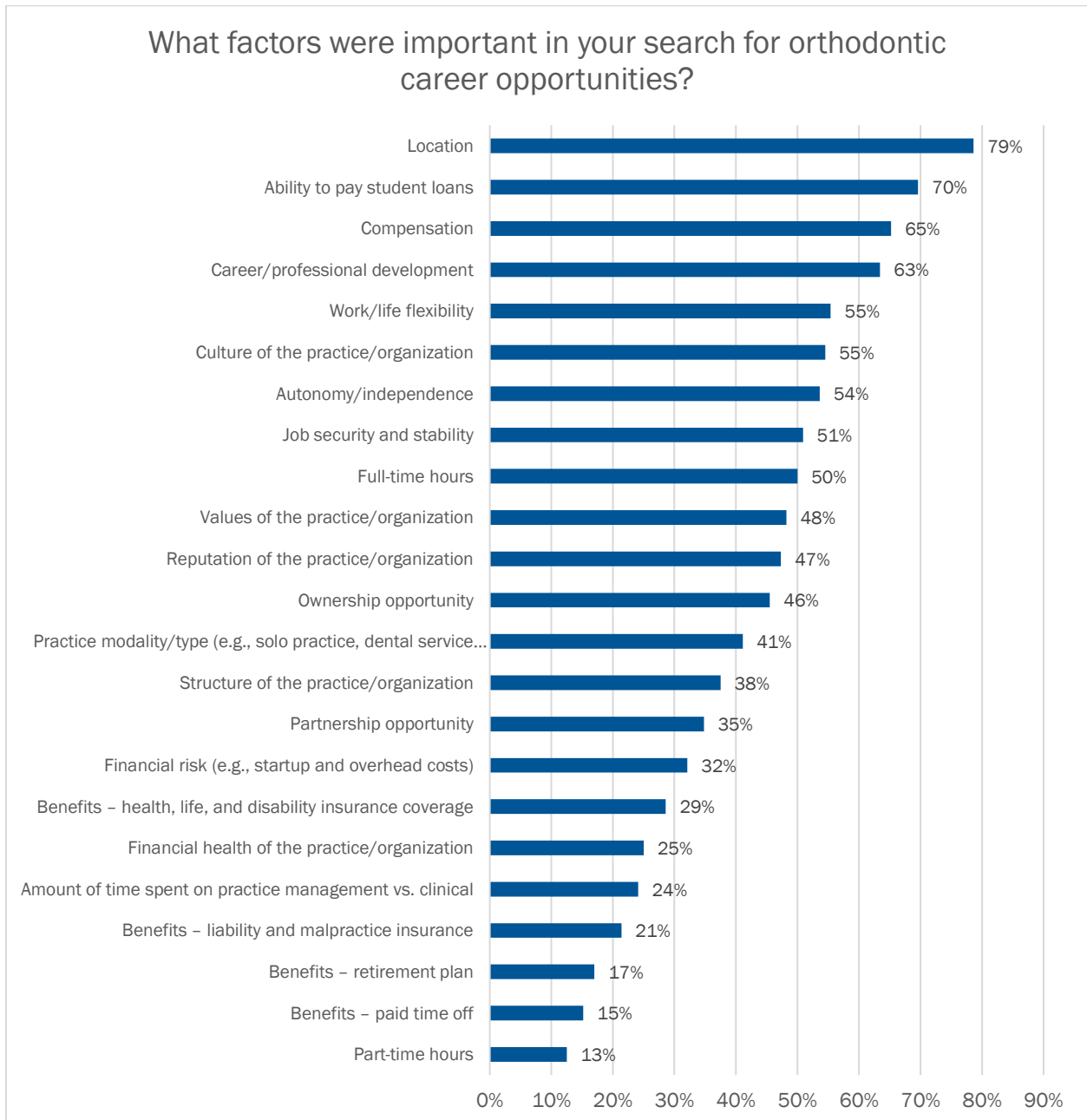


Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=117.

A different story emerged when graduates were asked about their long-term plans. For many, practice ownership tends to be the ultimate goal and becoming an associate is an essential stepping stone or means to an end; however, this is not to suggest that all new and younger orthodontists aspire to be practice owners. For those that do, there are varying ideas regarding the pathway to ownership; it seems that most would be open to exploring partnership opportunities in addition to sole ownership.⁵

<i>"I hope to own a practice within 5 years of graduation (solo or partnership)."</i>
<i>"Ideally, I would like to be a practice owner of a single location, but I am open to being a partner in a group as well."</i>
<i>"I want to own my own orthodontic practice or become a partner in an orthodontic practice in the long-term."</i>
<i>"Associate for 2 years, buy into or start up own practice afterwards."</i>
<i>"Associate 1 year, then partner into practice with the 'senior' doctor. Partner for approximately 10+ years and then full ownership of a practice."</i>
<i>"Associate for a few years, eventually ownership in either a solo or partner practice."</i>
<i>"Provide a good service to people. Ownership in orthodontic practice. Pay off student loans. Live a happy life."</i>

