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AMERICAN DENTAL ASSOCIATION

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On behalf of the American Dental Association (ADA) and our 161,000 members, thank you, Mr. Chairman and Committee members, for the opportunity to testify today in support of federal programs that work to expand access to oral health care. My name is Tim Fagan. I'm a practicing dentist in Enid, Oklahoma and head of the Division of Pediatric Dentistry at the University of Oklahoma Dental School. As a member of the American Dental Association (ADA), I serve as chair of the Council on Advocacy for Access and Prevention.

The American Dental Association is requesting for fiscal year 2019, $20 million for the Center for Disease Control's (CDC) Division of Oral Health and $24 million for pediatric and general dental residencies in the Health Resources and Services Administration (HRSA).

The ADA thanks the Committee for its commitment to oral health over the years; however, oral health challenges persist. Dental caries, tooth decay, remains the most common chronic disease of children aged 6 to 11 years and adolescents aged 12 to 18 years:

- About 1 in 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.
- 1 in 7 (13%) adolescents aged 12 to 18 years have at least one untreated decayed tooth.

- Children aged 5 to 18 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (9%).[i]

CDC's and HRSA's investment in programs including: community water fluoridation, school-based programs and oral health residency training, have helped to significantly reduce the incidence of oral disease among children and build a well-qualified dental workforce.

Fluoridation

Because of Congress' outstanding efforts to address oral health prevention, community water fluoridation is one of the most cost-effective tools to reduce tooth decay. Studies prove water fluoridation reduces tooth decay by more than 25% in children and adults.[ii]

The cost of a lifetime of water fluoridation for one person is less than the cost of one filling; however, the real cost benefit of fluoridation is the savings that can be realized by the healthcare system by preventing tooth decay rather than treating it.

CDC launched a pilot initiative in 2017 to help local water systems install or replace water fluoridation equipment leading many communities to improved dental health, but more communities are in need. In pilot year 2018, 21 applications were received from 12 states requesting $600,000 total from $370,000 available funds. Of those applicants, only 17 organizations in 10 states received awards, but most applicants did not receive full funding. Additional funding would help states develop a robust fluoridation system to benefit more communities.

School Sealant Programs

School-based sealant programs increase access to care, help reduce caries and lower treatment costs in vulnerable children especially those who are less likely to access dental care. Each tooth sealed saves more than $11 in dental treatment costs. [iii] Applying sealants in schools to the nearly 7 million low-income children who don't have them could prevent more than 3 million cavities and save up to $300 million in dental treatment costs.[iv] CDC currently funds 18 states to support school-based sealant programs. Additional funding included in our $20 million funding request would help expand preventive care to more states with communities that have limited access to dental services.

Oral Health Training

Title VII is the only federal program focused on improving the supply, distribution, and diversity of the dental profession workforce. By providing advanced training opportunities to oral health professionals, the program plays a critical role in helping the workforce adapt to meet the nation's changing health care needs. We are pleased that Congress understands the importance of this program and the impact that it has on medically underserved communities. Since 2000, approximately $100 million has supported over 60 pediatric dentistry programs, including 10 new programs.[v]

Continuing to increase the number of pediatric dentists is vital for treating underserved populations. Pediatric dentists treat a higher percentage of Medicaid and CHIP patients in their practices than any other type of dentist. Nearly 70% of pediatric dentists treat

children enrolled in Medicaid, CHIP or both, which represent on average 25% of their patients. In communities where pediatric dentists are not available, dentists who have completed a general dental residency fill the gap. Their residency includes advanced training in pediatric care.

The Administration's FY 2019 budget request asserts that Title VII/oral health residency programs have not demonstrated a significant impact on the effectiveness of the oral health workforce. However, the FY 2018 HRSA budget justification indicates that in 2015-2016, oral health training programs helped train 3,835 dental and dental hygiene students in pre-doctoral training, 435 primary care dental residents and fellows, and 946 dental faculty members in faculty development.[vi] We believe that these numbers support our request of $24 million for pediatric and general dentistry residencies. These programs are paramount in training future generations of dentists to meet the needs of a diverse population.

Behind every successful residency program, is a strong faculty. We thank Congress for funding the dental faculty loan repayment program. A critical factor in recruiting and retaining dental school faculty is helping them reduce their student loan debt. Almost 85% of dental students graduate with student loan debt which averaged $289,331 in 2017. Academic positions pay only one-third of what graduates can earn upon entering private practice. According to the Journal of Dental Education, there are approximately 342 dental faculty vacancies, of which 271 are full-time and 78% are clinical.[vii]

Finally, the ADA believes that in order for HRSA to maintain its dental residencies, faculty loan and prevention programs, there needs to be a leading voice on oral health.

In 2012, the Chief Dental Officer (CDO) position was downgraded to a senior dental advisor and moved several layers below HRSA leadership and decision makers. This occurred despite the Administration's commitment in 2010 to establish the Oral Health Initiative, which highlighted several HRSA initiatives to improve access to oral health care, especially for needy populations. We thank the Committee for its strong support directing HRSA to reinstate the CDO. However, while the title was restored last year, the function of the position remains unchanged. The CDO is expected to serve as the agency representative on oral health issues to international, national, state, and /or local government agencies, universities, oral health stakeholder organizations, etc. We urge the Committee to direct HRSA to fully restore this position with the appropriate duties of a chief dental officer.

Mr. Chairman, thank you for the opportunity to share with you and the Subcommittee the importance of access to dental care and the programs needed to help meet the nation's changing oral health care needs. The ADA looks forward to working with the Subcommittee in maintaining oral health as a priority in health care.

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[i] ADA Health Policy Institute. *Untreated Caries Rates Falling Among Low-Income Children*. http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0617_2.pdf?la=en.

[ii] *Center for Disease Control and Prevention*. Community Water Fluoridation. https://www.cdc.gov/fluoridation/index.html.

[iii] Community Preventive Services Task Force. *Preventing Dental Caries: School-based Dental Sealant Delivery Programs*. Atlanta, GA: US Department of Health and Human Services, Community Preventive Services Task Force; 2016. https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs.

[iv] Centers for Disease Control and Prevention. *Dental Sealants Prevent Cavities*—Vital Signs website. https://www.cdc.gov/vitalsigns/pdf/2016-10-vitalsigns.pdf[PDF – 2.37 MB].

[v] http://www.aapd.org/assets/1/7/Fact_Sheet_1-HRSA.pdf

[vi] https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-2018.pdf

[vii] *Dental Schools Vacant Budgeted Faculty Positions*, Academic Year 2015-2016. Washington, DC. Journal of Dental Education; 2017; 81 (8) 1033-1043. http://www.jdentaled.org/content/81/8/1033.