NATIONAL ACADEMIES Sciences Engineering Medicine

Global Forum on Innovation in Health Professional Education

Affordability of Health Professional Education

Virtual Pre-workshop 1 – Is cost a barrier?
February 28, 3-5pmET

Virtual Pre-workshop 2 – Financial models
March 25, 10:30-12:30pmET

Virtual Pre-workshop 3 – Cost & primary care
April 1 (TBD)

Hybrid Workshop (Washington, DC) – Value
April 23, 4-6pmET
April 24, 9-12noonET

Workshop Planning Committee

Bianca Frogner, PhD (Co-chair)
Dniversity of Washington

Mark Merrick, PhD, AT, ATC, FNATA (Co-chair)
University of Toledo

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Khalifa University, United Arab Emirates

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The University of Tennessee Health Science Center

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Association of Accredited Naturopathic Medical Colleges

Global Forum on Innovation in HPE

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NATIONAL ACADEMIES
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IS COST A BARRIER FOR STUDENTS TO ENTER INTO HEALTH PROFESSIONS EDUCATION (HPE)?

Workshop: The Affordability of HPE

WHY ASK IF COST IS A BARRIER TO HPE?

- Declining enrollment
- Mismatch between low student interest and high employment demand
- School & program closures
- Education debt and role of professional pathway design
- Burnout and mental health
- ROI and health professional graduates' decisions

WHY ARE HPE COSTS TO EDUCATE HIGH?

- Complex, often technical, resource intensive task requiring skilled educators
- Our accreditation and licensing requirements increase these costs
- Professional Knowledgebase Expansion = Content Explosion = ever expanding entry-level curricular expansion
- Extraprofessional Knowledgebase Expansion = more background and contextual knowledge – pushing professional to graduate level?
- Shift in governmental and employer cost sharing = shift to students to bear costs

Pathways into HPs-3

Early Assurance Programs

Secondary Education/ GED

Prerequisites for health professional schools

Community College/ Community Education Training College/ Vocational Training School

Associate degree level, Certified & Non-Certified Technician, Assistant

Online programs with stackable credentials

Undergraduate degree

Prerequisites for health professional schools

Graduate degree

Post-graduate degree

Apprenticeship, On-the-job Training

Certification, Experience

Certified & Non-Certified Assistant, CHW*, Aide, Technician

Health Professional

Patients and Populations

*Community Health Worker

Pathways into HPs-3

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Health Professional

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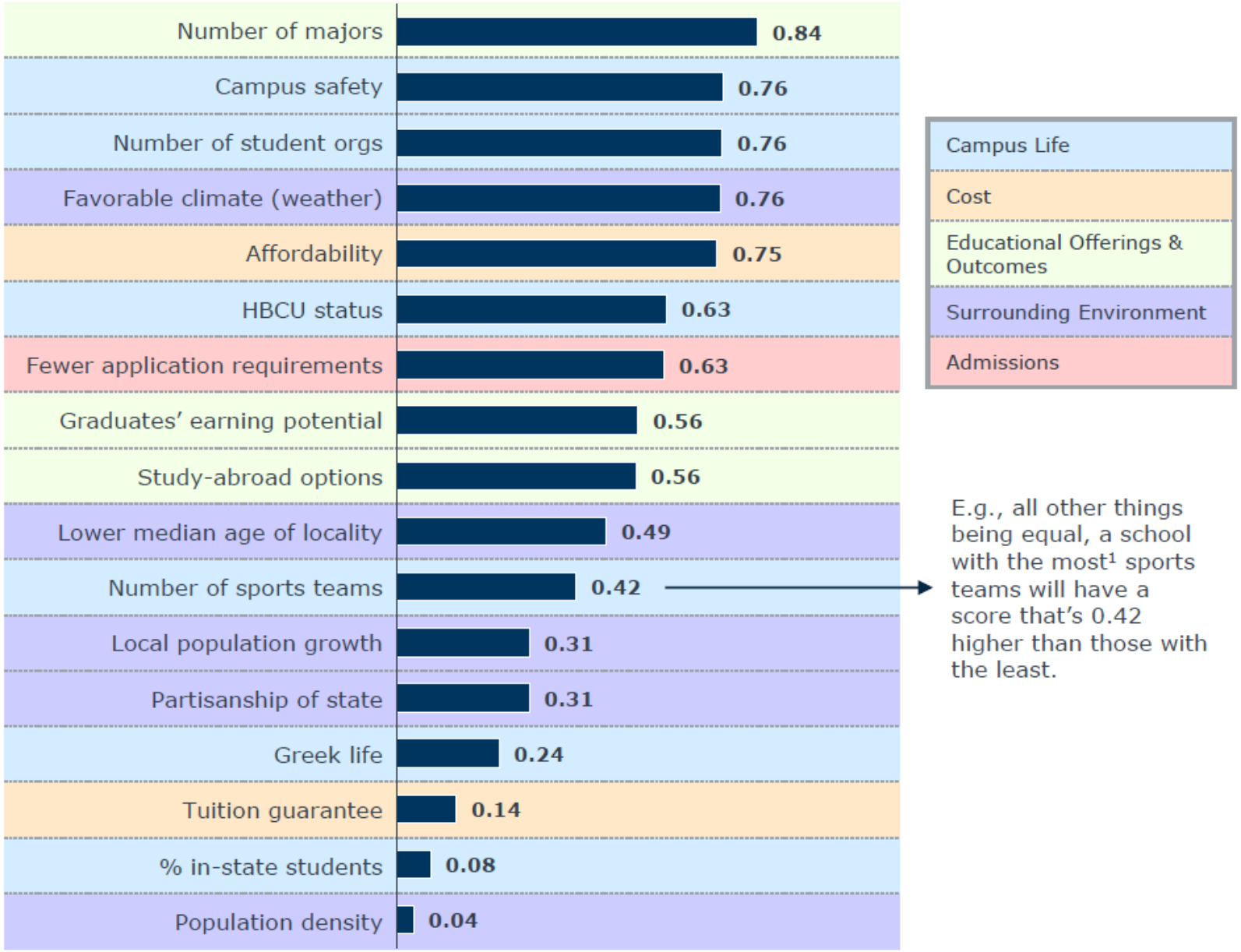
Patients and Populations

COST AS A FACTOR FOR STUDENTS

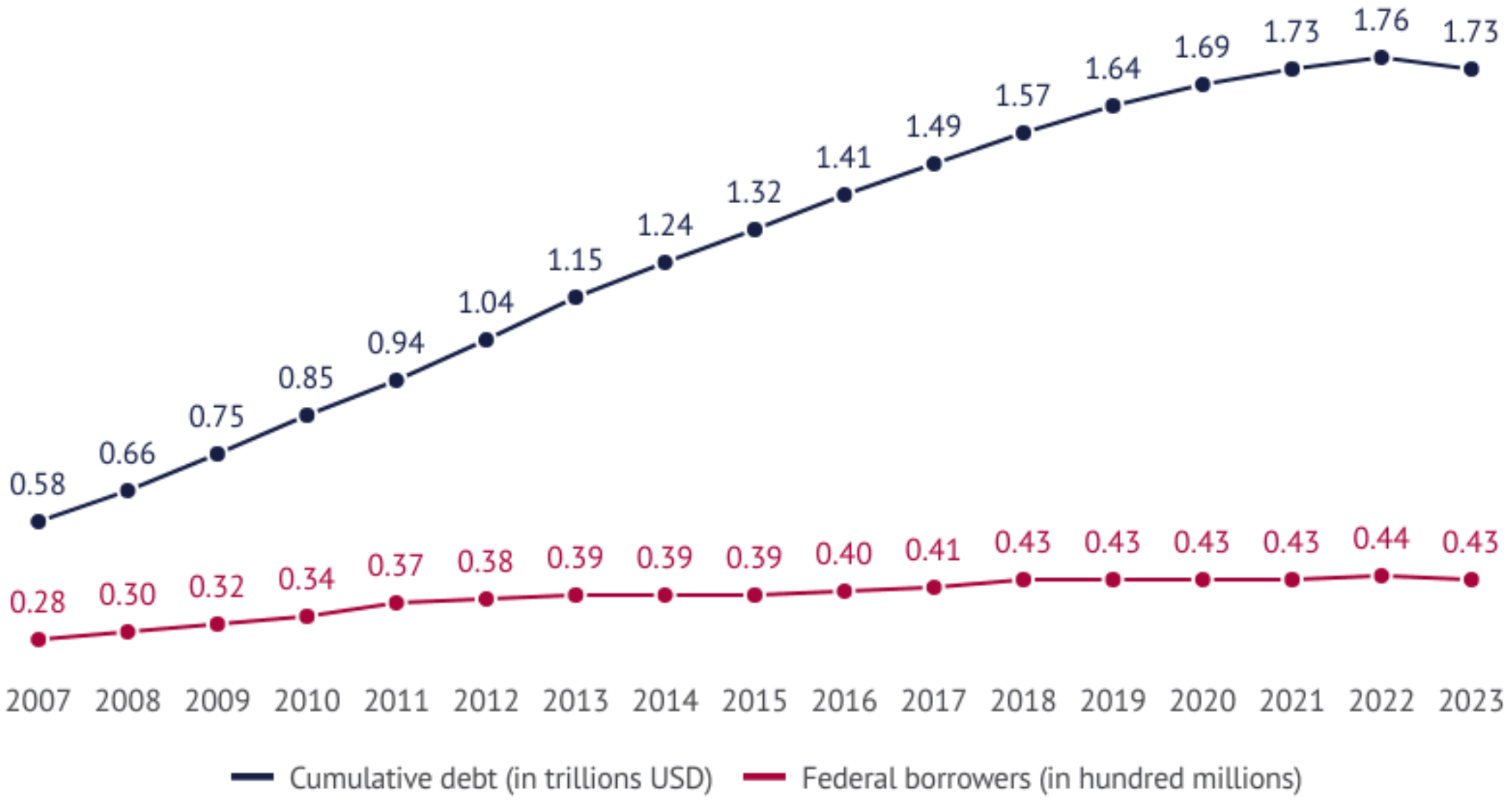
(EAB, 2025),

Contribution[1] of Significant Traits to a School's Overall Student-Attractor Score

Average for All Four-Year US Institutions, 10.0 = Maximum Student-Attractor Score



Student Loan Debt Relative to Student Borrowers



Education Data Initiative sources: U.S. Department of Education & Federal Resrve Board of Governors

2007-2012 data from Q3; all others from Q4

DEBT/EARNINGS IN 2020 FOR A **BACHELOR'S DEGREE**

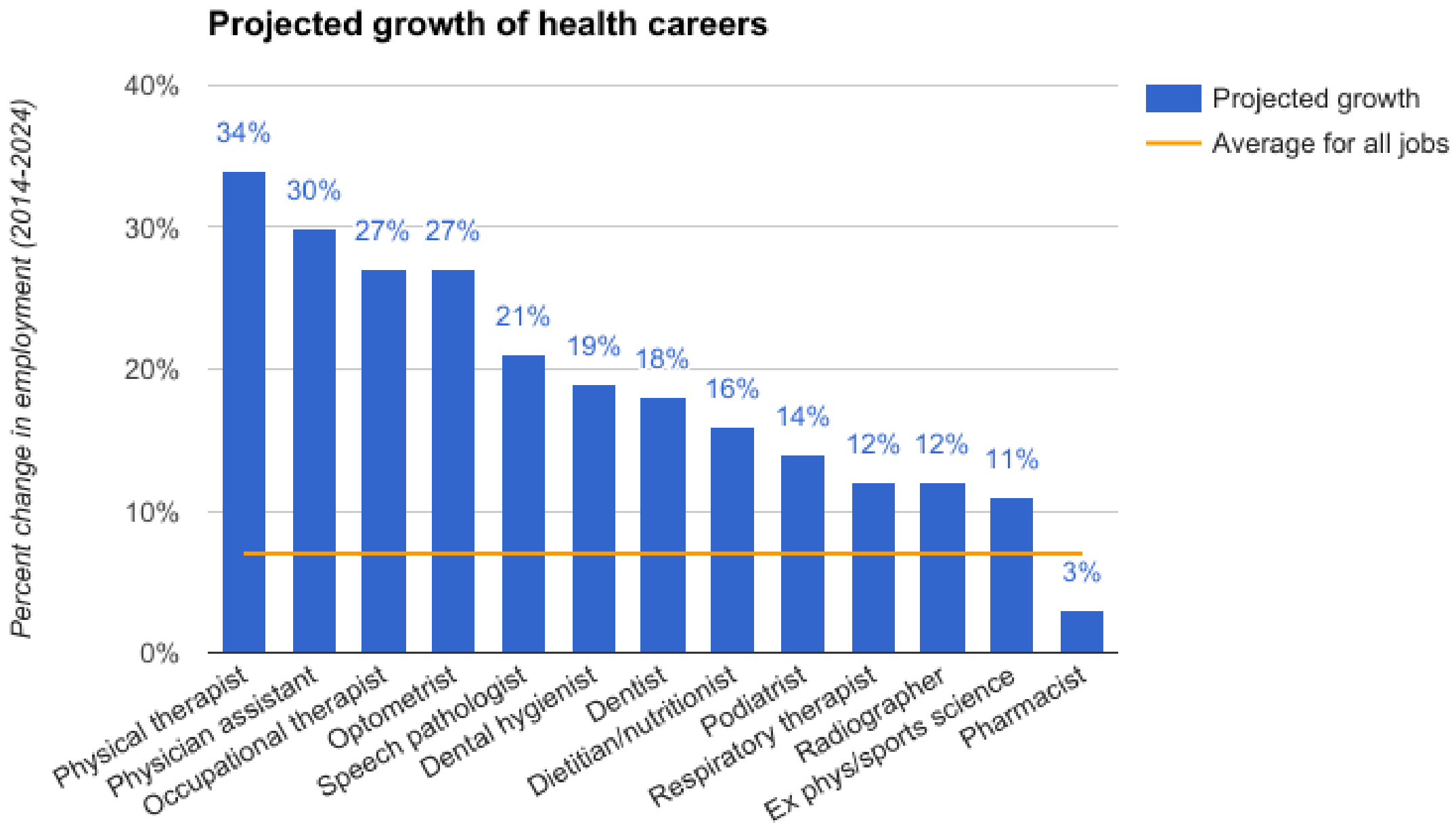
cipdesc	Median earnings	Median debt	debt/earnings
Pharmacy, Pharmaceutical Sciences, and Administration.	57996	20922	0.36
Dental Support Services and Allied Professions.	54659	21653	0.40
Business, Management, Marketing, and Related Support Services, Other.	43776	23108	0.53
Psychology, Other.	32083	21569	0.67
Nutrition Sciences.	28955	21122	0.73
Rehabilitation and Therapeutic Professions.	30285	23667	0.78
Social Work.	30835	24131	0.78
Dietetics and Clinical Nutrition Services.	29222	23356	0.80
Psychology, General.	28421	22944	0.81