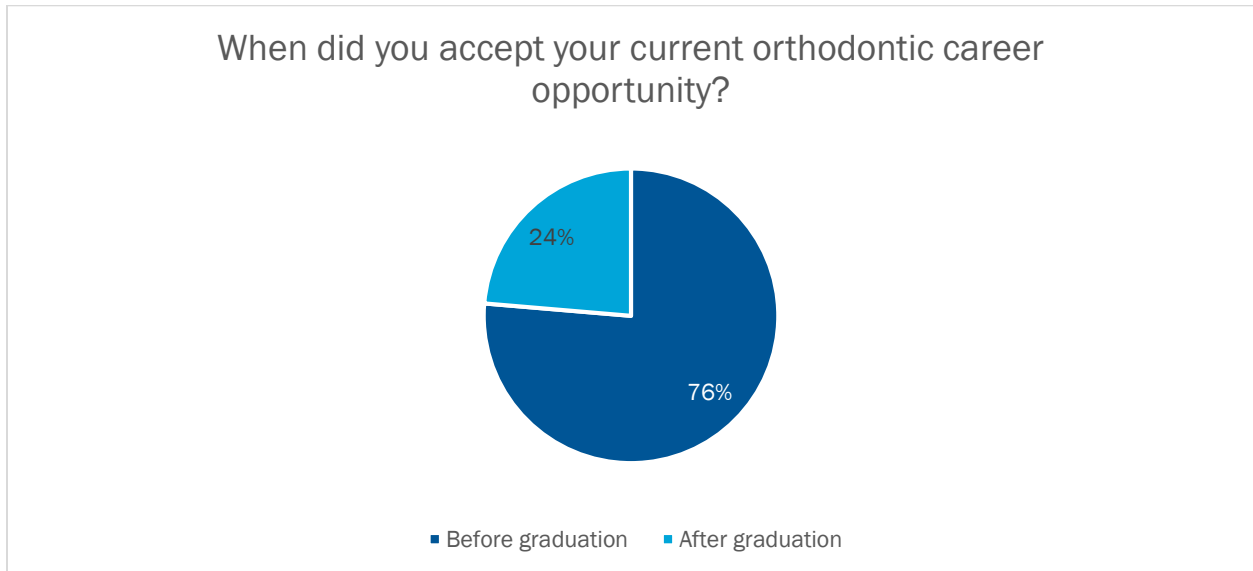
Graduates were also asked about important factors in their search for employment opportunities. Out of all available options, factors such as location, ability to pay student loans, compensation, and career/professional development were selected most frequently.⁵ One respondent suggested that all factors were important, which is why large group practices and DSO opportunities were appealing to new orthodontists. The respondent continued to say that student debt is a huge concern and being in a higher income bracket also requires individuals to pay benefits after taxes (i.e., insurance coverage, retirement, etc.). In some cases, large group practices and DSOs are more likely to cover some benefit costs and offer higher compensation to their associates compared to solo private orthodontic practices.



Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=112.

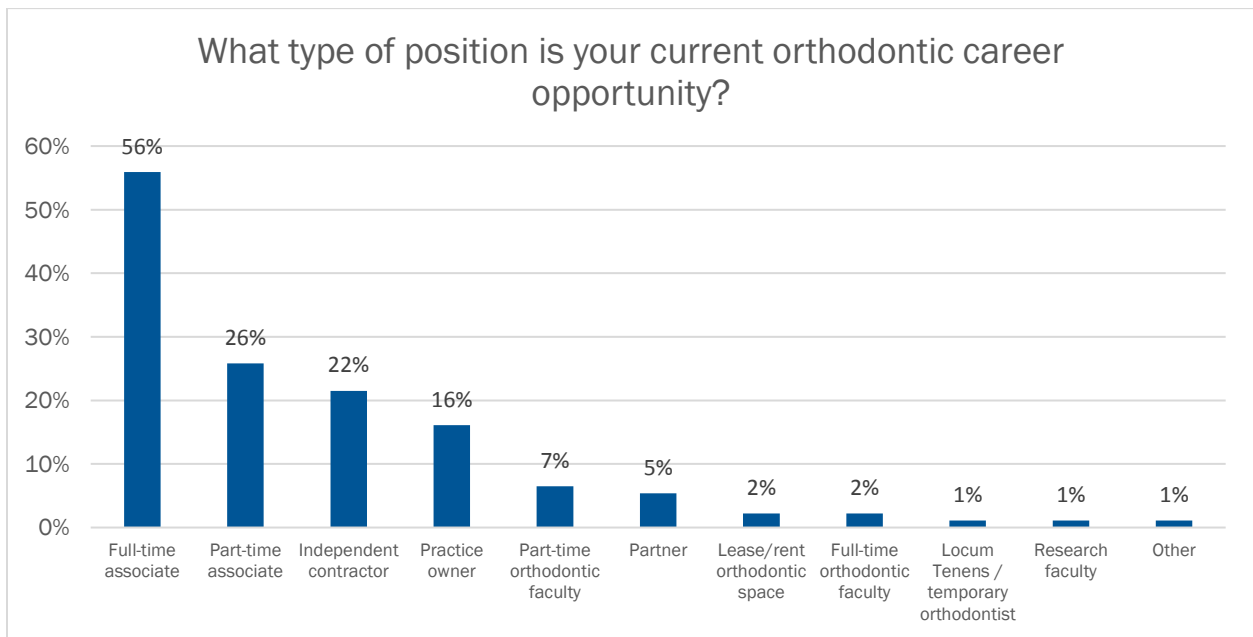
Employment

The Orthodontic Resident Graduate Tracking Survey also sought to learn about recent graduates' current employment status. About 84 percent of those who completed the survey had accepted or started an orthodontic career opportunity, and 79 percent accepted their opportunity prior to graduation.⁵



