

ADEA Urges President-Elect and Congress to Address Health Care

The American Dental Education Association (ADEA) is among a diverse group of 100 organizations representing tens of millions of Americans that sent letters to President-Elect **Barack Obama** and to the Democratic and Republican leadership in the U.S. Congress urging them to make meaningful health care reform a top domestic priority in 2009. The effort, led by Families U.S.A., expressed the groups' readiness to support a dialogue on national health care reform.

The coalition letter urges President-Elect Obama and congressional leaders to convene a health care summit. The summit would engage the nation in a discussion on health care and bring together policy experts, leaders, advocates, and patients to identify and develop strategies to implement solutions to recent health care trends. The letter further urges the nation's leaders to focus the discussion on prevention and chronic care, on providing patients with tools that allow them to better manage their own health, and on providing all Americans with meaningful health care coverage.

The groups contend that health care must be addressed early, despite U.S. economic conditions. The number of Americans without medical or dental health insurance has continued to climb over the past two decades. Many families who are unable to afford health care often forego needed care. The coalition argues that expanded coverage should be part of the comprehensive solution to address health care costs and improve health outcomes. Without addressing health care trends, the U.S. economy will worsen, creating further hardship for families and business while stifling job creation, wage growth, and the productivity of the nation's workforce.

Among the groups that signed the letter, including ADEA and Families U.S.A., were the AARP, American Academy of Pediatrics, American Diabetes Society, American Heart Association, Children's Defense Fund, National Medical Association, National Education Association, National Council of La Raza, Leadership Council on Civil Rights, Catholic Health Association, and Lutheran Services of America.

Senator Clinton Introduces Workforce Legislation

Before her recent nomination as U.S. Secretary of State, Senator **Hillary Clinton** (D-NY) introduced legislation in the Senate that would increase the nation's investment in the training and education of health care professionals.

The Health Professional and Primary Care Reinvestment Act would expand health care training by improving recruitment and retention efforts and by increasing incentives for health professionals working in community settings, particularly underserved areas. The proposal would establish a new title within the Public Health Service Act for dental programs. As a result, no longer would dental programs have to compete with medicine for a share of the funding. The Clinton reauthorization bill provides an authorized funding level of \$20 million for dental programs and allows dental schools to apply for faculty development grants and academic administrative units. Previously, they were ineligible for these grants. It also authorizes support of dental loan repayment for those who teach or conduct research in general or pediatric dentistry residencies, which is particularly important to maintaining a cadre of well-trained dentists to meet the oral health care needs of the nation.

Senator Clinton's legislation would encourage more health professionals to pursue primary care practice by providing incentives for primary care training and strengthening primary care departments at the community level. It would increase the number of disadvantaged and rural students in health care professions through loan and scholarship programs, and expand funding

for prevention training and increasing linkages with local health departments. The legislation would also help to expand the availability of medical care in underserved areas, strengthen coordination of mental health care and physical health care, and expand geriatric care programs. Finally, it would assist with managing and planning for future health care workforce needs by establishing national and regional health workforce analysis centers.

The American Dental Education Association (ADEA) has endorsed the Clinton proposal and is working to identify a champion in the Senate to introduce the Clinton bill in the 111th Congress. We will work to ensure that a Title VII reauthorization bill includes the dental provisions that are in the Clinton proposal.

Senator Bingaman Takes Leadership Role on Health Group

Senator **Jeff Bingaman** (D-NM) has been chosen to replace Senator **Hillary Rodham Clinton** as the leader of the health care insurance reform working group that is part of Senator **Edward M. Kennedy's** health care task force. In addition to insurance reform, the Kennedy task force will focus on two other areas. Senator **Barbara Mikulski** (D-MD) will head a group on quality, and Senator **Tom Harkin** (D-IA) will head a group that addresses prevention and public health. Each group will hold hearings on its respective aspects of health care reform and make recommendations. Senator Harkin held his first hearing on prevention and public health on December 10. In addition to the group leaders, Senator Kennedy chose Senator **Christopher Dodd** (D-CT) as a chief deputy to assist in coordinating the effort.