Ratio <1.0

DEBT/EARNINGS AFTER **FIRST PROFESSIONAL DEGREE** (2020)

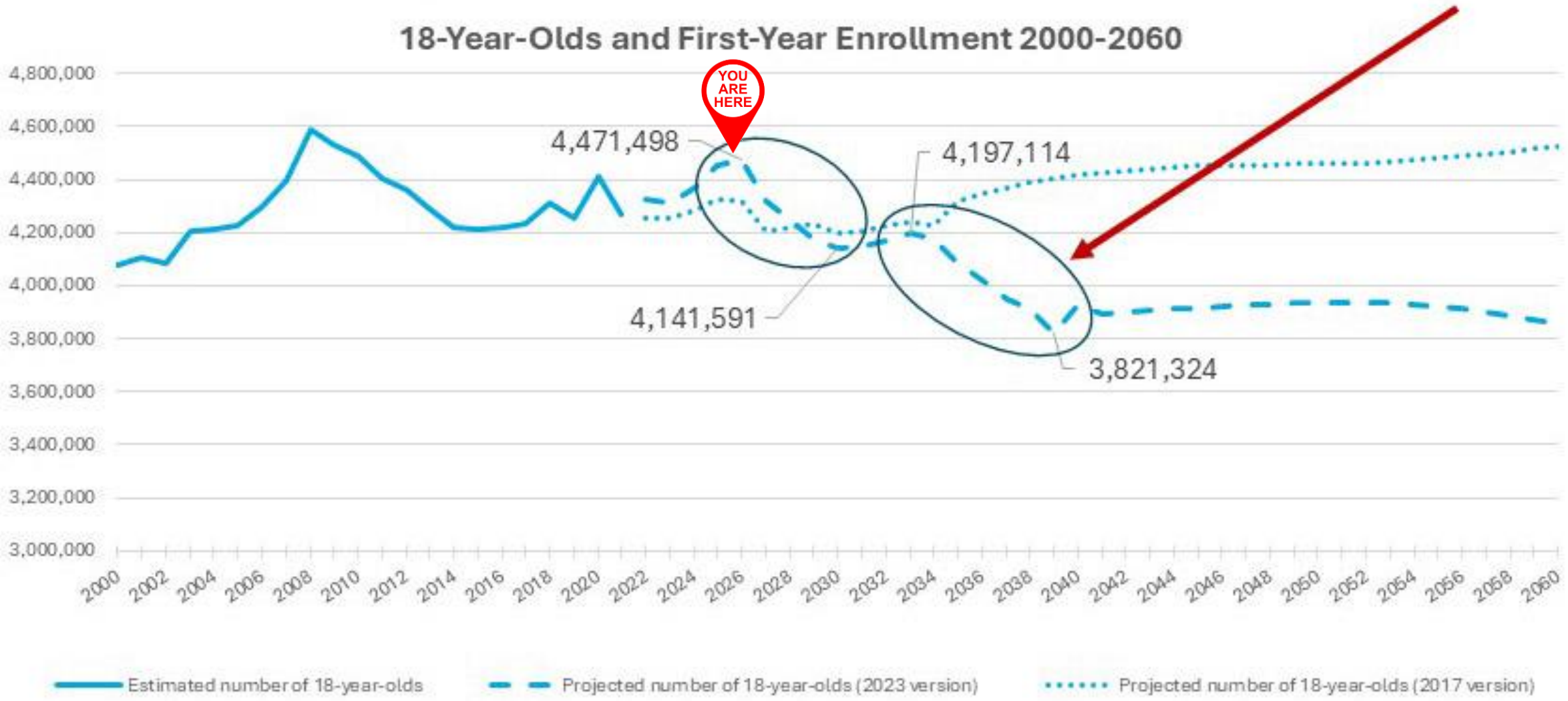
cipdesc	Median earnings	Median debt	debt/earnings
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing.	111099	63430	0.57
Pharmacy, Pharmaceutical Sciences, and Administration.	110728	126013	1.14
Rehabilitation and Therapeutic Professions.	68288	100067	1.47
Optometry.	85581	162775	1.90
Veterinary Medicine.	72458	156700	2.16
Dentistry.	97215	241552	2.48
Clinical, Counseling and Applied Psychology.	65800	194270	2.95
Medicine.	55572	170602	3.07
Podiatric Medicine/Podiatry.	52036	207674	3.99
Osteopathic Medicine/Osteopathy.	53936	232053	4.30
Chiropractic.	35504	178596	5.03
Alternative and Complementary Medicine and Medical Systems.	24000	229551	9.56

Ratio >1.0



Source: US Bureau of Labor Statistics

Two Demographic Cliffs



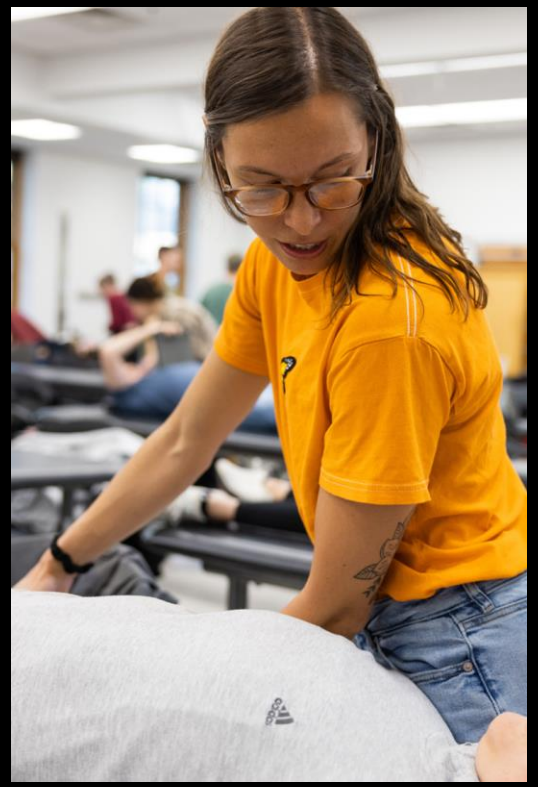
Sources: Actual and Projected College Freshmen: Digest of Education Statistics 2016, 2020, 2022. Estimated Number of 18-Year-Olds: U.S. Census Bureau 2017 estimates, 2023 estimates (first to be based on 2020 census data).

From Ruffalo Noel Levitz: https://www.ruffalonl.com/blog/enrollment/two-demographic-cliffs-the-enrollment-case-for-diversifying-revenue-streams/

TOPIC REVISITED

Is Cost A Barrier for Students to Enter into Health Professions Education (HPE)?

Exploring Cost as a Barrier to Health Professional Education



Affordability of Health Professional Education:

A Workshop Series

February 28, 2025

Rich Shields PT, PhD, FAPTA
Professor and Chair
Carver College of Medicine

Our Collective Mission:

To develop a workforce that can deliver value-based care for **all** people who need our health care services.

Our **learning environments** should support **all** health care professionals to excel and meet the needs of society.

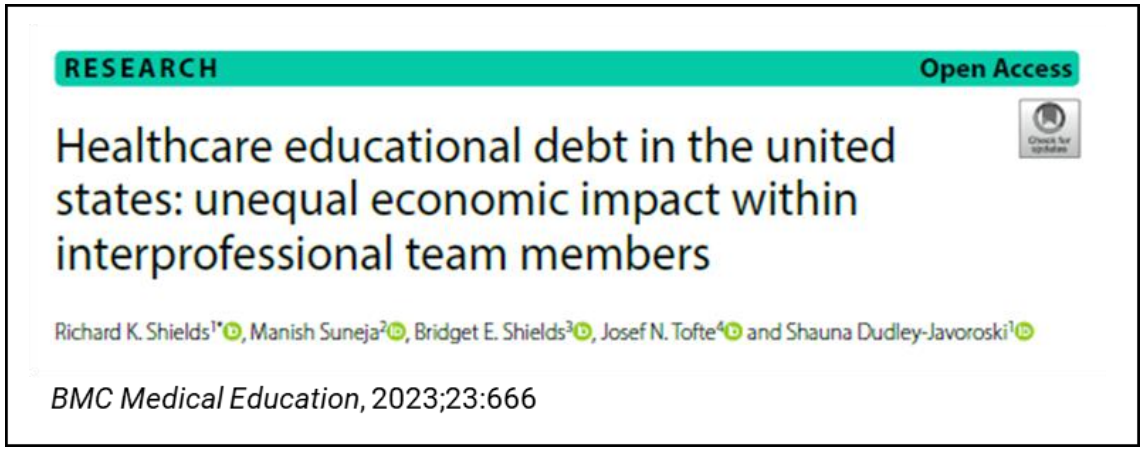
High Value Workforce = Right People, Right Place, and Right Cost

Objective 1: To understand how…

Educational debt influences the economic value of a health professional education

Economic Value of a Health Professional Education

Strengthened By:	Weakened By:
High starting salary	Long educational duration (lost wages)
Annual salary growth (CAGR)	Debt repayment
Long career duration	



RESEARCH Open Access

Healthcare educational debt in the united states: unequal economic impact within interprofessional team members

Richard K. Shields[1*], Manish Suneja[2], Bridget E. Shields[3], Josef N. Tofte[4] and Shauna Dudley-Javoroski[1]

BMC Medical Education, 2023;23:666

"Present Value":

- Starting salary
- CAGR
- Debt
- Expressed in today's dollars
- Makes some assumptions about future economic conditions

Objective 2: To understand how much…

Educational debt is supportable by entry level salaries in Health Professional Education

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10 Year Salary Change in Health Professions

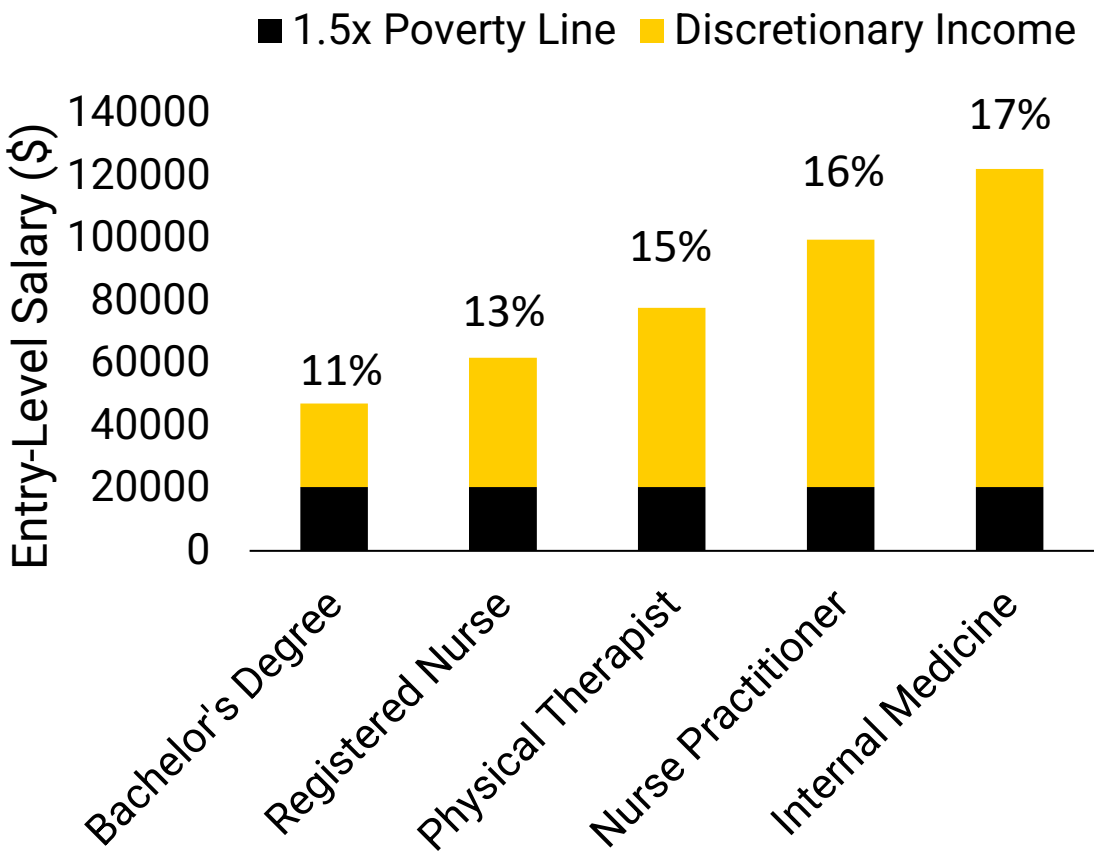
PT entry-level salary	$77,750 (2021 data)
Salary CAGR (10 year)	1.51% Inflation: 1.41%
PT Total Ed. Debt	$99,592 

Salary growth in "real dollars"

=

Discretionary Income

“Supportable” Debt is Linked to Discretionary Income



“Debt Service Ratio”: the max recommended % of income dedicated to debt repayment.[1]

Higher-earning professions can accommodate a higher debt service ratio.