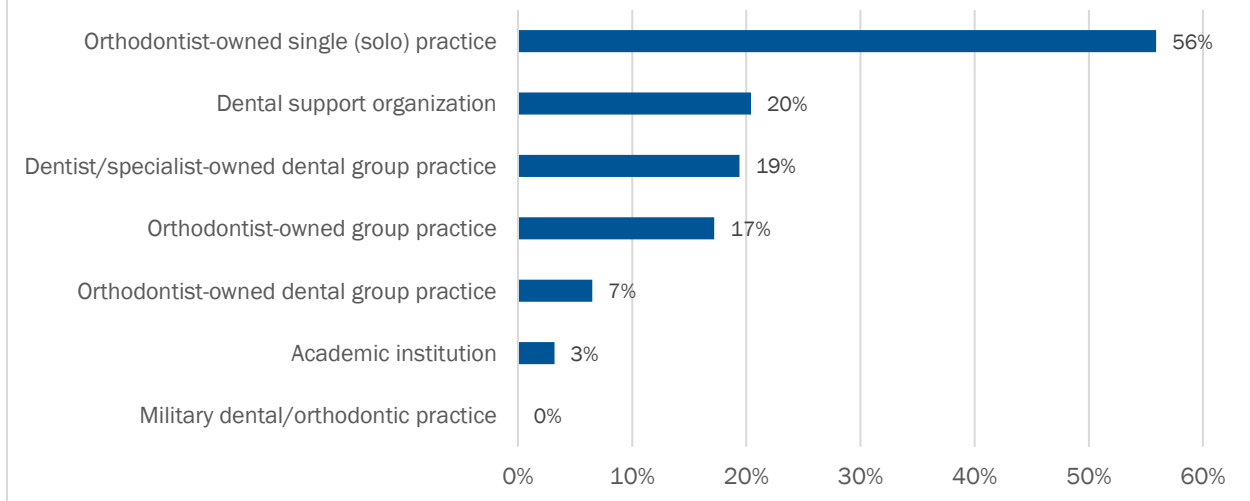
Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=93.

Majority of respondents indicated they were currently employed as a full-time associate and/or working in an orthodontist-owned single practice. Moreover, about 22 percent of respondents selected more than one position.⁵ This does not consider those who might have two positions of the same type. For instance, one respondent explained that she practices 5 to 6 days per week in one full-time position and two part-time positions.



Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=93.

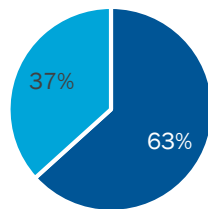
What is the practice type/modality for your current orthodontic career opportunity?



Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=93.

Majority of respondents are working in their preferred modality. Others expressed a lack of opportunities to meet their preferences or felt held back by their student loan debt.⁵

Are you practicing in the modality that you originally preferred to be in as you enter the profession?



■ Yes ■ No

"I am working as an associate at a DSO and private practice. The private practice does not have ownership opportunity for about 10 years. Preferably, I was looking for an employment opportunity that was associate to buy in within the first 3-5 years."

"I do not have the job I want, but it gives me stability in meeting financial obligations (i.e. student debt)."

"I originally wanted to do a startup or purchase a practice, but because of market trends and the desire to pay off loans quickly both of my original options seemed too risky."

"I'm at least practicing as an orthodontist. Some of my colleagues are practicing general dentistry to fill a full schedule."

"There are no private practice opportunities available in my area. It is rare to find something and if one does, the banks won't lend you money unless you have 2 years of experience. That isn't what you are told by the banks during residency. They are not familiar with our line of work at all, even if they are familiar with dental practice loans."

Source: American Association of Orthodontists, Orthodontic Resident Graduate Tracking Survey. N=90.

Challenges

Recent graduates were also asked via the Orthodontic Resident Graduate Tracking Survey to describe what challenges, if any, they experienced during their transition from residency to practice. Most graduates described difficulty in finding opportunities, operating a practice, and/or managing student debt.⁵

Finding opportunities

Respondents often expressed frustration with finding associate positions.⁵ For instance, some were under the impression that only a portion of practices were communicating their openings online or willing to hire new graduates. Others could not find opportunities to meet their preferences, causing a few to accept positions with long commutes.

"Difficult to find practitioners looking to hire an associate. Most jobs I interviewed for were because of word of mouth and were never posted anywhere."

"Few opportunities in the area I would like to work in. Corporate jobs have not been good at communicating actual opportunities available."

"It was very difficult to find positions as an associate in an orthodontist-owned private practice in [city redacted]. I felt that only 1/4 would post the positions on AAO."

"Finding opportunities when I am from out of the area can be difficult outside of cold calling and depending on the employer to post on the AAO, a career website, or local dental society website."

"Lack of good opportunities for new graduates. Most offices want experienced orthodontists, which is a catch 22. The pay is not as good as other areas that aren't as saturated."

"Difficulty finding a job, especially private practice. They are not willing to hire new grads."

"Majority of opportunities requiring previous work experience."

"Difficult to find an associate position as an employee - most everyone wants to hire an independent contractor. Difficult to find full-time associate position or a second part-time position."

"I could not find one associateship opportunity in the entire state of [state redacted]. I looked everywhere and called everyone, no one was looking. I therefore decided to open up a practice in a relatively saturated area (where my wife is from and we have a strong connection to the community). I am going to work in my practice 2x/week and travel 200 miles a week each way to work at a corporate job 3x/week. Not excited about leaving my family for that long."

"Very limited career opportunities. I was hoping to find something close to home, but unfortunately there weren't many options. I currently commute 2 hours one way to work."

"I couldn't find even a part time job next to my family, I will be flying back and forth each week to that job."

"Finding the right opportunity that meets your personal and financial goals and one that is in line with your treatment philosophy. In addition, one where you just fit in."