Senator Bingaman has been a dental champion in Congress. His legislation, *The Children's Dental Health Improvement Act of 2007* (S. 739), aims to expand the access that children have to dental care by increasing grants to states for dental care, addressing disparities, and requiring data collection. He also convened a working group on oral health care and is expected to propose a comprehensive oral health bill in the next Congress.

ADEA Urges President-Elect Obama to Make Funding HRSA a Priority

ADEA, within the coalition of Friends of HRSA, wrote to President-elect **Barack Obama** to request that he adequately fund the Health Resources and Services Administration (HRSA) and makes the agency a priority. HRSA supports health care providers in every state. These providers create a safety net for underserved communities, the uninsured, and vulnerable populations including people with HIV/AIDS and children with special needs. HRSA supports many health care delivery sites including National Health Service Corps clinician sites, Ryan White CARE Act Ambulatory/Outpatient Medical Care sites, and Health Centers. HRSA's funding has remained relatively flat since 2001.

AAP: Oral Health Should Be Part of Routine Care

The American Academy of Pediatrics' (AAP) Section of Pediatric Dentistry and Oral Health released a policy statement titled "Preventative Oral Health Intervention for Pediatricians," which calls for pediatricians to periodically assess the oral health of their patients and for children to have a dental home by 12 months of age. The policy statement states that although 89% of infants and one-year olds have had office appointments with physicians, only 1.5% have had a dental appointment.

The ADEA Board of Directors recently approved the following statement with regard to the Association's policy on a dental home:

"A dental home is the ongoing relationship between a dental team and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home ideally begins no later than 12 months of age and continues throughout life and includes referral to specialists when appropriate."

Noting that dental caries is the most common infectious disease in children, the AAP policy says that it is important that pediatricians be well informed on dental caries, prevention, and interventions. Additionally, the recommendation encourages pediatricians to educate parents on cleaning gums and teeth after nursing and before bed and to tell parents that babies shouldn't be put to bed with a bottle that contains anything but water. The policy paper appears in the December 2008 edition of *Pediatrics*.

Coalition Says NO to “Bail Out” of Private Student Loan Lenders

A coalition of representatives of students, consumers, colleges, administrators, and counselors wrote a letter to Secretary of the Treasury **Henry Paulson** to dissuade him from “bailing out” private student loan lenders.

The letter was written in response to a November 25 announcement by the Secretary saying that he would use \$20 billion of the \$700 billion allocated by the Emergency Economic Stabilization Act of 2008 to back a lending facility to stimulate consumer spending. The facility, the Term Asset-Backed Securities Loan Facility (TALF), is aimed at increasing the amount of funds that lenders can offer to consumers and small businesses. Under the TALF, the Federal Reserve Bank of New York (FRBNY) will provide up to \$200 billion in loans.

The move is expected to make auto loans, student loans, and credit cards more readily available under the plan. Student loan companies, of which over 60 stopped offering private student loans, applauded the decision. However, the advocacy coalition stated that there is no limit on how high interest rates can increase on private student loans and no significant protections for borrowers who face difficult economic circumstances.

Additionally, the coalition noted that assisting the student loan companies would not make college more affordable. It requested that if the funding went through, student loan companies that receive the benefits of federal funds should be required to offer affordable interest rates and flexible repayment options. The number of dental students who take out private students loans (Alternative Dental Education Assistance Loans or A-DEAL) to supplement federal loans has hovered around 25% since 2001. However, in 2007, the number of students who took out the A-DEAL loans increased to 31%.

IOM Oral Health Workshop

The Institute of Medicine (IOM) is hosting “The U.S. Oral Health Workforce in the Coming Decade: A Workshop,” in Washington, DC, February 9-11, 2009.

The workshop will examine the current oral health care workforce and consider how that workforce contributes to problems of access to oral health care services. Speakers will present options for bridging gaps between the current and projected near-term oral health needs and the workforce available to provide such care. They will consider the:

- Potential need for expanding numbers of established dental professionals
- Use of other types of established medical professionals
- Potential for developing new types of oral health practitioners
- Lack of integration and coordination among the oral health, public health, and medical health care systems

The IOM workshop is free and open to the public, but due to limited seating, advanced registration is required. If you are interested, you should register as soon as possible. Register at www.iom.edu/CMS/3809/55302.aspx.