	Debt Service Ratio	Max Annual Loan Payment	Max Monthly Loan Payment
Bachelor’s Degree	11%	$2,946	$245
Registered Nurse	13%	$5,383	$449
Physical Therapist	15%	$8,605	$717
Nurse Practitioner	16%	$12,665	$1,055
Internal Medicine	17%	$17,298	$1,442

1) Baum S, Schwartz S. How much debt is too much? Defining benchmarks for manageable student debt. Washington, D.C.: The Project on Student Debt/The College Board; 2006

How Much Debt is Supportable by Entry-Level Salaries?

	Max Monthly Loan Payment
Bachelor's Degree	$245
Registered Nurse	$449
Physical Therapist	$717
Nurse Practitioner	$1,055
Internal Medicine	$1,442

Risk: Forgiven $ = Taxable

Total Debt	Standard (10 yr)	Extended (20 yr)	Extended Graduated (25 yr)	Income-Contingent plans (20-25 yr)

Beyond **$150,000 debt**, only income-contingent plans permit graduates to remain below the 15% debt service ratio limit ($717 monthly payment). Forgiven amount is taxable income.

RESEARCH Open Access

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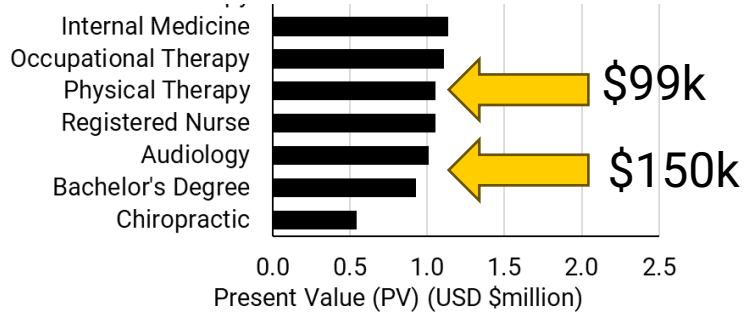
BMC Medical Education, 2023;23:666

Current Entry-Level Salaries → Max 15% Discretionary Income → Max **$150,000** Total Debt (Undergrad + DPT)

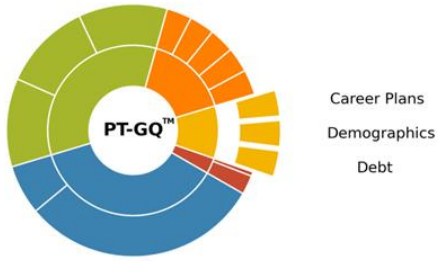
	Max Monthly Loan Payment
Bachelor's Degree	$245
Registered Nurse	$449
Physical Therapist	$717
Nurse Practitioner	$1,055
Internal Medicine	$1,442



Objective 3: To understand how many …

Graduates have unsupportable debt for undergraduate and graduate professional health degrees: Focus on Physical Therapy

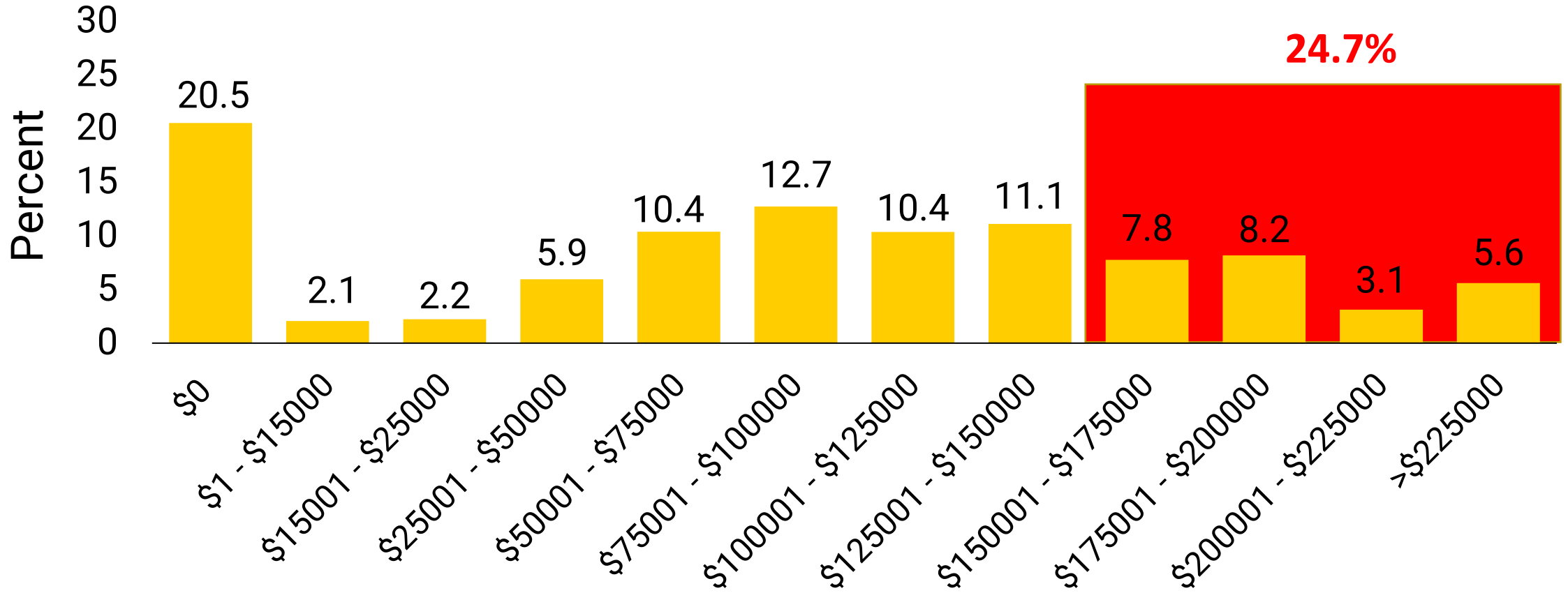
Domain 5: Student Characteristics



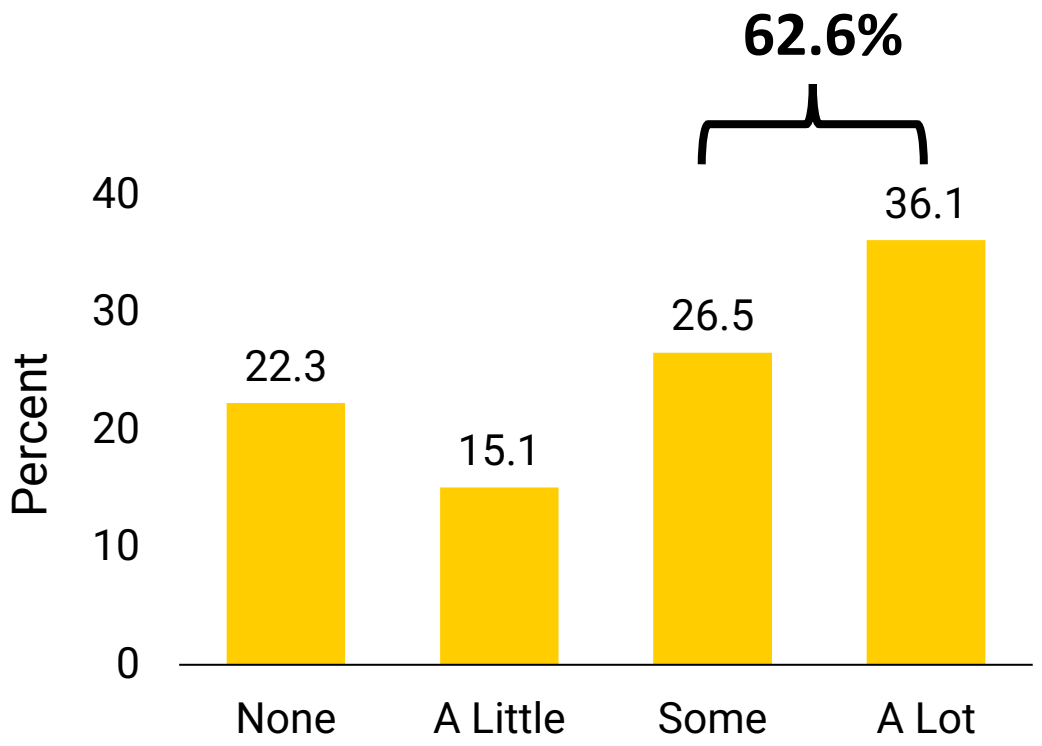
National Benchmarks – PT

Mean Total Educational Debt: **$99,642**

Mean for subset reporting debt: **$125,376**

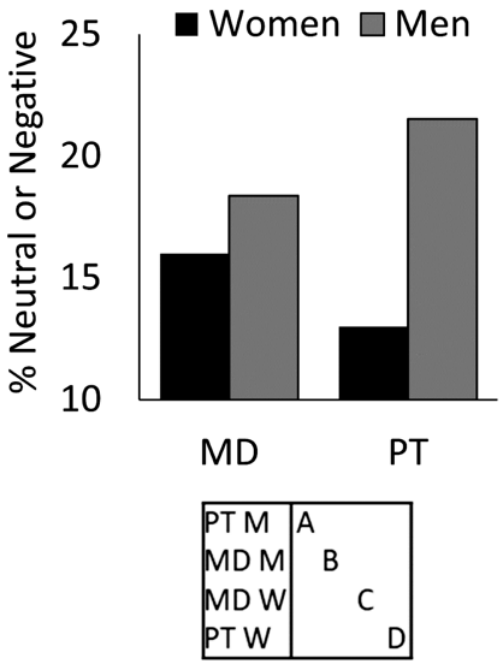


“How much does your student loan debt influence your decisions about your post-training career selection?”