"I found it difficult to find a reputable DSO to work for, they all have their issues but I chose the opportunity that will satisfy my short-term goals."

Some respondents revealed communication issues with those who were hiring or selling their practices.⁵

"I initially used the AAO practice listings to attempt to find a practice to work at or buy. Unfortunately, I found this often to be difficult, as they would not return my calls/messages or the practice was so run down

that it ended up basically being a startup. Once I started cold calling and stopping by offices in the area I wanted to practice I found an opportunity that was fitting.”

“People saying they want to sell and then back out at the end or have unrealistic view of the practice.”

“Some doctors that are selling their practices or want associates, have not actually thought about the cost of having an associate/selling their practice. I have had experienced a lot of miscommunication and frustration while waiting for the owner to decide what he/she would like to do to move forward.”

“Negative attitudes of current older practice owners, discouraging pursuit of associate in orthodontist-owned private practices.”

“Signing contract with DSO for x # of days per month and them not meeting the declared #. High turnover of employees in DSO practice. Employees not properly trained for orthodontics.”

There were also a few who didn't feel prepared to evaluate and/or negotiate opportunities.⁵

“Evaluating practice opportunities thoroughly by looking at practice numbers and determining financial health of the practice vs the asking price.”

“Lots of paperwork and negotiations which was not emphasized during residency as it should have been. Critical to plan the last 3-6 months before graduation on employment.”

Operating a practice

Many respondents felt they were lacking practice management knowledge and experience. More specifically, how to operate a business, manage and communicate with staff, as well as market and grow a practice.⁵

“It's a struggle to figure out everything that I need to do to begin working. Also learn how to run a business and be an employer, when I've only been a student my whole life. It will be a unique challenge to join a practice where many of the employees have known me since I was born.”

“All the steps necessary for running a practice. No experience in how orthodontic offices are typically run.”

“The business side of business ownership as well as the intricacies of insurance plans patient are on were much more complex than expected.”

“Business ownership comes with several different 'hats.' The 'staff management' is by far the most difficult in my opinion.”

“Many new challenges related to practice management but I feel very prepared clinically after residency. Dealing with staff issues and fair financial arrangements for patients are two of the toughest to deal with.”

“Adjusting to expectations of staff and office manager. Communicating with orthodontist who owns the practice.”

“Delegating tasks to assistants, working with assistants who are much older than you and have been working for a long time”

“Orthodontics requires new patients to be continually generated in order to keep the practice growing in the right direction. We don't learn about any marketing/business skills in residency and that is what the majority of my time is now spent on.”

Managing student debt

Respondents are also concerned with their ability to manage and afford student loan payments, which greatly influenced their search for employment opportunities.⁵

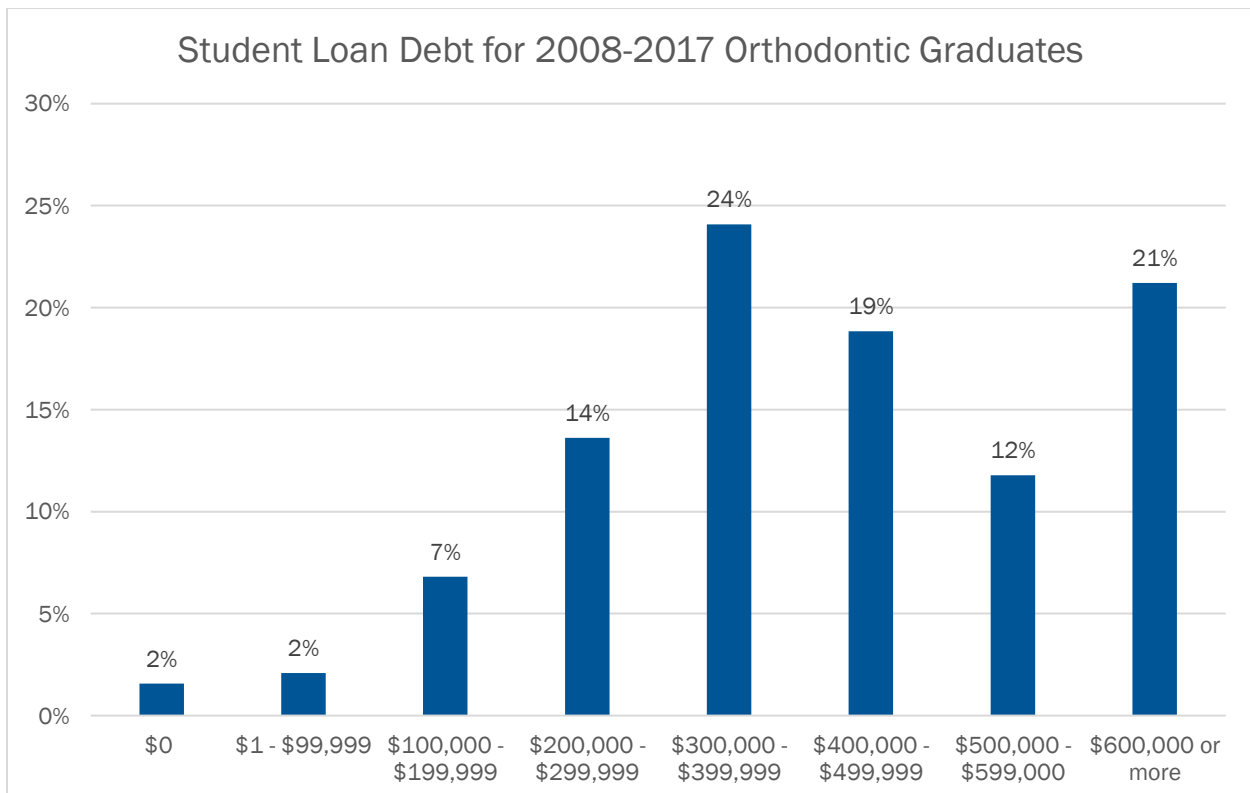
“Finding an opportunity in a private practice in [city redacted] and surrounding areas where I could work enough to pay my loans was near impossible to find, so I decided to work for a large group practice owned by a dentist.”