Draft Agenda

Monday, February 9: **What is the current status of access to oral health services?**

8:30 a.m. – 5:00 p.m.

- Welcome and Overview
- The Connection Between Oral Health and Overall Health and Well-Being
- Current Oral Health Needs and the Status of Access to Care
- Current Demographics and Future Trends of the Oral Health Workforce
- The Status Quo – how is care currently delivered/financed?

Tuesday, February 10: **What workforce strategies hold promise to improve access?**

8:30 a.m. – 5:00 p.m.

- Gaps and Barriers of the Current System
- Learning from the International Experience
- Efforts to Address Access Issues Through Workforce Strategies

Wednesday, February 11: **How can we improve the regulatory processes and structure of oral health care delivery to improve access to care?**

8:30 a.m. - 1:30 p.m.

- What are the ethical principles and obligations to increasing access?
- Roundtable Discussions: Stakeholder Roles
- Closing Remarks

December 31 Deadline to Complete Health Care Reform Survey

ADEA members are encouraged to complete the survey on health care reform now on ADEA's website. It will be removed on December 31, and the results will be tabulated and provided to the ADEA House of Delegates when it votes in March 2009 on a resolution to accept ADEA's health care reform statement as the official policy of the Association.

With the historic presidential election now over, President-Elect Barack Obama's administration and the 111th Congress will turn their attention to the many challenges facing our nation, one of which is health care reform. To that end, at the recommendation of the ADEA Legislative Advisory Committee (LAC), the ADEA Board of Directors in June 2008 unanimously approved as "interim ad hoc policy" a statement with regard to the Association's perspective on the issue and our role in the national debate.

ADEA members are encouraged to spend three to five minutes completing the Health Care Reform Survey, which is linked to on ADEA's home page. Participants in two recently concluded ADEA meetings, the 50th Annual ADEA Deans' Conference and the ADEA Fall 2008 Meetings, were surveyed. From November 1, when the survey was first posted on our website, until December 1, more than 250 ADEA members have responded. The survey and policy statement can be found at the following web locations.

The ADEA Health Care Reform Survey

<http://www5.adea.org/cgi-bin/rws4.pl?FORM=HealthReformSurveyFall2008>

The ADEA Health Care Reform Statement and Principles

http://www.adea.org/policy_advocacy/federal_legislative_regulatory_resources/Documents/BOD%20Approved%20Principles%20and%20Statement%20June%202008.pdf

If you have any questions about the survey, please contact Dr. Ifie Okwuje at 202-289-7201 or okwujei@adea.org.

FDA Commissioner to Resign on January 20

Commissioner of the Food and Drug Administration (FDA) **Andrew von Eschenbach** announced that he will resign on January 20, 2008. Von Eschenbach was appointed Commissioner in 2005 and had previously served as Director of the National Cancer Institute. President-elect Obama will appoint a new Commissioner of the FDA after he is sworn in. Rumored possible appointments include Baltimore Health Commissioner Joshua Sharfstein, Cleveland Clinic cardiologist Steven Nissen, Vice Chancellor for Clinical Research and Professor of Medicine in the Division of Cardiology at Duke University Robert Califf, and Director of the Center for Health Policy at Stanford University Alan Garber.

Legislative Fellowship Applications Being Accepted

The **ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship** offers a unique opportunity for faculty and administrators at ADEA member institutions to enhance their professional development while spending a total of three months at the ADEA office in Washington, DC, at a mutually agreeable time while Congress is in session.

Sunstar Americas, Inc. provides a generous stipend of \$15,000 to help cover travel and expenses for the in-residence portion of the fellowship. The fellow's institution continues to provide salary support for the duration of the experience. ADEA is flexible in the arrangement of time away from a fellow's institution.

Past fellows have returned to their institutions with a new sense of the educational and political environment and provide valuable leadership to their administrations. Faculty and administrators interested in applying may speak with the current fellow, Dr. **Janet Leigh**, by emailing jleigh@lsuhsc.edu or contact Jack Bresch at BreschJ@adea.org or 202-289-7201.