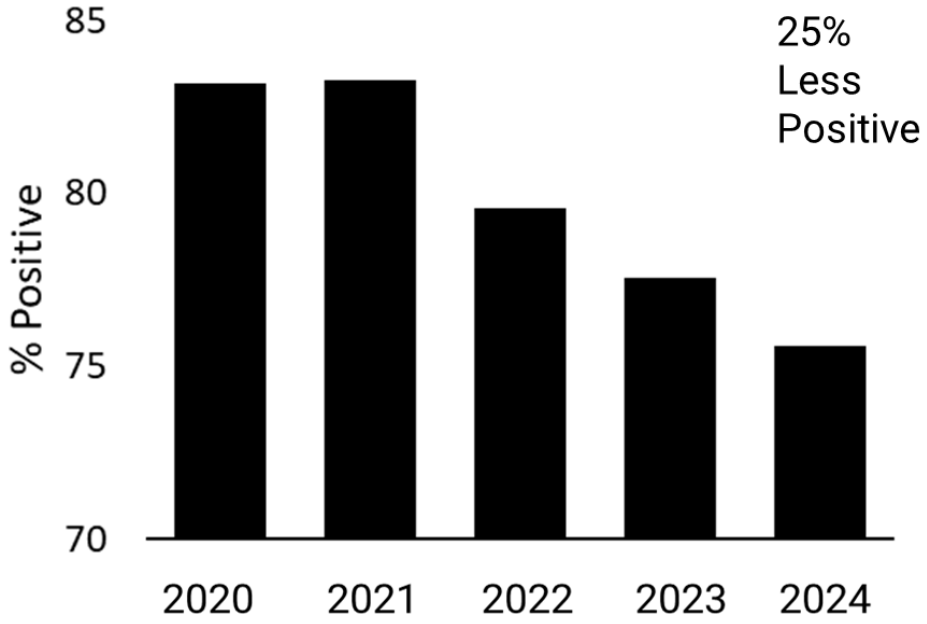


“Career Regret” in PT and MD using Time-Series Benchmarks

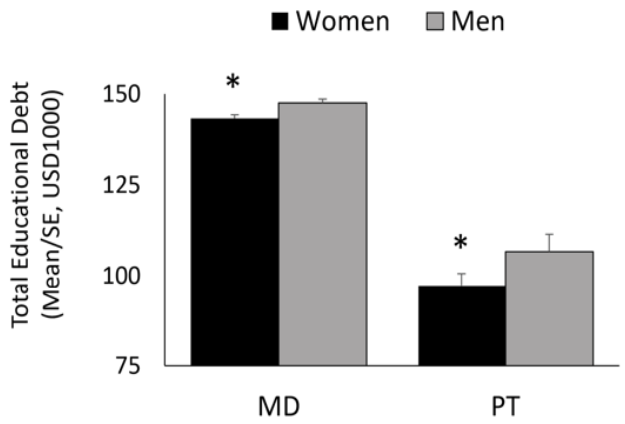
Career Regret



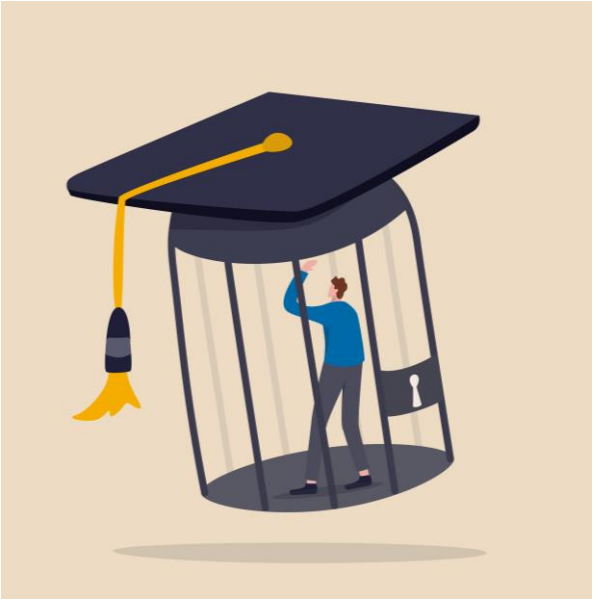
Would Choose PT Again



Student Debt



Summary



Educational debt reduces the “net present value” of **certain** Health Professional degrees, like PT, to that of a bachelor’s degree.

Educational debt, over a certain threshold (150K for PT), is not supportable for **certain** Health Professional degrees using standard loan repayment methods.

Educational debt, over a certain threshold (150K for PT), is prevalent among Health Care Professionals (25% of all PT’s exceed 150K).

Educational debt may contribute to downstream effects like exhaustion, career regret, career plans, and workforce attrition in health care.

Thank You

The Affordability of Health Professional Education: Is Cost a Barrier to Entering Health Professional Education?

National Academies of Science – February 28, 2025

Nathan Sick | Senior Research Associate | Urban Institute

URBAN INSTITUTE · ELEVATE · THE · DEBATE

Disclaimer: The views expressed in this presentation do not necessarily reflect the views or policies of the Urban Institute, OPRE, ACF, or HHS.

Cost is Not Necessarily a Huge Barrier to Completing *Entry-Level* Training

Entry-level healthcare is often relatively affordable

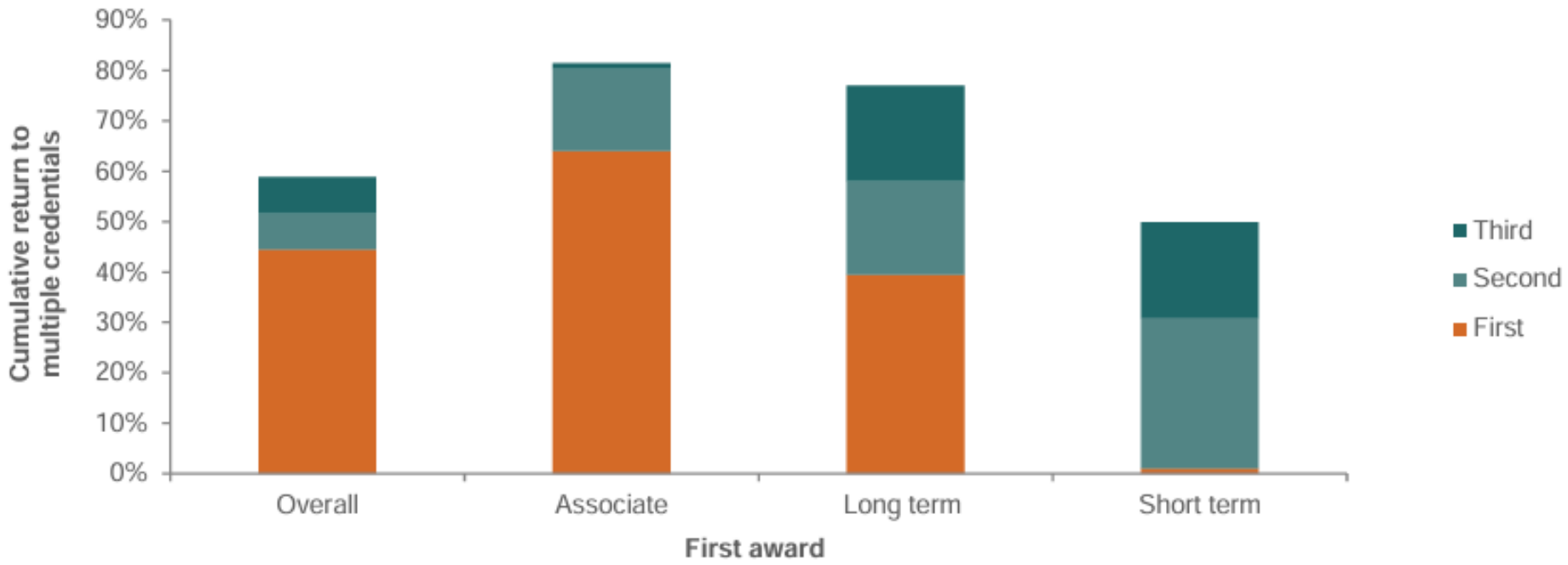
- CNA training ranges in cost from around $500 to $2,000, including tuition, supplies, and other fees.
- A **minimum** of 75 hours of training is required (with 16 clinical hours), which often takes less than 2 months. Many entry-level trainings take less than 4 months.
- Other entry-level training includes home health aides, medical assistant, and pharmacy assistant.
- Evaluations of programs providing healthcare training have shown that people with low incomes have several reasonable venues to access entry-level training:
  - Training programs with tuition assistance
  - Employer subsidized training
  - Financial aid (such as Pell grants)
  - Paying directly

But wages are low, necessitating moving up the career pathway to access a family sustaining wage

- CNA ($18.33 per hour), HHA ($16.12 per hour), and Medical Assistant ($20.19 per hour) wages have increased in recent years - but are not substantively higher than many non-healthcare occupations, including the service industry.
- Moving up the career ladder is necessary for family sustaining wages – but is rare (Juras et al. 2022; Bohn et al. 2016).
- In one study (Bohn et al. 2016) only 13% of students "stacked" a credential and only 3 to 7 percent of students completed a higher nursing credential (Juras et al. 2022; Bohn et al. 2016).

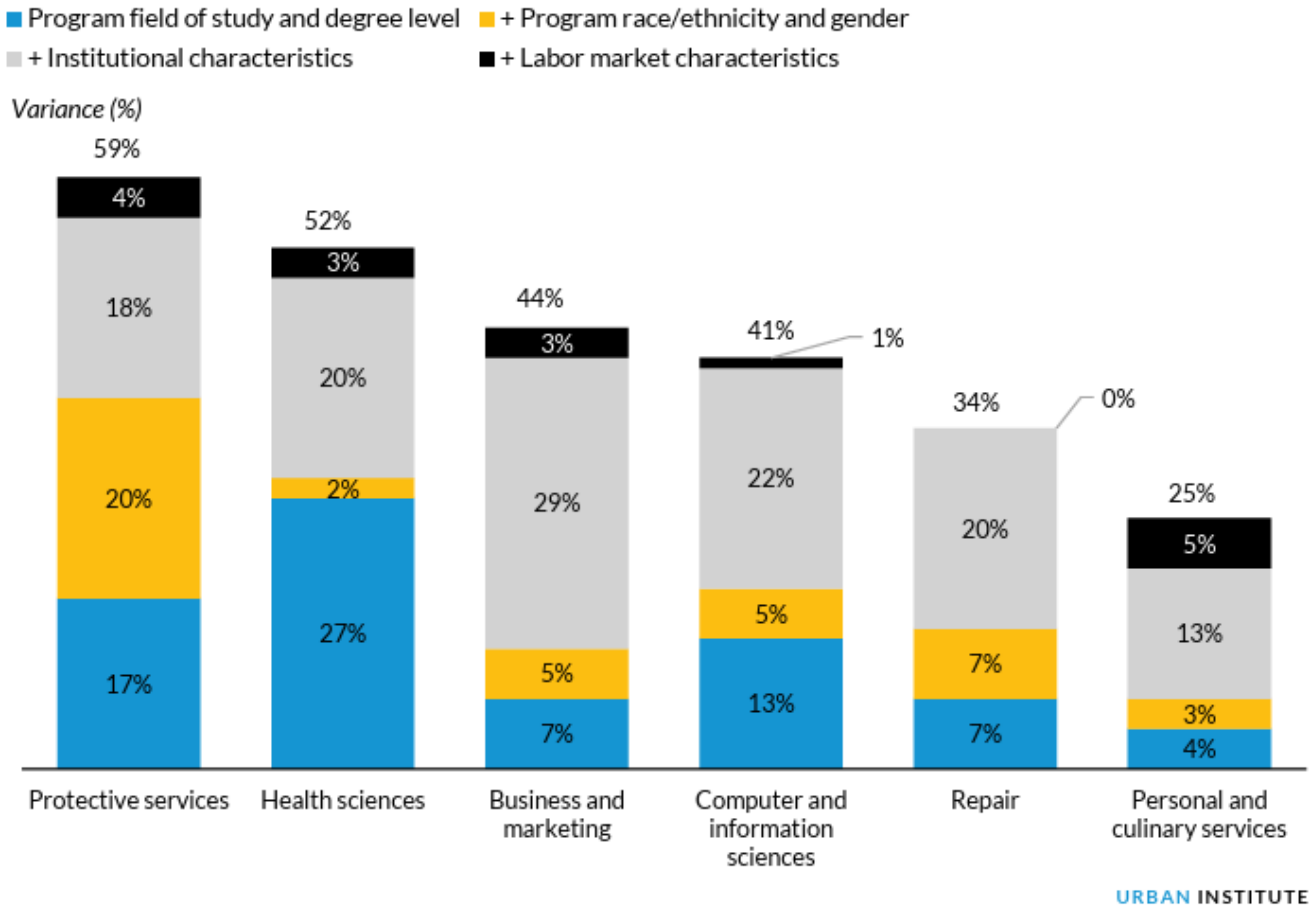
Sources: Bureau of Labor Statistics; Bohn, Sara, Shannon McConville, and Landon Gibson. 2016. *Health Training Pathways at California's Community Colleges.* California: Public Policy Institute of California; Juras, Randall, Karen Gardiner, Laura Peck, and Larry Buron. 2022. *Summary and Insights from the Long-Term Follow-Up of Ten PACE and HPOG 1.0 Job Training Evaluations: Six-Year Cross-Site Report.* OPRE Report 2022-239. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

There is relatively little return to one short-term health credential:



Source: Bohn, Sara, Shannon McConville, and Landon Gibson. 2016. *Health Training Pathways at California's Community Colleges.* California: Public Policy Institute of California.

More than other fields, healthcare credential value is sensitive to which credential you study:



Source: Scott, Molly, Nathan Sick, Jincy Wilson. 2022. *Getting the Most Out of Short-Term Career and Technical Education (CTE) Credentials: What Explains Differences in Debt and Earnings?* Washington, DC: Urban Institute.

Moving up the career pathway incurs higher costs – including opportunity costs

- **Opportunity cost** = the loss of potential gain from other alternatives when one alternative is chosen – such as foregone earnings.
- Higher level credentials (ex. Licensed Practical/Vocational Nurse) or degrees (Associate or Bachelor of nursing) take substantially longer (1+ year) and are *much* costlier
- But earnings are also much higher – ex. LPN/LVN ($28.72 per hour) and RN ($41.38 per hour)

Life happens. During longer trainings:

- Students need:
  - More savings and they may incur more debt
  - More supports (child care, transportation, emergency)
- Completion rates are lower because:
  - Courses are harder (arguably **much** harder than in entry-level training)
  - Students may need to work at the same time
  - Barriers arise

But still, evidence shows that completers will **earn much more**.