“I think the biggest challenge is that my student-debt-to-income-ratio is outpacing my current income potential. This has been causing a lot of undue stress largely caused by my lack of understanding of student debt, the reality of my current compensation, and my future income potential. Learning these aspects of my career have been challenging, since my focus has largely been on learning orthodontics for the past three years.”

“Crippling student debt coupled with higher income, lack of traditional tax-deductible benefits, and lack of ownership really tie one’s hands in terms of financial management and taxes, while trying to stay on top of loans and prepare for the future financially. There are no great resources to educate young orthodontists on debt management, financial planning and what it means to be a debt-burdened high-income associate.”

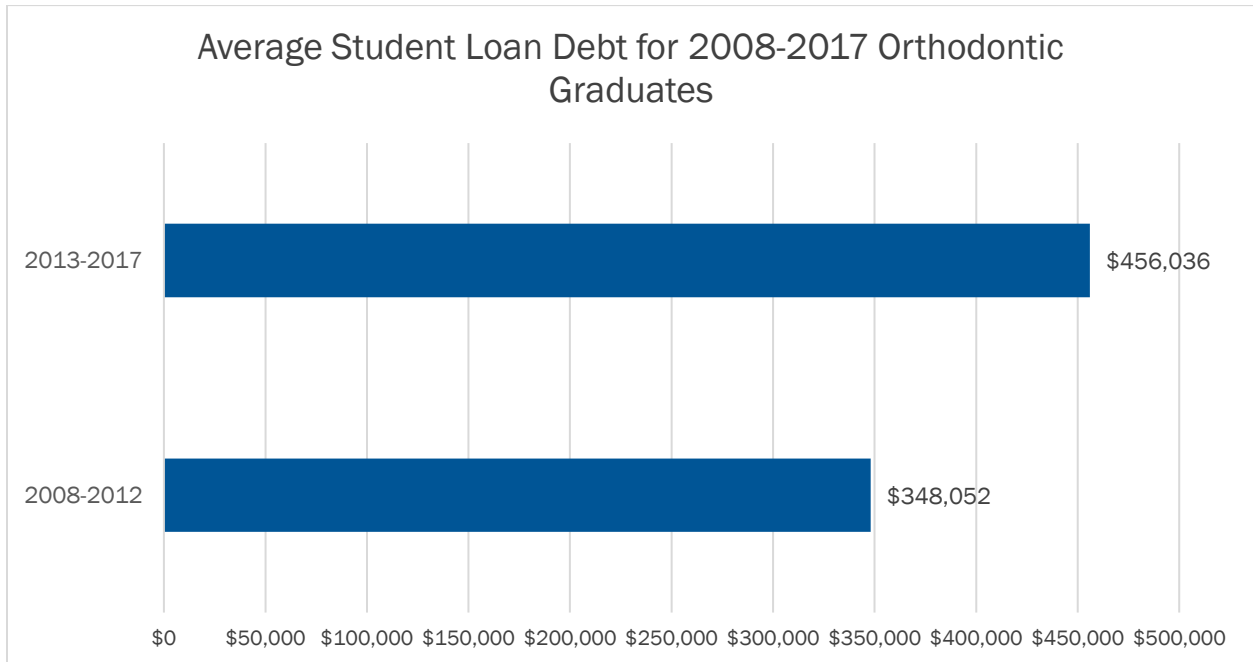
Student Loan Debt

Student loan debt is perhaps the most glaring issue among new and younger orthodontists. Results from the Student Loan Survey indicate the average student loan debt is \$418,722 for graduates between 2008 and 2017.⁶ This equates to a monthly payment of about \$4,819 at a 6.8 percent interest rate.



