Dear Member of Congress:

As a member of the American Dental Education Association (ADEA), which represents all 66 U.S. dental schools, and a constituent and health care professional, I respectfully request your support in safeguarding adequate funding for dental education, oral health training programs and dental and craniofacial research during the FY 2017 appropriations process. These programs are critical to train the next generation of dentists and other oral health professionals, and to continue the cutting-edge research carried out by the National Institute of Dental and Craniofacial Research (NIDCR).

We urge you to support bipartisan efforts to sustain or increase funding for the following:

$35.9 million for Title VII, Section 748 of the Public Health Service Act

We are requesting $35.9 million for Title VII programs to include $10 million for general dental residencies, $10 million for pediatric dental residencies, and $15 million for other dental Title VII programs. There are 5,269 Dental Shortage Areas in the United States; more than 45 million people live in these areas without enough dentists to provide care. Title VII has created over 560 new general dentist positions in the past 25 years and 200 new pediatric dentist positions in the past 15 years, but there continues to be a shortage of pediatric dentists (6,100) and public health dentists (1,300) in the United States. Title VII funding is essential to ensure that all citizens have access to oral health care.

$452 million for the National Institute of Dental and Craniofacial Research

We request your support for $452 million for the National Institute of Dental and Craniofacial Research (NIDCR) to continue their groundbreaking research. The requested funding should include level funding for grants awarded by NIDCR, which help researchers in academic dental institutions across the country, build a base of scientific and clinical knowledge that has been used to enhance the quality of the nation’s oral health. Researchers have documented discoveries showing the important relationship between oral and systemic health. These findings will potentially contribute to the prevention or moderation of many serious systemic diseases.
Title VII and the Dental Workforce

Title VII of the Public Health Service Act provides funding for health professions workforce training. The dental component of Title VII is provided for in Section 748: Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene. The Health Resources and Services Administration (HRSA) administers these grants that support predoctoral dental and dental hygiene programs, advanced dental education (postdoctoral dental residencies), faculty development, and dental faculty loan repayment, for general, pediatric, and public health dentistry.

Section 748 addresses the shortage of professors in dental schools with the dental faculty loan repayment program and faculty development courses for those who teach pediatric, general, or public health dentistry or dental hygiene. These two programs provide schools with assistance in recruiting and retaining faculty. ADEA is increasingly concerned that the oral health research community is not growing and that the pipeline of new researchers is inadequate to address future needs.

One goal of Title VII programs is to motivate health care professionals to practice in underserved communities with the help of such programs as Health Careers Opportunity Program (HCOP), Centers of Excellence (COE), and Minority Faculty Fellowship Program (MFFP). HCOP helps schools provide opportunities to students from disadvantaged backgrounds to develop the skills needed to enter the health professions. Once students are enrolled in dental school, COE grants enable schools to enhance academic performance of underrepresented minorities (URM) students, improve the recruitment and retention of URM faculty, and increase the capacity of graduates to provide care to the underserved. MFFP assists schools increase the number of URM members serving on their faculties.

Title VII Pediatric Dentistry (PD) and General Dentistry (GD) residency programs have positively influenced the diversity dental pipeline; 41% of residents in Title VII-funded dental residency programs are underrepresented minorities, and 67% of the sites where they provide care are in underserved communities. These programs are significant because students from disadvantaged backgrounds and those who train in underserved areas are more likely to return to those areas to serve the communities.

The results stemming from the Title VII programs are clearly seen in academic dental institutions. According to the most recent information dental schools and community-based clinics provide over three million patient visits annually. All 66 dental schools in the United States have clinics, and a large percentage of the schools have student rotations in community health centers. Each year, dental school
clinics provide more than $74 million in uncompensated patient care and procedures. These clinics fees are less than half of what customary rates would be.

Title VII funds assist dental schools in expanding access to care, while providing students and residents with the innovative training they need to serve multi-faceted, underserved communities. Reductions to the Title VII programs would undoubtedly result in diminished access to oral health care for disadvantaged, underserved, and aging populations at a time when those populations have been growing.

There are 5,269 Dental Shortage Areas in the United States; more than 45 million people live in these areas without enough dentists to provide care. Title VII has created over 560 new general dentist positions in the past 25 years and 200 new pediatric dentist positions in the past 15 years, but there continues to be a shortage of pediatric dentists in the United States (6,100) and public health dentists (1,300). Pediatric dentists are specially trained to care for children and individuals with special needs. Public health dentistry focuses on the oral health of the population. They implement programs such as oral health literacy, school sealants, screenings, and fluoride. Public health dentistry is the most cost effective way to prevent dental disease. Title VII provides additional funding for these programs.