Stacking entry-level credentials is another option…

- For example – Patient Care Technician (PCT) is a combination of CNA, Phlebotomy, and EKG certificates
- Three short certificates – people can dip in and out of work and education, balance the two more easily
- But the evidence shows this does not result in an appreciable earnings increase – less than $1 per hour
- Could there be other pathways…? Opportunities for innovative pathways?
- Innovative trainings opportunities – co-location of training and employment, flexible training, greater employer support

MONASH University

Is cost a barrier to HPE? An Australian perspective

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Society for Cost and Value in Health Professions Education (SCVHPE)
Monash University

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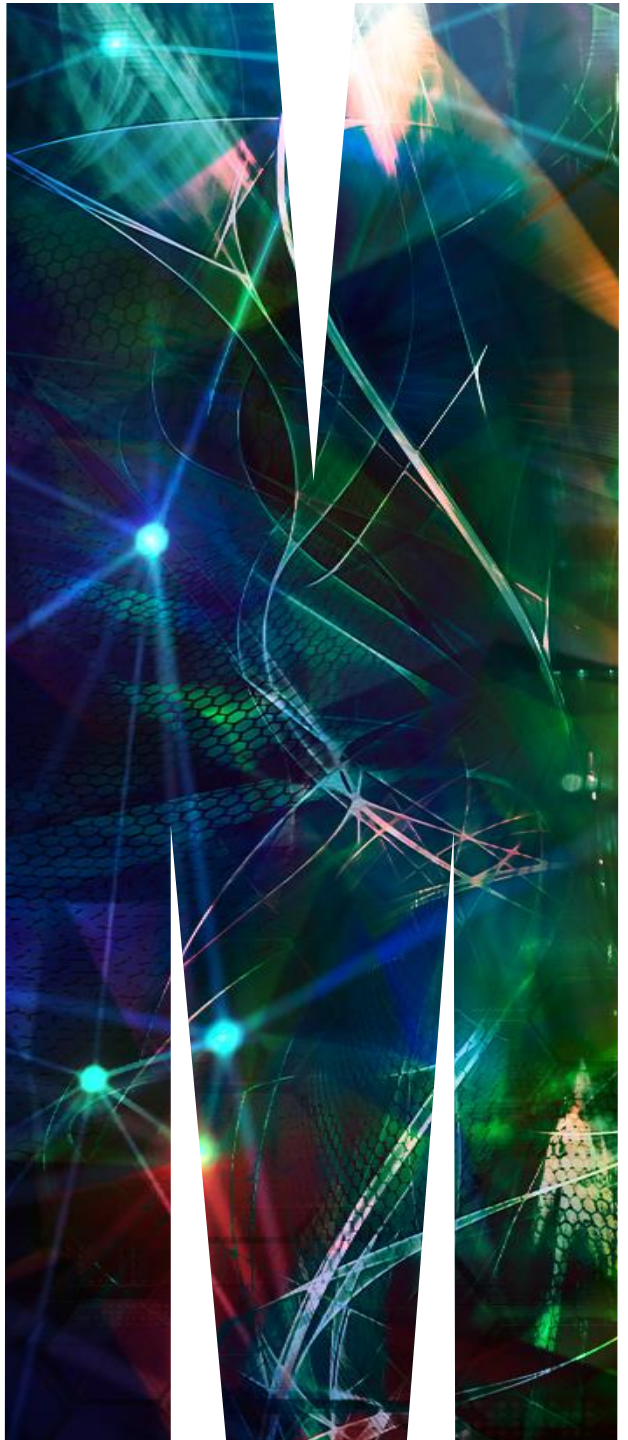
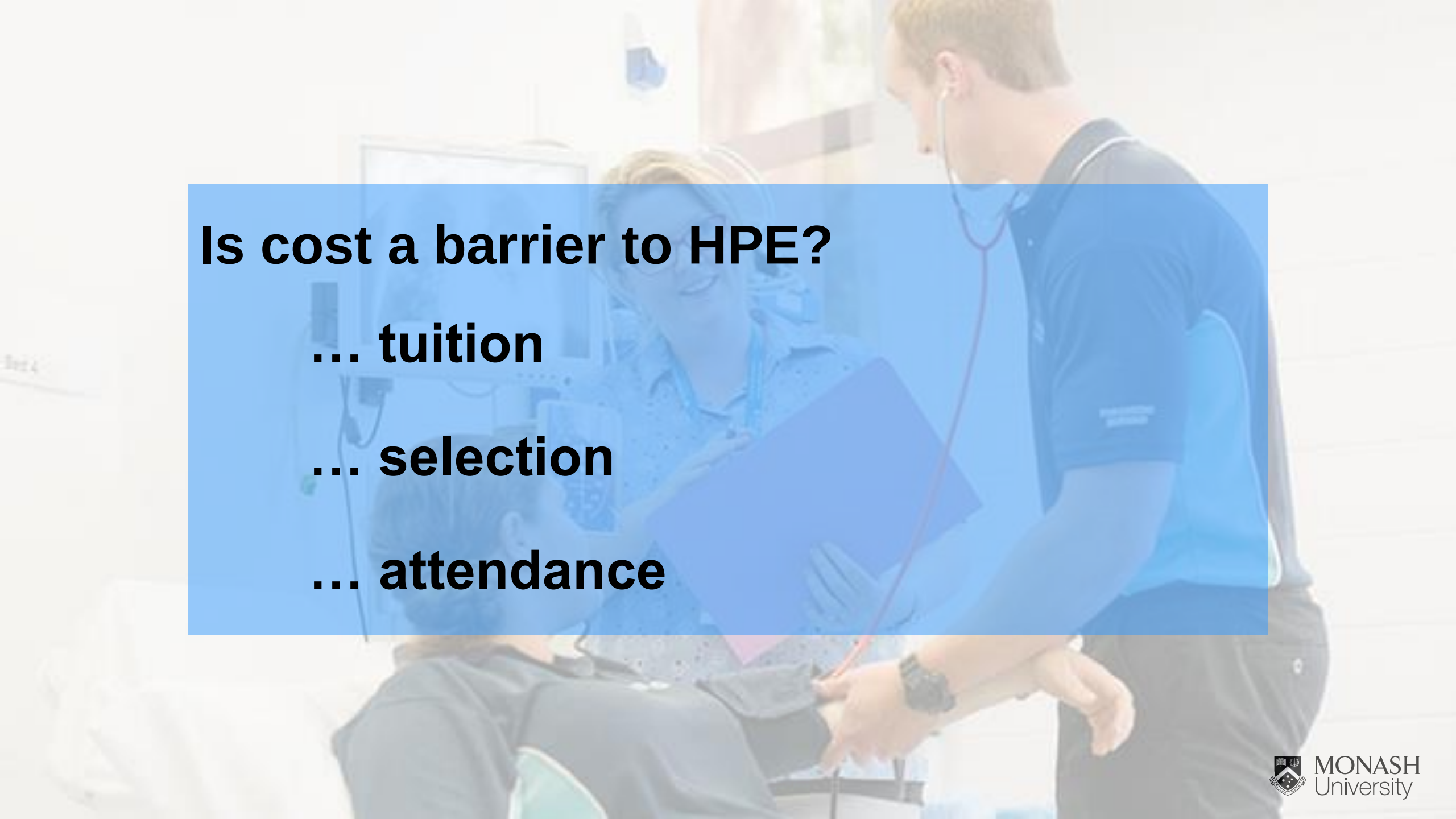
Acknowledgements: Dragan Ilic (Monash University), Jennifer Cleland (Nanyang Technological University), Jessica Mitchell (Western Sydney University), Michelle You You (Peking University), Terry Haines (Monash University), Wendy Hu (Western Sydney University)





Is cost a barrier to HPE?

… tuition

… selection

… attendance

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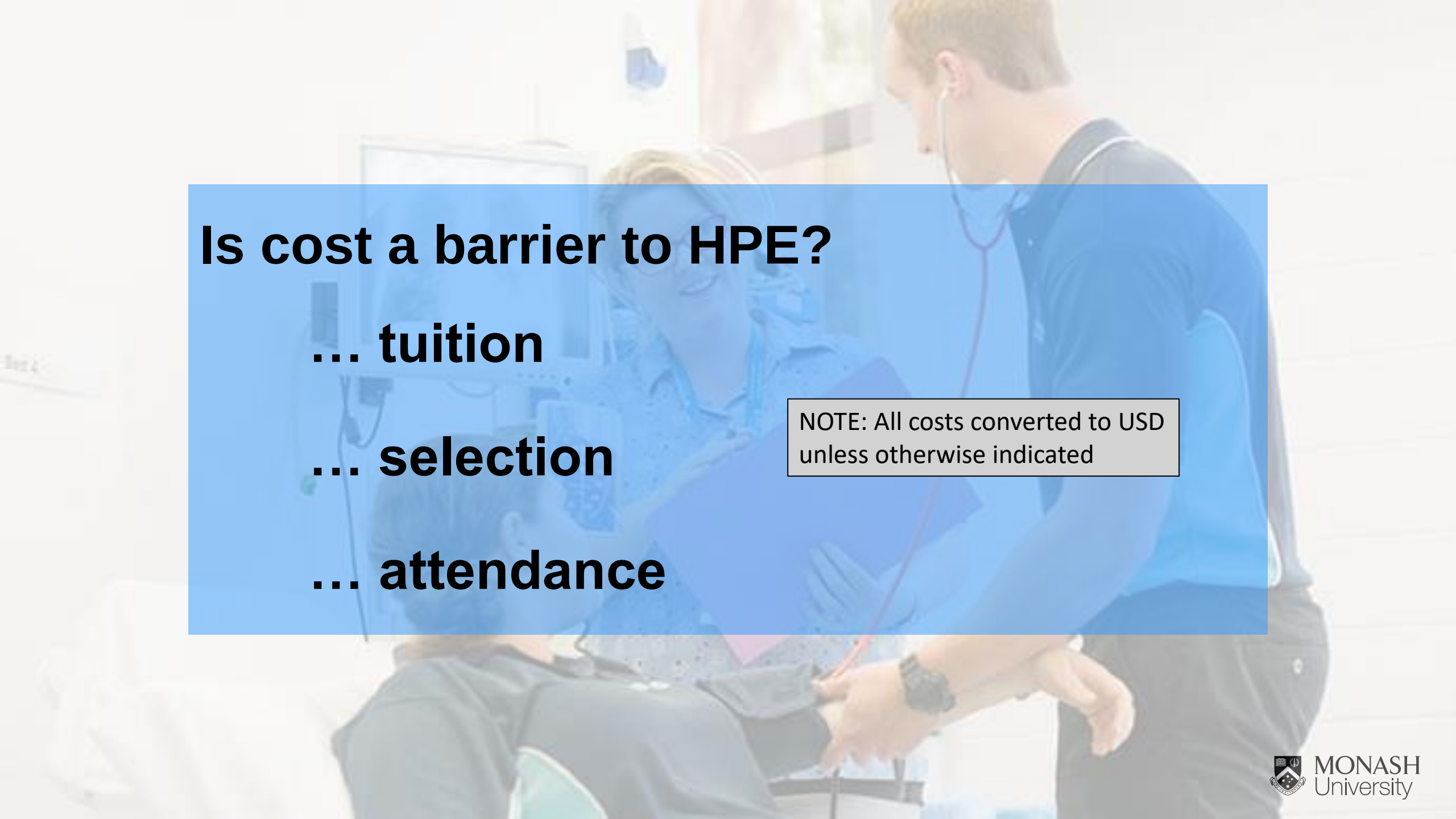

Is cost a barrier to HPE?