Application: www.adea.org/professional_development/adea_scholarships_awards_fellowships/Documents/ADEA%20AWARDS%20APPLICATIONS%20EDUCATORS%2008.pdf

Program description: www.adea.org/professional_development/adea_scholarships_awards_fellowships/Documents/BruceFellow09.pdf

AADR-ADEA Advocacy Day on Capitol Hill

The AADR-ADEA Advocacy Day on Capitol Hill is scheduled for April 21-22, 2009, in Washington, DC. Please mark your calendars and plan to participate in this important event. On April 21, you will attend a Legislative Workshop and be briefed on the federal issues for which you will be advocating on Capitol Hill. On April 22, you will participate in face-to-face meetings with your federal legislators and their staff. Look for more information on this activity in the near future.

ADEA-ASDA National Dental Student Lobby Day

Dental students are invited to participate in a two-day public policy workshop, jointly sponsored by ADEA and the American Student Dental Association (ASDA), taking place on February 11-12, 2009. The workshop provides students with exposure to issues critical to dental education and offers interaction with federal lawmakers and staff on Capitol Hill.

Funding Opportunities Update

www.GRANTS.gov

You must use www.GRANTS.gov to apply for a federal grant. The registration process can take up to one month. Assistance is available from www.Grants.gov help desk at support@grants.gov or 800-518-4726. To successfully register, it is necessary to do all of the following:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password

- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

National Institutes of Health

- **NIDCR Individual NRSA Predoctoral Dental Scientist Fellowship (F30)**, (PAR-08-119), National Institute of Dental and Craniofacial Research, <http://grants.nih.gov/grants/guide/pa-files/PAR-08-119.html>
- **NIDCR Clinical Trial Implementation Cooperative Agreement (U01)**, (PAR-08-196), National Institute of Dental and Craniofacial Research, <http://grants.nih.gov/grants/guide/pa-files/PAR-08-196.html>
- **Interdisciplinary Research on Oral Manifestations of HIV/AIDS in Vulnerable Populations (P01)**, (PAR-08-117), National Institute of Dental and Craniofacial Research, <http://grants.nih.gov/grants/guide/pa-files/PAR-08-117.html>
- **Independent Scientist Award (K02)**, (PAR-07-444), Agency for Healthcare Research and Quality, <http://grants.nih.gov/grants/guide/pa-files/PAR-07-444.html>
- **Independent Scientist Award (K02)**, (PA-09-038), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-09-038.html>
- **Mentored Quantitative Research Development Award (K25)**, (PA-09-039), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-09-039.html>
- **Mentored Clinical Scientist Development Award (K08)**, (PAR-07-443), Agency for Healthcare Research and Quality, <http://grants.nih.gov/grants/guide/pa-files/PAR-07-443.html>
- **Mentored Research Scientist Development Award (K01)**, (PAR-08-022), Agency for Healthcare Research and Quality, <http://grants.nih.gov/grants/guide/pa-files/PAR-08-022.html>
- **Academic Career Award (K07)**, (PA-08-152), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-08-152.html>
- **Midcareer Investigator Award in Patient-Oriented Research (K24)**, (PA-08-151), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-08-151.html>
- **Patient-Reported Outcomes Measurement Information System (PROMIS) Network Center (U54)**, (RFA-RM-08-022), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-022.html>
- **NLM Grants for Scholarly Works in Biomedicine and Health (G13)**, (PAR-09-030), National Institutes of Health and National Library of Medicine, <http://grants.nih.gov/grants/guide/pa-files/PAR-09-030.html>
- **Mentored Patient-Oriented Research Career Development Award (K23)**, (PA-09-043), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-09-043.html>

- **Research Supplements to Promote Diversity in Health-Related Research**, (PA-08-190), all NIH Institutes and Centers and the Common Fund participate in this program, <http://grants.nih.gov/grants/guide/pa-files/PA-08-190.html>
- **Large-Scale Collaborative Project Awards (R24/U54)**, (PAR-07-412), National Institute of General Medical Sciences (NIGMS), <http://grants.nih.gov/grants/guide/pa-files/PAR-07-412.html>
- **NIH Pathway to Independence Award (K99/R00)**, (PA-09-036), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-09-036.html>