Support for these programs will help to ensure there will be an adequate oral health care workforce to care for the American public. The funding supports pre-doctoral oral health education and postdoctoral pediatric, general, and public health dentistry training. The investment that Title VII makes not only helps to educate dentists and dental hygienists, but also expands access to care for underserved populations.

Programs receive a higher priority for funding when the programs have high rates of graduates practicing in underserved communities, train individuals who are from rural or underserved communities, establish formal relationships with federally qualified health centers or rural health centers, and serve the homeless, victims of abuse or trauma, older adults, and individuals with HIV/AIDS. Ultimately, this funding supports dental student rotations in community health clinics, improves care for at risk populations, enhances cultural competence curriculum, and provides opportunities to integrate public health dentistry into clinical dental education programs.
Discoveries stemming from research conducted at the National Institute of Dental and Craniofacial Research (NIDCR) have reduced the burden of oral disease and have led to better oral health for tens of millions of Americans. As Congress contemplates how to address the federal budget deficit, the dental research community asks members of Congress not to stymie—by not adequately funding dental and craniofacial research—the enormous research gains and discoveries. Research makes up a small fraction of the federal budget and generates an enormous return in technological advances and enhanced quality of life.

The following is just a small fraction of the types of research conducted at NIDCR:

- Researchers have documented discoveries showing the important relationship between oral and systemic health. These findings will potentially contribute to the prevention or moderation of many serious systemic diseases. Poor oral health and underlying oral disease may significantly increase the risk of developing systemic conditions such as adverse pregnancy outcomes, cardiovascular disease, and diabetes.

- Salivary diagnostics offers the promise of replacing blood draws to make disease diagnosis, as well as treatment-efficacy tracking, less invasive and costly. Building on the work of dental researchers, funded through NIDCR, saliva will become a more commonly used diagnostic fluid. Biomarkers for the early detection of oral cancer have been identified, and the identification of pancreatic and breast cancer biomarkers are demonstrating great promise. Early detection of these diseases can lead to more successful treatments. Salivary diagnostics is helping to lead the way.
• The NIDCR is also one of the leading NIH Institutes for health disparities research. The program at NIDCR takes a multidisciplinary approach to solving the complex problem of health disparities. Working with behavioral and social scientists, health policy experts, economists, dental researchers, and even anthropologists, NIDCR is addressing these problems from a total health perspective.

• During FY 2016 NIDCR will launch an initiative to explore the potential advantages of developing an HIV vaccine administered directly into oral tissues. This research will complement other HIV vaccine studies being supported at NIH and recognizes the distinctiveness of the oral environment as an entry point for vaccines.

• Many Institutes and Centers (ICs) lag during periods of significant NIH budget growth. From 1993 to 2003, NIH experienced significant growth, which enabled an expansion of both basic and clinical research. During that time, biodefense programs, mostly under the purview of the National Institute of Allergy and Infectious Diseases (NIAID), became top priorities for Congress and the NIH. Consequently, annual increases to most ICs were slowed to help accommodate the exceptional growth in new programs within the Office of the Director (OD) and at NIAID, and most ICs achieved only 80% of their intended doubling by the end of 2003. Only seven of the 27 ICs doubled by 2003; however, NIAID and biodefense increased by 167%. While NIAID and OD programs are world-class, their exceptional growth was in part made possible by slowing the pace of cancer, stroke, heart disease, lung disease, and oral health research.

• NIH and most ICs have remained relatively flat in current dollars, and declining in constant dollars, since 2004. Funding remained relatively flat in current dollars from 2004 to 2010, but declined in constant dollars, with most ICs averaging increases of roughly 1% per year—excluding American Recovery and Reinvestment Act funds. NIH as a whole increased its budget roughly 10% (or 1.7% per year) from 2004 to 2010, seeing a $2.8 billion boost from $28.1 billion in 2004 to $30.9 billion in 2010. New programs at the OD and NIAID continued to be top priorities at NIH, drawing much larger percentage increases than the other ICs.

• Grant success rate is falling. The success rate for new NIH applicants has decreased in the decade 2004-2014 to only 18.1%, while applications have continually increased (by 25% in the decade). Given the significant portion of the NIH budget that is committed to four-year grants, cuts or level funding would dramatically reduce the new applicant success rate.

• Public investment in research saves dollars and generates private investment. It is estimated that public investment in oral health research saves Americans out of pocket oral health costs by improving care for chronic conditions. Since dental care is primarily paid for out-of-pocket or by private insurance, cost savings from dental research are realized directly by the consumer. Moreover, $1.00 invested in basic research stimulates an additional $8.38 in private sector research and development.