… tuition

… selection

… attendance

NOTE: All costs converted to USD unless otherwise indicated

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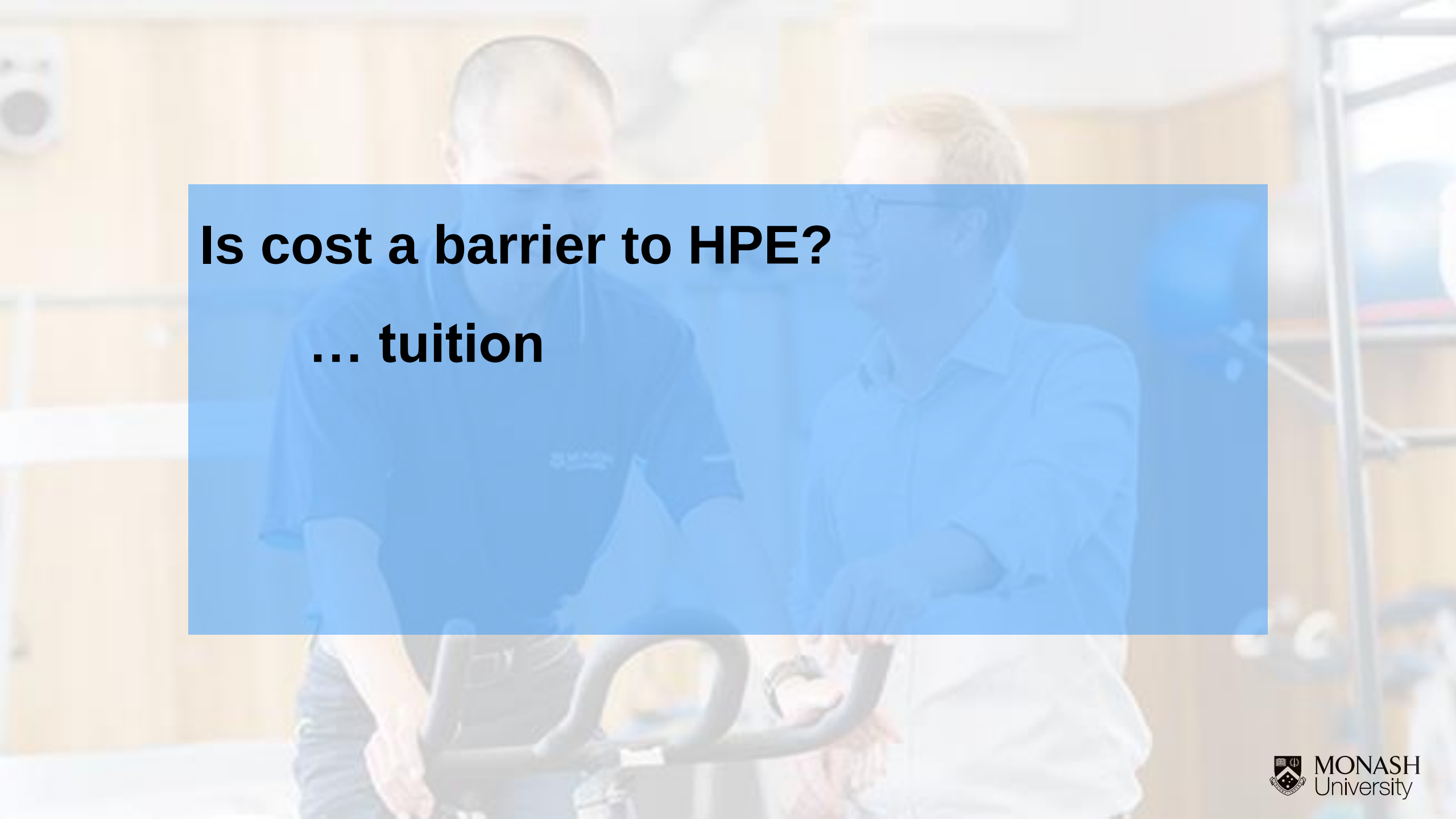

Is cost a barrier to HPE?

… tuition

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Cost of tuition

Federal Government sets national prices for degrees
- Different for postgraduate courses
- Different for private universities (not common)

Course	Student contribution	Government contribution	% student	Total student $ for degree
Nursing				
Allied Health				
Medicine/Dentistry				

Cost of tuition

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Course	Student contribution	Government contribution	% student	Total student $ for degree
Nursing	$2,915			
Allied Health	$5,868			
Medicine/Dentistry	$8,342			

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Allied Health	$5,868	$9,781		
Medicine/Dentistry	$8,342	$19,934		

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Federal Government supported place, ~90% of domestic medical students in 2021 [1] + likely similar for other degrees

[1] Medical Deans Australia and New Zealand. (2021). Student Statistics Report 2021.

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Medicine/Dentistry	$8,342	$19,934	30%	

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Federal Government income contingent loan (up to $75k) with indexation only

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- Different for postgraduate courses
- Different for private universities (not common)

Course	Student contribution	Government contribution	% student	Total student $ for degree
Nursing	$2,915	$11,996	20%	3 years: $8,745
Allied Health	$5,868	$9,781	37%	4 years: $23,471
Medicine/Dentistry	$8,342	$19,934	30%	5 years: $41,709

Most students do not pay any tuition until after they graduate and commence working

Federal Government supported place, ~90% of domestic medical students in 2021 [1] + likely similar for other degrees

Federal Government income contingent loan (up to $75k) with indexation only

[1] Medical Deans Australia and New Zealand. (2021). Student Statistics Report 2021.

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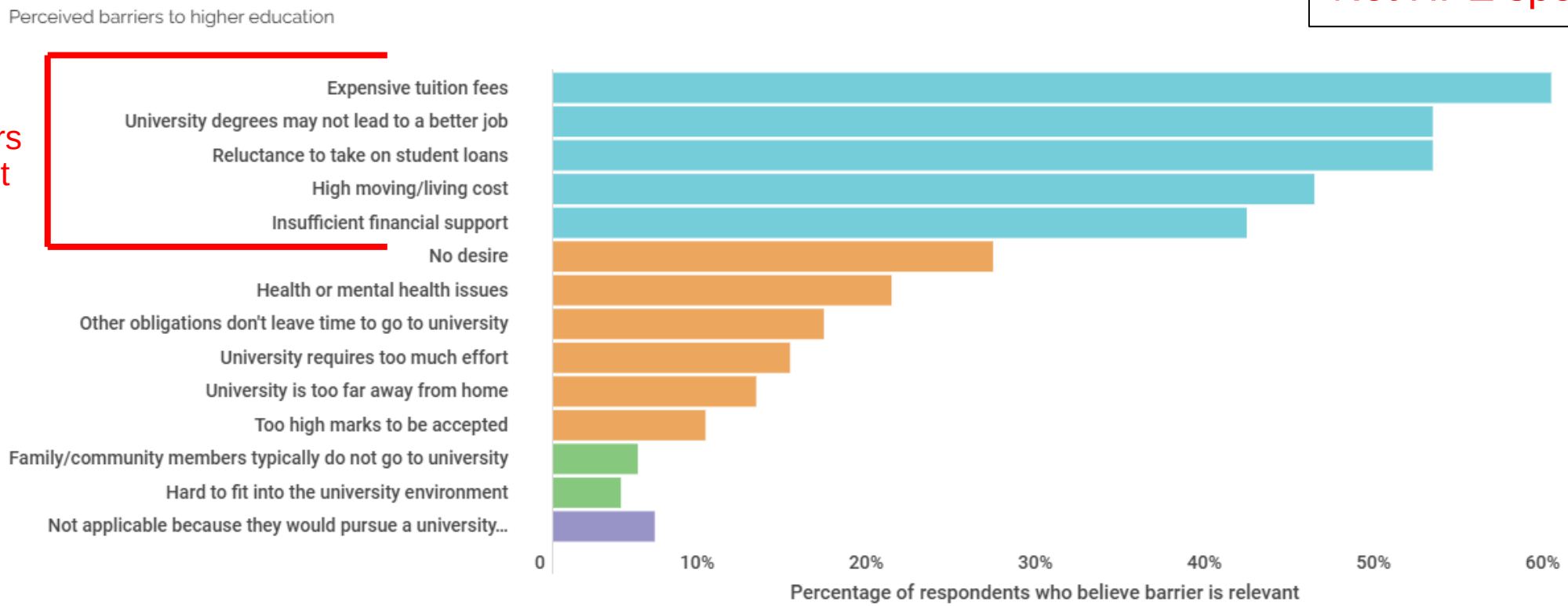
Barriers to study identified by those aged 20s-30s, 2023.

Not HPE specific

Top 5 barriers relate to cost



Reproduced from: Salamanca, N. (2023). Taking the Pulse of the Nation insight. Melbourne Institute: Applied Economic & Social Research

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Job Ready Graduates policy (2020)

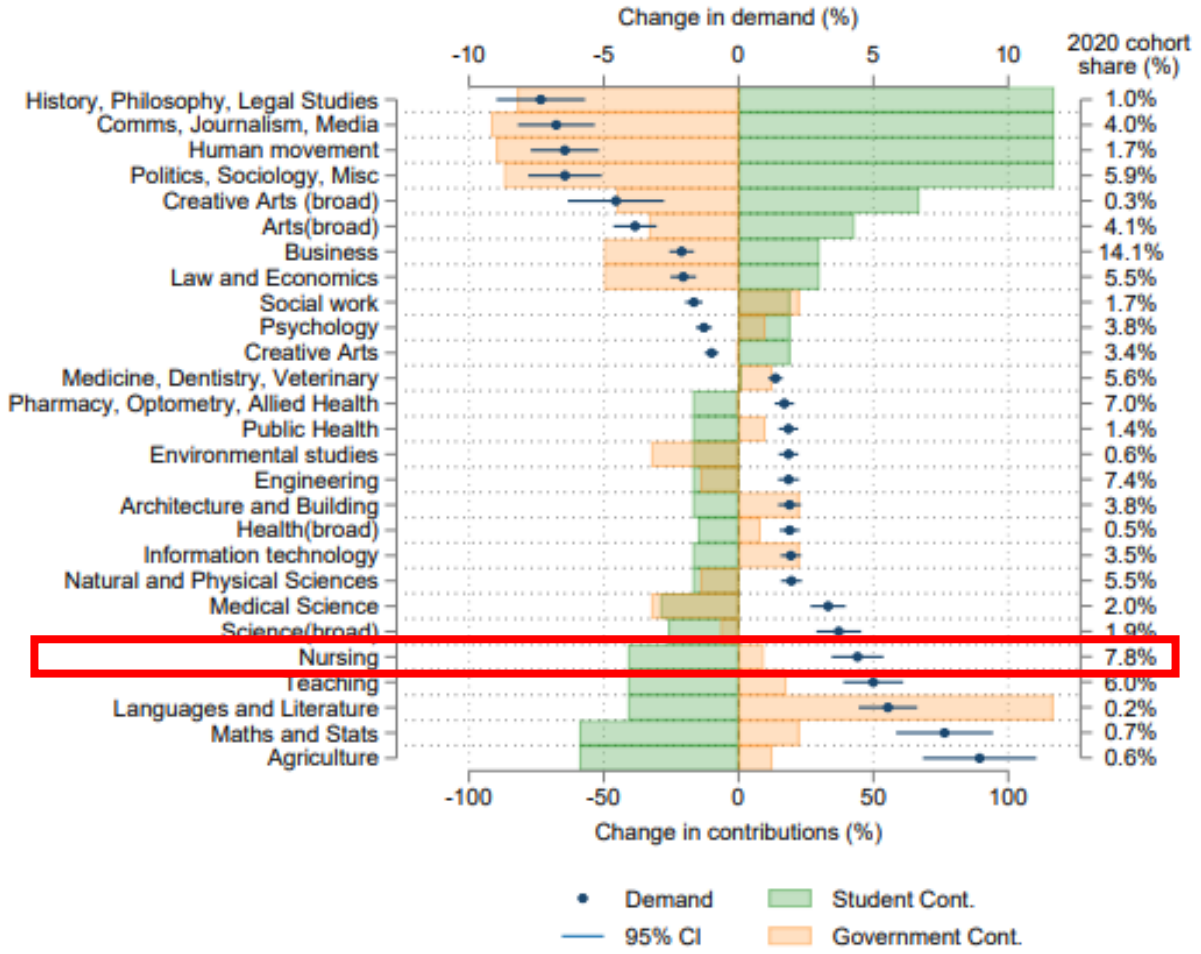
Policy initiative to use tuition price as a driver to direct applicants towards careers in demand

Job Ready Graduates policy (2020)

Policy initiative to use tuition price as a driver to direct applicants towards careers in demand

~40% reduction in nursing student fees, resulted in 4% relative increase in nursing applications [1]

Figure 4: Estimated Effects of the JRG Reform on Applicant Preferences



[1] Yong et al. (2023) University fees, subsidies and field of study. Melbourne Institute Working Paper No. 11/23.

