ADA American Dental Association®

STATEMENT OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

COMMITTEE ON APPROPRIATIONS

U.S. HOUSE OF REPRESENTATIVES

ON

NATIVE AMERICAN ISSUES

SUBMITTED BY

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Good Morning Chairman Simpson, Ranking Member Moran and Committee Members. I am Dr. Matt Neary, Chairman of the Council on Government Affairs for the American Dental Association (ADA). I am a private practicing dentist in New York City. The ADA, which represents 157,000 dentists, appreciates the opportunity to comment on the oral health issues that affect American Indians and Alaska Natives (AI/ANs), as well as the dentists and oral health care providers who serve in the Indian Health Service (IHS) and tribal dental programs.

I would first like to thank the Committee for the support it has provided the IHS dental program. We believe that the increases in the FY 2010 budget and the funding maintained in the continuing resolutions were instrumental for expanding the dental division's recruitment efforts to dental students, maintaining an adequate level of dentists with advanced training to treat severe oral health care cases and providing an electronic dental record system that should result in savings and more efficient treatment for AI/AN patients. We appreciate your efforts to continue these programs.

We are also pleased that the Administration has recommended an increase for the Division of Oral Health (DOH) to $170,859,000 for FY 2012. The proposed funding level will allow the Division to maintain its current programs; however, the ADA believes more needs to be done to improve access to dental care and reduce oral disease among AI/ANs.

The level of Early Childhood Caries (ECC), tooth decay, among the AI/AN children has reached epidemic proportions. In fact, ECC prevalence is about 400 percent higher in this population than for all U.S. races. Worse still, the *severity* of decay is substantially higher in AI/AN children compared to the population as a whole. Preschool children average more than 5 decayed teeth compared to 1 decayed tooth among U.S. pre-school children of all races. In many AI/AN communities, between 25–50 percent of preschool children have such extensive ECC that they require full mouth restoration under general anesthesia, compared to less than 1 percent for non-AI/AN children.

A year ago, we reported that the IHS began the Early Childhood Caries Initiative - a new program designed to promote prevention and early intervention of tooth decay in young children through an interdisciplinary approach. During the past year the IHS has been able to conduct oral health assessments of children up to 5 years of age through several partner groups to determine the level of disease as well as the best prevention methods. This is the first national oral health survey conducted by the IHS in over a decade. We believe that the president's request which calls for a $726,610 increase for the headquarters dental program will allow this initiative to keep moving forward.

Consistent with the IHS initiative to reduce tooth decay, the ADA hosted the second annual Symposium on Early Childhood Caries (ECC) in AI/AN children this year. There continues to be a pressing need to examine ECC in light of the current scientific understanding of the disease and identify new research and strategies that are based on the best available science. The overall purpose of this symposium was to bring together a group of some of the most experienced caries researchers in the U.S., representing many of the most prestigious caries research centers, to review the state of the science of prevention of caries in the primary dentition, identify gaps in our current understanding of this disease and formulate strategies to close the existing gaps in knowledge. Participants included tribal health officials, pediatric dentists, dental public health staff, dental researchers and consultants with direct experience with this disease.

The ADA and its constituent societies in Indian Country have also been working during the past year to advance oral health outreach and raise awareness in Indian Country. The Arizona and New Mexico Dental Associations established the ADA's Native American Oral Health Care Project to address the

imbalance in access to quality oral health care among Native Americans. These organizations have made numerous visits to Indian Nations to meet and collaborate with tribal leaders. Just last month, ADA President Dr. Ray Gist, met with Tribal leaders, health directors, and policy makers to discuss the development of a comprehensive approach for improving oral health care in Indian Country. During these sessions, discussions began on how to recruit American Indians into the dental professions. We anticipate the development of long-term partnerships to achieve this goal.

In a meeting with the Pueblos of Jemez and Sandia – both of which operate 638 designated health care and dental facilities – Dr. Gist discussed such goals as improving access to dentures for community elders and supporting oral health care prevention strategies for youth.

Dr. Gist also met with the Inter Tribal Council of Arizona (ITCA) to discuss how the ADA and the ITCA can join forces to pool and leverage resources to enhance prevention efforts to the 21 tribes that the ITCA serves. Further meetings are being planned for next month to identify projects for collaboration.