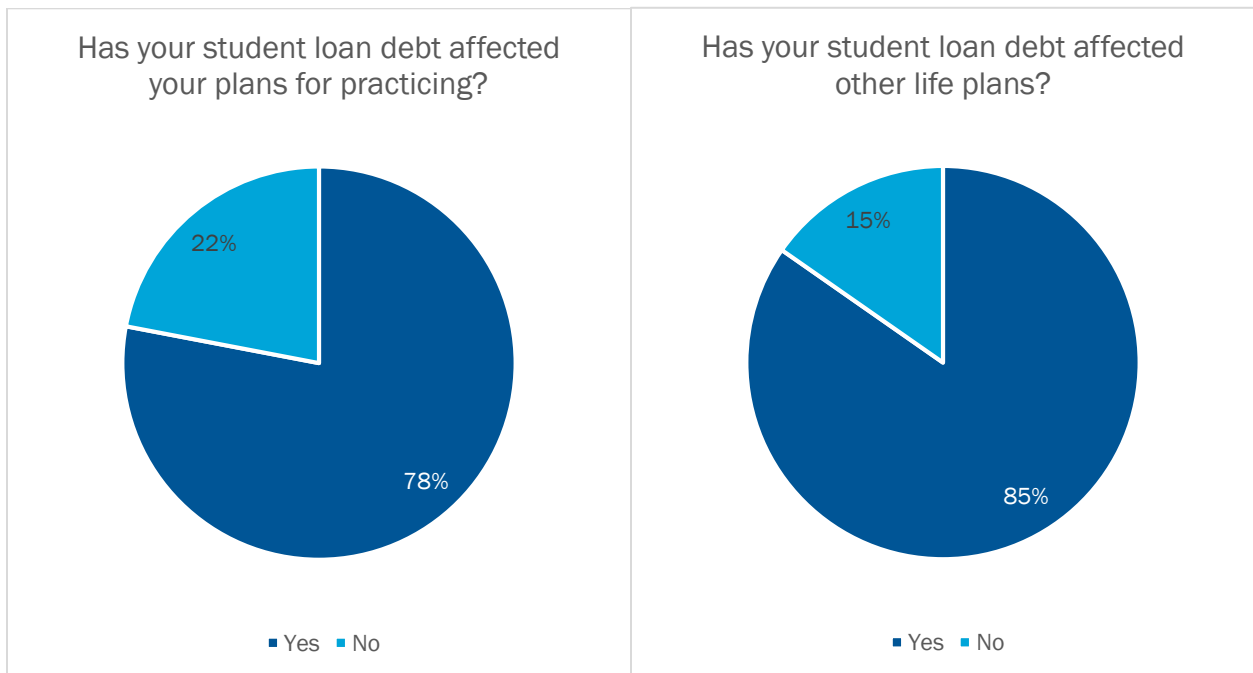
Source: American Association of Orthodontists, 2018 Student Loan Survey. N=382.

Compared to graduates between 2008 and 2012, it appears the average student loan debt could be even higher among graduates between 2013 and 2017.⁶



Source: American Association of Orthodontists, 2018 Student Loan Survey, N=382.

Results from Student Loan Survey also illustrate the impact of student loan debt on orthodontists' major life decisions. For instance, 78 percent of respondents said that student loan debt affected their plans for practicing, and 85 percent said it affected other life plans.⁶



Source: American Association of Orthodontists, 2018 Student Loan Survey, N=522.

Respondents were also asked to describe *how* their plans have been affected by student loan debt.⁶ Overall, student loan debt has caused many new and younger orthodontists to:

- Delay practice ownership and/or other plans
- Face obstacles for obtaining practice financing
- Prioritize salary and compensation over personal preferences
- Increase hours and/or work multiple jobs
- Commute several miles from home
- Delay personal and family plans

Delay practice ownership and/or other plans

<i>"Instead of opening/buying a practice immediately, I will most likely be working as an associate under another doctor for a few years before I can afford a practice."</i>
<i>"I do not have the openness to start a practice if I want to, not unless I want to incur a million additional dollars of debt. I am forced to work where I can for whom I can to improve cash flow."</i>
<i>"I have a \$5,500 minimum monthly loan payment. I must work for corporates to make this monthly payment and therefore I cannot take the risks of non-payment required to open my own practice. I believe this affects the quality of care provided."</i>
<i>"Not buying into a practice. Started working with a DSO."</i>
<i>"I started my practice from scratch. I now see 90 patients a day with 4 chairs and standing room only in the waiting room. Due to student loans, I cannot afford to build a building to accommodate my growing practice."</i>
<i>"Even though I now own my own practice, I still have an associateship and all earnings from that have to go directly to the student loans. It leaves me less time to work on my own practice. In addition, with such high loan payments it has restricted my ability to renovate my practice, and it has restricted my ability to expand the number of employees I have."</i>
<i>"I went through a chapter 7 bankruptcy and had to sell my startup practice because the student loan and business loan payments were too large a percentage of income to overcome."</i>
<i>"Repaying money borrowed to acquire a practice while also paying down student loans can be a crushing load. I sold my practice after 5 years and am working as an associate because I couldn't manage both student and business debt."</i>

Face obstacles for obtaining practice financing

<i>"Very difficult to obtain additional business loans for startups or buy-ins (partnership) without having a co-signer due to the amount of debt I am carrying combined with my salary, which barely covers the payments on my student loans and home mortgage. I pay more per month in student loans than I do for my home mortgage by a long shot."</i>
<i>"Having so much student loan debt makes it difficult to get bank financing for equipment, upgrades, purchasing the practice, etc."</i>
<i>"It was much harder to get business loans than I expected due to my debt to income ratio (since my debt was high and I did not have a history of high income). I had to use private loans for my practice purchase. I have not taken as many risks with my business purchases/investments as I would if I had less student debt."</i>
<i>"I cannot get a loan from banks in order to finance buying a practice, so I am forced to work for a DSO."</i>

"I cannot get approved for a business practice loan due to the amount of debt I have accrued. I also cannot imagine taking on another loan to pay off by buying a practice due to the high payment amounts due for my student loans monthly. Have a business loan would most likely double this and being able to pay both loans and live comfortably as the sole provider for my family would not be possible."

"I would like to purchase an orthodontic practice. I have been denied already on two occasions for a practice purchase loan based primarily on my large debt ratio that is primarily student loan debt. This is despite my excellent credit and reliable work and income history."

"I needed to find a job with guaranteed money, and high fixed income. My debt to income ratio still isn't great. This has inhibited my ability to start my own practice, take out a business, etc. My credit also has been affected by my student loans. Not so much the amount, but the number of loans."