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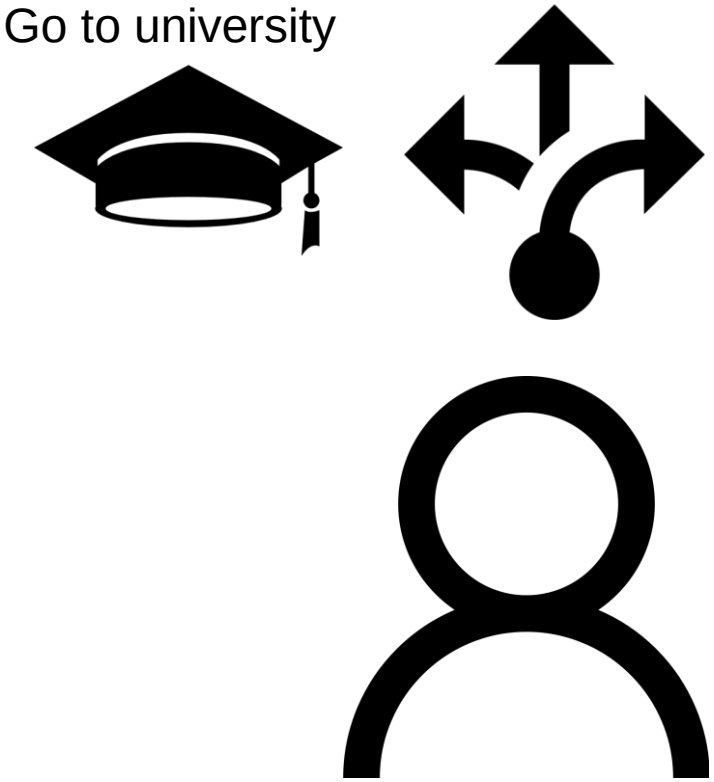
Go to university



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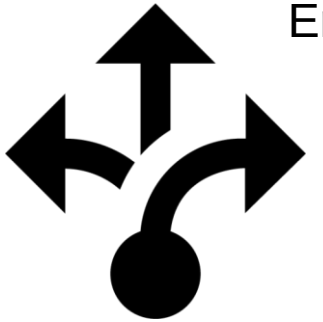
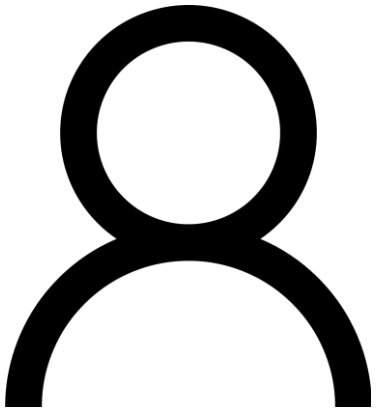


Enter the workforce



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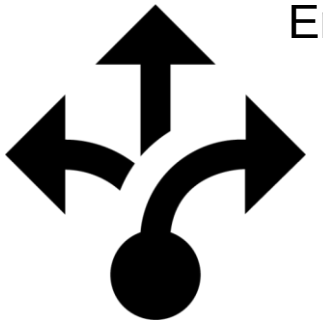

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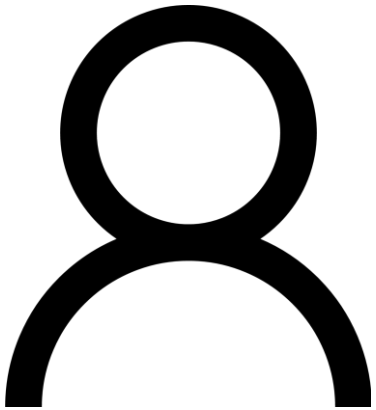
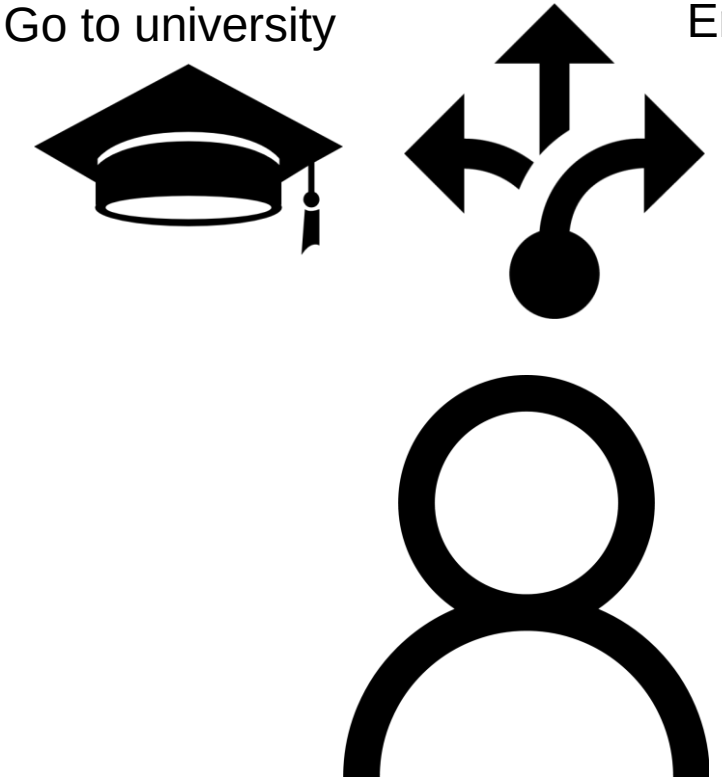


Cost of tuition likely to influence choice to enter university

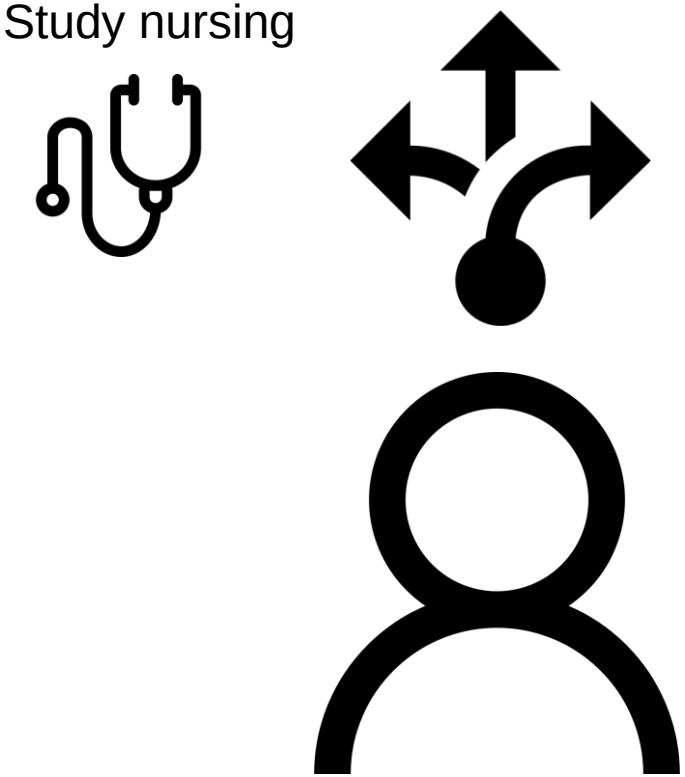
Go to university



Enter the workforce

Cost of tuition likely to influence choice to enter university

Study nursing



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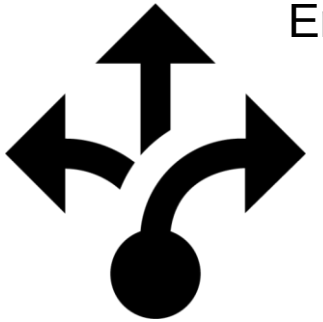

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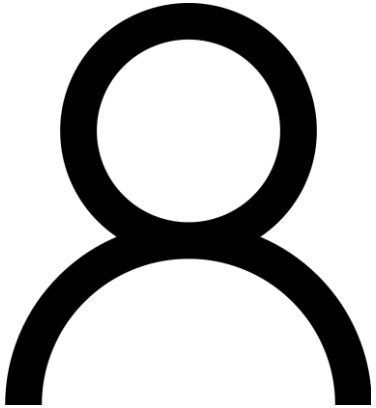

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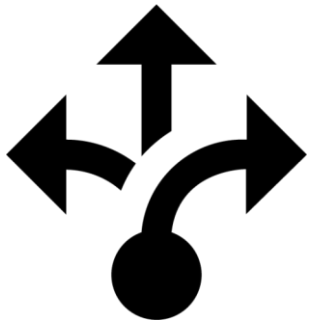
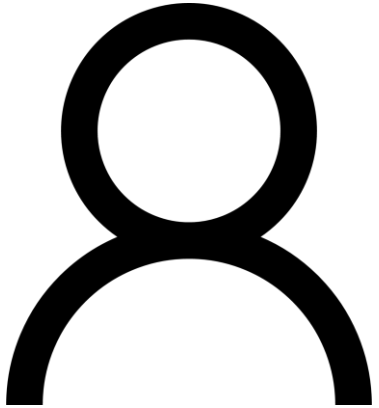


Study accounting



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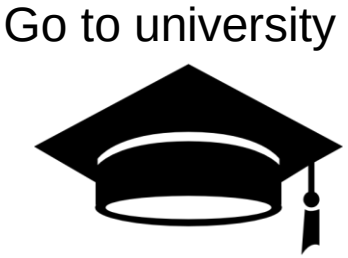

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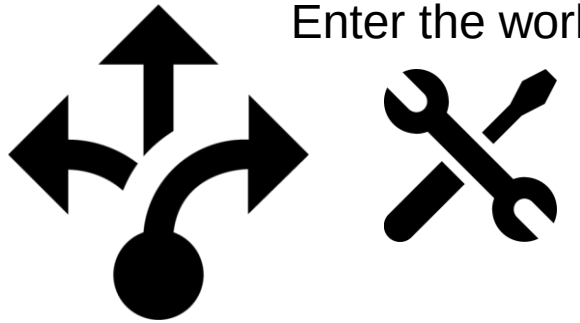

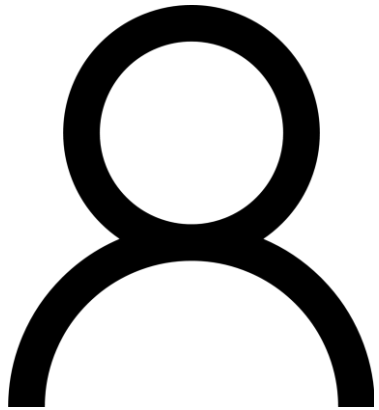

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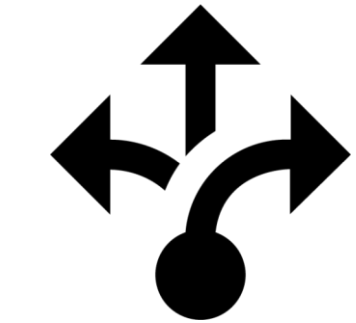
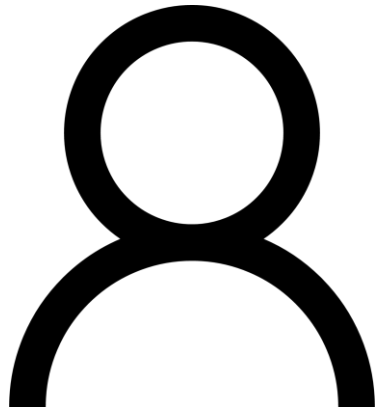
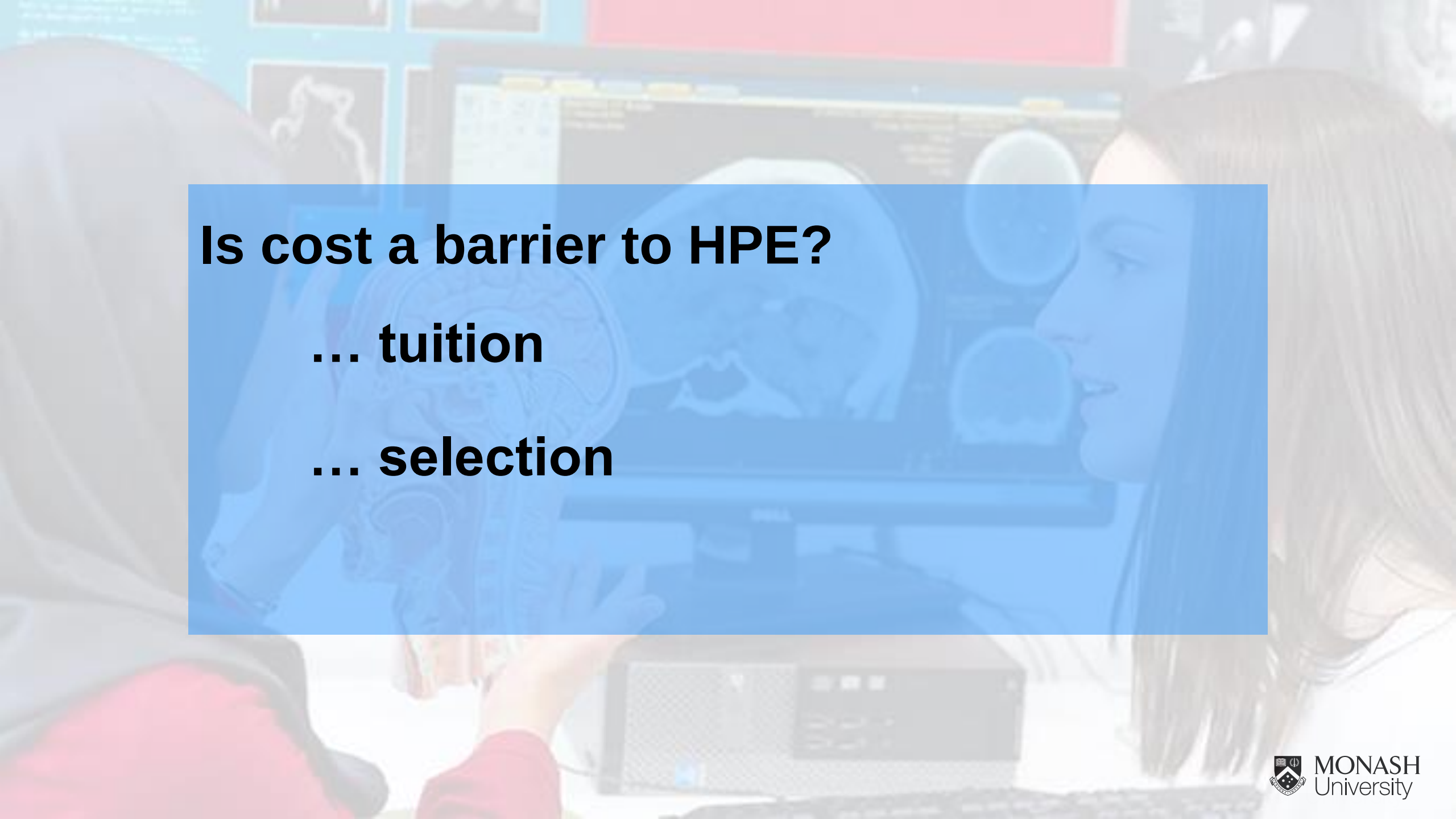




Cost of tuition potentially very small influence on selection of HPE



Is cost a barrier to HPE?