Resources, Recent Reports, and Items of Note

- **Differences in Access to Care for Non-Hispanic Asian and Non-Hispanic White Children, 2002-2005**, Statistical Brief #224, released by the Medical Expenditure Panel Survey (MEPS), cites statistics regarding access to health care for three groups of non-Hispanic Asian and white children ages 2 through 17. Available online at www.meps.ahrq.gov/mepsweb/data_files/publications/st224/stat224.pdf.
- **Guide to the Future: Using HIT to Improve Access and Outcomes**, a white paper released by the National Network for Oral Health Access (NNOHA) that evaluates dental health information technology products currently available to health centers. The products provide technologies for Electronic Dental Record (EDR), Dental Practice Management (DPM), and digital radiography. Available at www.nnoha.org/PDFs/NNOHA%20HIT%20White%20Paper_FINAL.pdf.
- **Evidence-Based Clinical Recommendations for the Use of Pit-and-Fissure Sealants: a report of the American Dental Association Council on Scientific Affairs**, was recently posted on the National Guideline Clearinghouse (NGC), which is a comprehensive database of evidence-based clinical practice guidelines. Available at www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=12991.
- **State and Local Fiscal Challenges: Rising Health Care Costs Drive Long-term and Immediate Pressures**, a Government Accountability Office (GAO) statement for the record for the Committee on Finance, U.S. Senate, provides views on projected health care costs and their affect on state and local budgets. It focuses on Medicaid expenditures during economic crises and discusses the need for Federal Medical Assistance Percentage (FMAP). The statement is available www.gao.gov/docdb/lite/details.php?rptno=GAO-09-210T.
- **Parental Perceptions of Dental/Oral Health Among Children With and Without Special Health Care Needs**, an article in *Ambulatory Pediatrics* [2008 Sep-Oct;8(5):312-20], analyzed data from the 2003 National Survey of Children's Health and compared parent-reported preventive dental care for children with special health care needs to those of children without special needs. Although 80% of parents of children with special health care needs and 72% of parents of children without special needs stated that their children received preventive dental care, there were disparities based on income, education, and insurance coverage. Abstract available at www.ncbi.nlm.nih.gov/pubmed/18922505?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum (subscription needed for full article).
- **Receipt of Preventive Dental Care Among Special-Needs Children Enrolled in Medicaid: A Crisis in Need of Attention**, an article in the *Journal of Health Politics*,

Policy and Law [2008 Oct;33(5):883-905], examines Medicaid enrollment for special-needs children enrolled in the District of Columbia Medicaid program and finds that a managed care Medicaid program, rather than fee-for-service, improves likelihood of obtaining preventive dental care. Abstract available at <http://jhppl.dukejournals.org/cgi/content/abstract/33/5/883> (subscription required for full text).

- **Linking Mother and Child Access to Dental Care**, an article in *Pediatrics* [2008 Oct;122(4):e805-14], surveys the mothers of 108,151 children (aged 3 to 6 years) enrolled in Medicaid in Washington state and concludes that dental care use is higher in Hispanic and African-American young children when their mothers have a regular source of dental care. Available at <http://pediatrics.aappublications.org/cgi/reprint/122/4/e805>.
- **The Centers for Disease Control and Prevention's (CDC) Public Health Prevention Service (PHPS)** is accepting requests for prevention specialists. The PHPS program is a three-year program aimed at preparing public health professional to apply science and theory to everyday realities. Prevention Specialists will be assigned to a location for two years. The entity that sponsors a PHPS Prevention Specialist will be expected to provide mentoring and supervision. Letters of Intent (LOI) are due to the CDC by January 16, 2009. For more information, please go to www.cdc.gov/EPO/dapht/phps/Health_Agency_Request.html.
- **AAPHD Foundation Grant Program** is accepting proposals for a \$5,000 grant to be awarded for projects that improve access to oral health, build and strengthen the dental public health workforce, translate science into practice, or maintain competency in dental public health. Proposals are due on January 31, 2009. For more information, please contact Pamela Tolson, Executive Director, at 217-529-6941 or natoff@aaphd.org.

Quotable

**"You are not healthy without good oral health."
Former Surgeon General C. Everett Koop**

The ADEA Washington *Update* is published by the ADEA Center for Public Policy and Advocacy (ADEA CPPA) monthly when Congress is in session. Its purpose is to keep ADEA members abreast of federal issues and events of interest to the academic dental and research communities.

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