"I couldn't get approved for practice loans until now (8 years after residency). I was forced to sell cars and personal items even after serving in the Navy as a dentist which helped somewhat but not completely as I went to a private dental school. I had to move overseas twice just to make a living. I still can't afford to raise a family yet but hope to once my own practice is running. I'm 40 now and still severely negative in net worth and still trying to find a way to make a living in this career without killing myself over it. I worked in offices in [three cities redacted]. I drove to each office usually until late at night between workdays, living in motels just to make a decent living and stay above my student debt. This was every week for 4 years and now hoping to settle down and not commute anymore. Finally got approved for a practice loan last summer and hope to open this Spring. I wish this student debt didn't affect my life so much or make me sacrifice family, relationships, a home, etc."

Prioritize salary and compensation over personal preferences

"Chose to practice where I can make the most money to pay off debt quickly rather than where I would want to live."

"I feel pressure to make a certain amount of money so I can pay my debt. Until then I am handcuffed to a certain kind of work and amount of work."

"I have had to choose jobs based on salary alone, instead of ideal location or shared clinical philosophy."

"My decisions where and how to practice (when to buy in or start a practice) are affected because my loan amount is so high - I have keep my loans in mind in order to have any chance of paying it back."

"I moved somewhere far away from friends and family to purchase a practice that will potentially make more money so I can pay my monthly payment which is around \$6,000 a month."

"With large student loan debt obligations, we as recent graduates have less opportunity to pursue riskier private ownership ventures and lean toward associateships due to the guaranteed cash flow these associateships provide."

"I thought about starting from scratch, but with decided against it due to the amount of loan repayments I would have. Instead I took an associate position in an area I wanted to live in but in order to have my own practice I had to move due to covenant to compete."

"It has limited my options in some ways. I am hesitant to take on more loans at this time, so I'm not looking to start a practice or buy into an existing practice. I also realize that corporate jobs can afford to pay more compared to a private practice small business owner, so I may be more likely to go the corporate route right out of school in the interest of paying down my debt more quickly."

I need to have enough money to make monthly loan payments that total \$6000 and thus have chosen to associate instead of starting my own practice over concern for financial instability.

"Now I have to join a corporate practice or even multiple to be able to make minimum payments on my loans. I was going to go into the military or private practice but I owe too much."

"I need a higher paying job which is more available in a corporate setting with high volume. It has limited my opportunity to provide care on a voluntary basis or seek out lower income populations who need care."

"I have to work at a corporate practice with a guaranteed income to pay off student loans. The high amount of loans coming out of school is what allowed corporations to creep in to our industry and it will ultimately lower the number of private practices that can be sustained."

"I was supposed to go back home and buy my fathers practice, but his practice was not able to pay me enough to even make my student loan payments. Therefore, I had to look elsewhere and couldn't move home. I ended up having to work two jobs at two different practices, for a total of 6 days a week with travel. I did not want to work for a large corporation but I felt like I didn't have a choice if I wanted to make my loan repayments and afford for my family."

I would have liked to be more involved with education earlier in my career but plan on private practice solely until debt is paid off.

I am a full-time faculty. As academics is my passion, I am continuing in it currently. Having accrued the student loan debt after my residency, it is pushing me to leave academics and join a private practice.

My husband and I are both PhDs and we would have probably stayed in academia had we not both had these loans. But you cannot make a living in Academia and pay off student debt.

Increase hours and/or work multiple jobs

"It delayed the time it took for me to purchase a practice. Also, I work 6 days a week at 3 offices just to pay the bills. I am not opposed to hard work but 70-hour work weeks for my whole life was not the intended goal. I went into the field believing I would be able to spend time with my family. I get minimal time to see my wife and 3 kids. Mainly just on Sundays."

"Working more days; weekend jobs; cannot pursue career in academia."

"I work 6 days a week and don't see my daughter. We've decided not to have any additional children because we can't afford it. I can't afford to buy a house. I lived better as a resident than I do now. My husband makes as much as I do and we are struggling."

"I have had to work extra hours at multiple practices in order to accumulate a monthly income to satisfy my student loan debt. It has affected my ability to treat patients how I would ideally."

"Hard to do a startup worrying about paying the business loan plus student loan. Working 3 part-time jobs at 6 days a week with an average of 10-12 hour days. No benefits first year out trying to pay for everything required in our profession (loans, licenses, marketing, community service sponsorship, etc.)."

"I have taken several jobs that I would otherwise never have taken. When I entered ortho school I did not anticipate making \$100,000.00/year, seeing 80+ patients a day, driving between 4 different offices, working with off brand brackets and supplies, old instruments with less than ethical standards. However, how could I not with \$26,000.00 in interest on my loans/year alone."

Commute several miles from home

I am delaying opening my practice until I am out of debt. I had to choose my jobs based on my student loan debt. I am working at place where I don't want to be. I commute 80-100 miles 4 days a week because of the increased pay for my student loans. I am working for the banks and not for myself or my family.

I delayed attempting to start a practice from scratch. I pride myself on always paying my bills on time and being a good citizen but it is very depressing to see how much in debt I am in student loans. After graduating residency, I took any and all jobs where available. My first job required me to fly from [state redacted] to [state redacted] 8 times a month and leave my wife and new born. I was rarely able to find non-stop flights, so I often had layovers, delays, and just overall a brutal commute. My second job was not

much better but had better non-stop flights. All my jobs were working for DSOs (large corporate dental operations) because they were the only ones hiring and paying decently.

Delay personal and family plans

"Due to high debt load, I require a significant income to cover all my expenses. I have not pursued income-based repayment plans due to expected future earnings that would disqualify me."

"Every purchase I make is dictated my student loans - apartment, furniture, clothing, travel, and even food."

"It affects almost all aspects - where to live next, when to move on to the next phases of life such as marriage and having children."