… tuition

… selection

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Selection process costs

Largely affects medical programs

- Aptitude test costs
- Preparation materials/courses
- Travel cost (including commuter travel, flights, and accommodation)
- Candidate time
- Parents/guardian time

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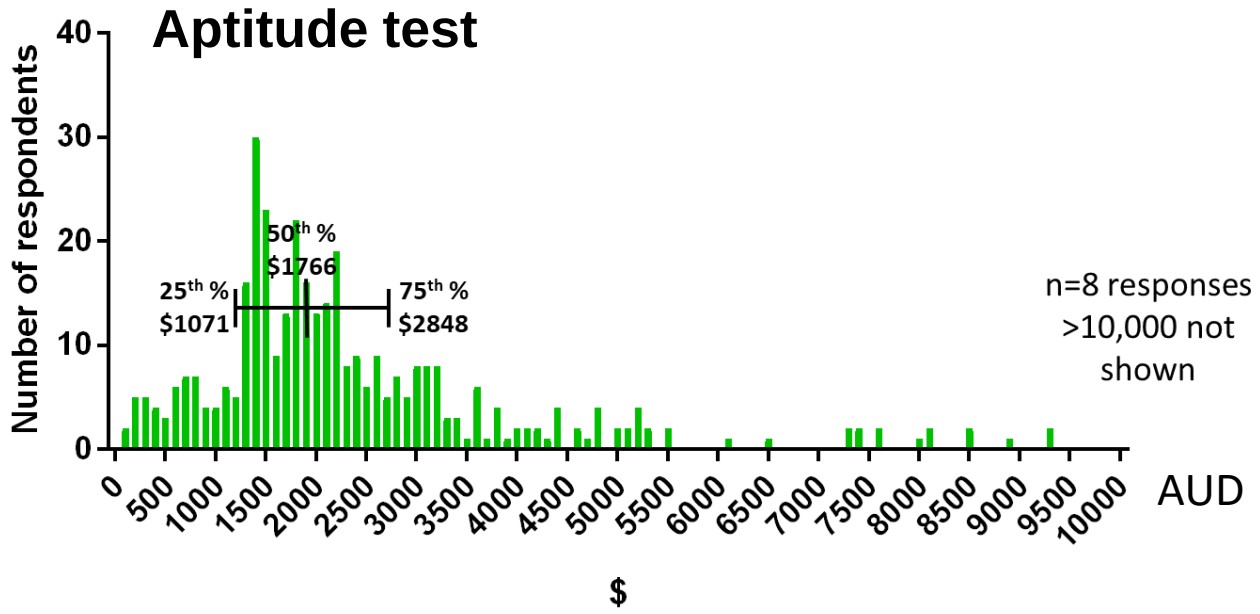
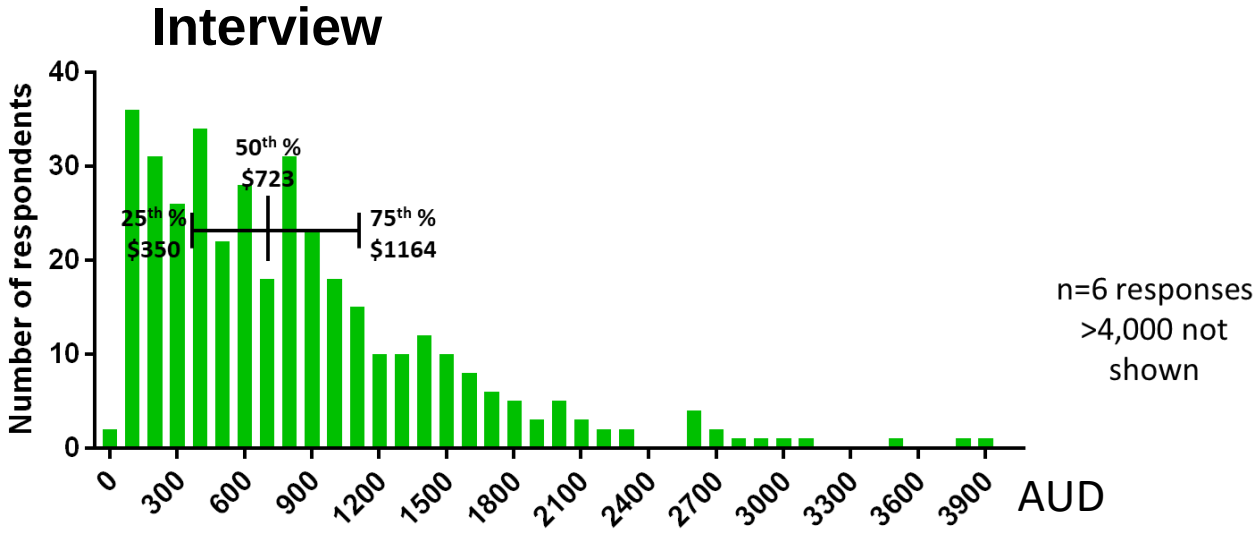
Monash University undergraduate medical degree:

- Aptitude test median: AU$1,766 (USD 1,113)
- Interview median: AU$723 (USD 455)





Foo et al. (2020). The economic costs of selecting medical students: An Australian case study. Medical Education, 54(7).

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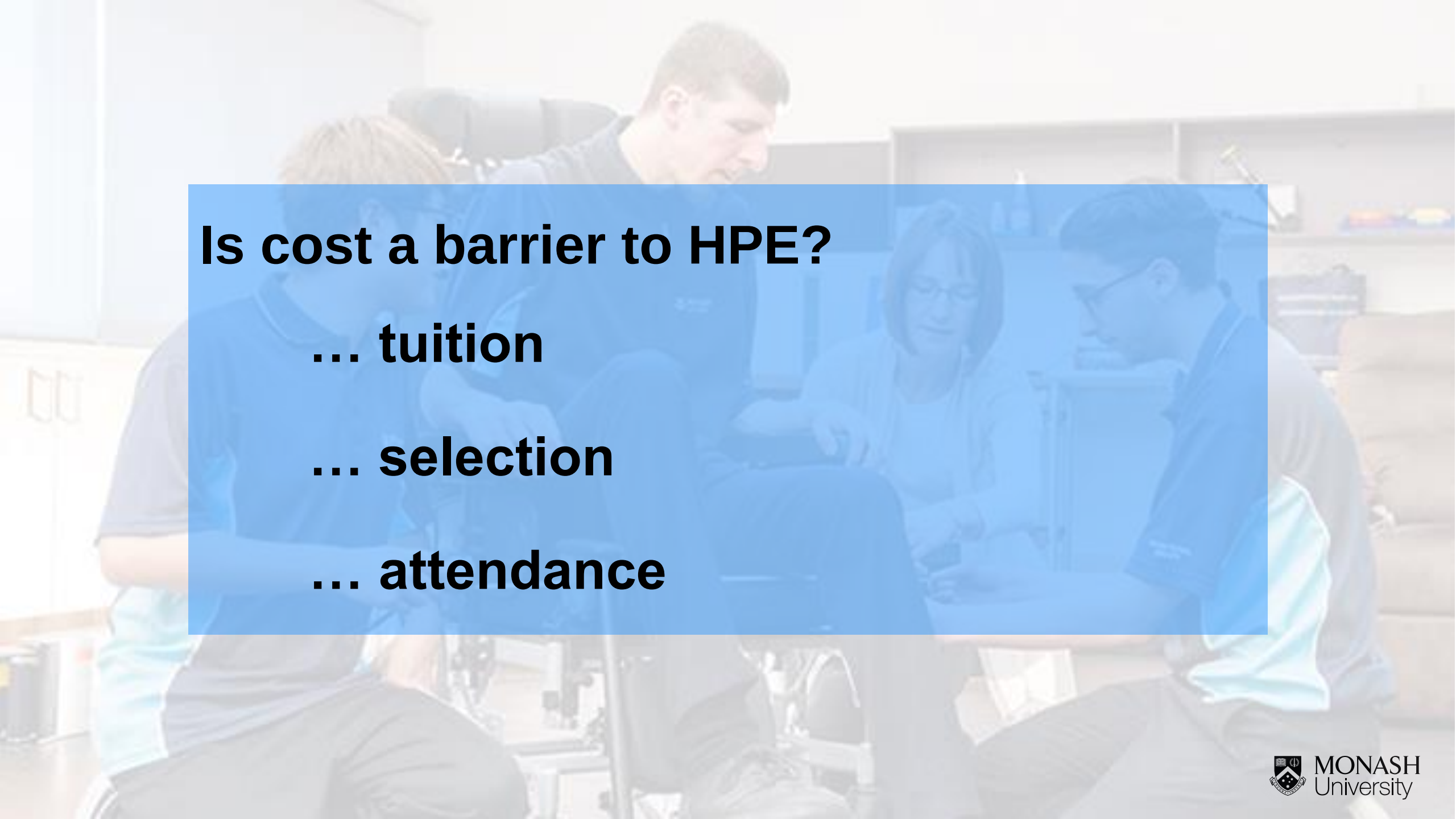
Selection process costs

Selection process costs unlikely to be a significant direct barrier:

- Actual test costs are negligible and once-off ($150-350)
- May be an indirect barrier due to applying to fewer schools & being less prepared
- Impact likely outweighed by other factors such as broader impacts of SES on academic achievement, low self-efficacy, lack of an academic home environment, and lack of information about HPE careers/application processes



Is cost a barrier to HPE?

… tuition

… selection

… attendance

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Increased study and living expenses

Cost of attendance

Decreased opportunity to generate revenue while studying

Increased study and living expenses

Cost of attendance

Decreased opportunity to generate revenue while studying

Unique to HPE:

- Substantial number of contact/study hours
- Substantial volume of placements
- Block teaching / inconsistent schedules

Placement related costs

Table 1. Disciplines and typical hours required of professional placement.

Profession	Hours required to graduate
Medicine[A]	2310
Occupational therapy[B]	1000 minimum
Psychology[C]	1000 minimum
Social work[D]	1000
Dentistry[E]	1260
Dietetics[F]	800
Nursing[G]	800
Physiotherapy[H]	750–1368
Teaching (undergraduate)[I]	560
Teaching (postgraduate)[I]	420

Table 1 reproduced from: Lambert et al. (2025). Placement poverty has major implications for the future health and education workforce: a cross-sectional survey. Australian Health Review, 49.

Placement related costs

41% had to give up or significantly reduce employment to attend placement, resulting in significant financial stress [1]

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[1] Morley et al (2023). 'THIS UNPAID PLACEMENT MAKES YOU POOR': Australian social work students' experiences of the financial burden of field education. Social Work Education, 43(4).

Placement related costs

Accommodation for placement

Travel to/from placement
- Access to appropriate transportation
- Travel tolls
- Parking fees

Uniforms

Equipment

Childcare

Rent/mortgage on primary residence

Loss of income [1]
- Overall higher contact hrs during placement
- Requirement to change location
- Requirement to change timing of work
- Potential for irregular placement hours [2]

[1] Beks et al. (2024). Financial implications of unpaid clinical placements for allied health, dentistry, medical, and nursing students in Australia: a scoping review with recommendations for policy, research, and practice. BMC Health Services Research, 24.
[2] Wray et al. (2007). Money matters: students' perceptions of the costs associated with placements. Medical Education, 41.
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Table 4. Placement expenses and food insecurity (all costs in AUD).

Variable	Health students *n* = 343 *n* (%)
Placement-related accommodation expenses (excludes rent/mortgage payments)	
Estimated total cost per week [Median (IQR)]	100 (15–300)
Estimated total cost for last placement [Median (IQR)]	490 (100–1687)
Total costs (includes rent/mortgage payments and lost income)	
Estimated total cost per week [Median (IQR)][A]	290 (100–660)
Estimated total costs for most recent placement[A]	1500 (600–3453)
Food security	
Prevalence	
Food secure[B]	63 (21.1)
Food insecure	235 (78.9)

USD 183

[1] Beks et al. (2024). Financial implications of unpaid clinical placements for allied health, dentistry, medical, and nursing students in Australia: a scoping review with recommendations for policy, research, and practice. BMC Health Services Research, 24.
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Table 4 reproduced from: Lambert et al. (2025). Placement poverty has major implications for the future health and education workforce: a cross-sectional survey. Australian Health Review, 49.

Placement related costs

Federal Government student support allowance, living out of home = $209 p/w

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Increased study and living expenses

Cost of attendance

Decreased opportunity to generate revenue while studying

- Government allowance unlikely to fully cover costs related to HPE (for the more disadvantaged)
- Financial stress negatively affects student experience
- Lack of data about impact on course progression/completion/other important outcomes