"Our family relies on discount shopping and a very financially cautious lifestyle. We pay more in student loans per month than we do in our home mortgage or in my business loan for a partnership buy-in. With increased costs in health insurance combined with these high loan payments we feel somewhat trapped. Also, the loan rates on the student loans was ridiculously high (8.5%) on \$350,000. I was able to consolidate this down to 5.5% but that took quite a while and was not an easy task."

"It has affected my personal life in numerous ways and placed a hold on many aspects of my life: 1) I look at marriage differently because my significant other also has student loans; 2) I put off major life purchases (e.g., have to rent instead of buy a house, can't buy car, etc.); 3) my credit score has been impacted; 4) I can't be involved in as many community services or go into a teaching/faculty position at an orthodontic program; 5) I can't put money into savings."

"The payments and debt hinder being able to move to a better house in the future, or at least push that back significantly since we are unable to save much money at all and basically live paycheck to paycheck. I never thought that would be our situation after trying to better myself with so much education."

"When my husband and I were looking into buying our first home I was unable to be on the mortgage loan and a part of it because my student loan debt was too high and lenders would not approve us."

"I didn't qualify to buy a home. I feel like I had more discretionary income as a hygienist than I do as an orthodontist due to how much debt I have. I just tend to be so frugal in life so I can strategize a way to use any extra money to pay to loans."

"I definitely put off having my children longer than ideal so that I had some financial and job security before adding to my family. I have not traveled much because of my debt. My husband and I were not able to buy a starter home even though we had money for a 20% down payment and were already paying in monthly rent more than we would have paid for our mortgage. The bank would not give us a mortgage."

"As I enter my thirties in age, I would love to own a practice and start a family but I believe I will not be able to due to the student loans I have."

"We are not sure if we want to have children due to both of us having such large student debts and worry that once we feel more financially ready, we are too old to have children."

"I have put off marriage, starting a family, and purchasing a home. I don't have any immediate plans to do any of these things. I'm currently researching alternative employment in a state away from friends/family with a reduced cost of living. If I can reduce my yearly expense to below \$35,000 (should be doable) I can move back home in 7-10 years."

"I could not afford to have a family, a home, and even sold my car that was paid off just to help bring down my student debt. I'm 40 and still single trying to get out of this debt. I can't even afford to have a child yet."

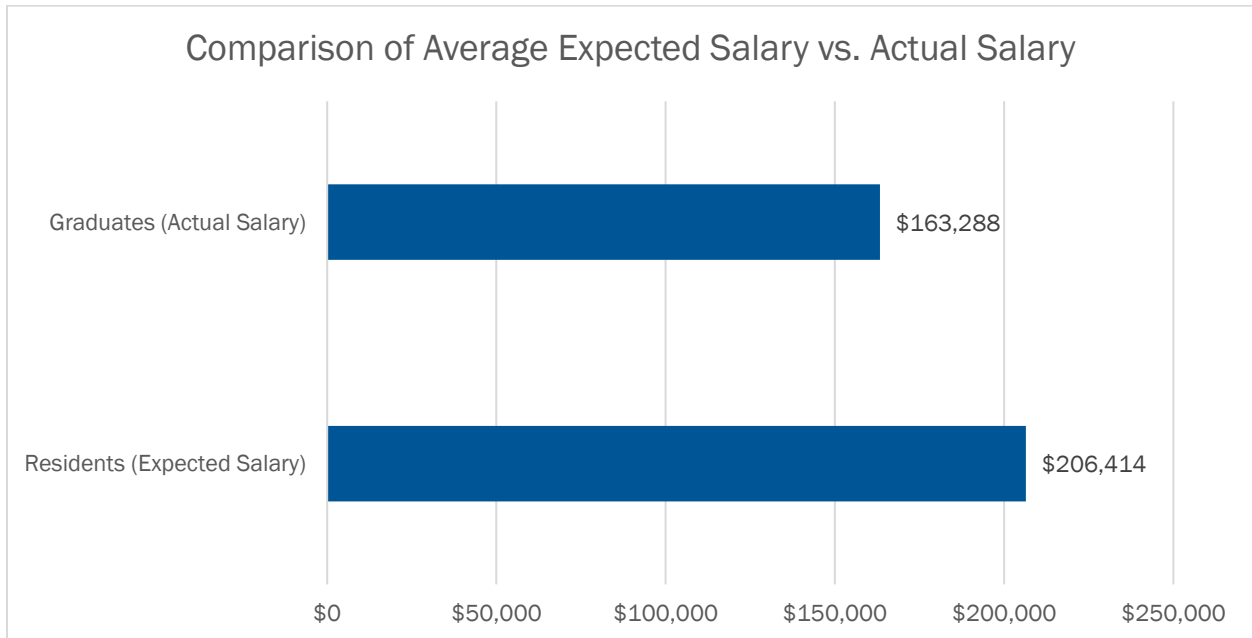
"I took a shorter maternity leave than I wanted to be able to continue earning an income to afford student loans."

"I've been generally depressed for the last several years and am going to counseling. It's not just due to financial reasons, but the amount of money I owe causes a lot of anxiety. My wife and I are expecting our

first child and the thought of loans on top of everything involved in starting our family and keeping my brand new practice afloat has not been good for my mental health.”

Salary Expectations

The Student Loan Survey also asked 1) residents to indicate the salary they expect to receive when they graduate, and 2) recent graduates (within the past 10 years) to indicate the salary they first earned upon completion of their residency. Results show a \$43,126 difference between average expected salary versus average actual salary.⁶



Source: American Association of Orthodontists, 2018 Student Loan Survey. N=578.

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