The ADA has also supported similar efforts between tribes in the Aberdeen area and the North and South Dakota Dental Associations. We are very encouraged by these efforts and wanted to make the committee aware of these talks. As more concrete plans develop we anticipate that there could be a need for additional resources for the Tribal nations for oral health literacy programs, prevention programs, and workforce. We hope that the Committee will support our efforts in building these public-private partnerships.

For several years, the ADA has come before the Committee and shared our concerns regarding the number of dental vacancies in the IHS. Mr. Chairman, we are pleased to report that the IHS dental program is continuing to see improvement in reducing vacancies. Three years ago, we reported that there were over 140 dental positions open. Today, the number is 45. We believe that several factors have contributed to reducing these workforce shortages.

The IHS dental recruiters have conducted an excellent campaign to attract dental students to participate in their summer extern program as a way to introduce them to the Service. Thanks to support from this Committee the IHS was able to place up to 240 applicants during each of the past two summers. Experience has shown that the externs become IHS ambassadors when they return to school and we believe that this results in more dentists applying to the IHS upon graduation. However, in spite of the success of this program it has encountered a new threat.

Recently, a question was raised as to whether the IHS has the legal authority to reimburse the student externs for their travel to the participating sites. This may require bill language to clarify that such payments are legal. We fear if they do not continue it will seriously jeopardize the program's recruitment efforts. We will keep the committee informed of this situation and hope that you will work with us to ensure the summer dental extern program continues.

The average student debt load for dentists is $200,000 and most begin repaying their debts soon after graduation. The IHS dental loan repayment program offers an attractive incentive for dentists to join the Service. It is also an excellent retention tool for those dentists who want to continue in the IHS beyond their initial agreement. In 2010, the IHS awarded 110 loan repayment contracts for dentists and dental hygienists. Of those, 62 continued their previous contracts beyond their initial commitment which will help to maintain a continuity of care for patients.

In previous years, the Committee has supported the IHS dental program's expansion of its residency program. However, we have recently learned that if a dentist is receiving loan repayment and would like to go on for advanced training in pediatrics or oral surgery, they have to forfeit their loan repayment. This prevents many from applying for the advanced training. We believe that there is a simple solution to this situation – allow them to keep their loan repayment while advancing their specialties, but not count their time in training towards their payback time.

Health Information Technology

The American Recovery and Reinvestment Act (ARRA) provided $3.5 million for the IHS Electronic Dental Record (EDR). It was estimated a year ago that the Division needed an additional $12 million to complete the deployment of the EDR to all federal and tribal dental programs. The EDR will provide automated patient dental records and capture dental data from patient encounters and oral examination records to support quality assurance, utilization reviews, resource allocation, clinical measures, and research. The ADA believes that IHS dental patients should have the same quality of care enjoyed by all Americans. Making sure that the DOH can fully implement the EDR in a timely fashion will help to ensure that goal. We appreciate the support the committee has given to this project and we hope you will continue to see it fully implemented.

Continue Congressional Program to Upgrade Dental Facilities

In 1995, the Association testified regarding the urgent need to replace and upgrade dental facilities throughout Indian Country. The Committee recognized that it was impossible to build new dental facilities but acknowledged the need for modern clinics by setting aside at least $1 million each year to replace modular dental units. This approach has been highly successful, increasing access to care and decreasing the oral health disparity of AI/AN patients. However, it appears that for the last three years, no funding has been allocated for this project in spite of the fact that there are still at least 27 dental programs on the waiting list. We request that the Committee continue this successful program at $1 million for FY 2012 in the facilities account.

Expand Dental Clinical and Preventive Support Centers

Above I stated the ADA's concerns about early childhood caries – with special emphasis on children up to age 5. However, tooth decay among older children and adults is also a problem. An important additional component for the IHS would be to expand the existing eight dental clinical and preventive support centers. Support Center staff in this program are trained to assist in establishing and maintaining community-based programs to prevent dental disease. Their training includes:

- School-based sealant programs,
- Community water fluoridation,
- School-based fluoride mouth rinse programs,
- Community-based dental education programs, and
- Programs to prevent periodontal disease.

In his meetings with the ITCA leadership, Dr. Gist learned that their Support Center was defunded and replaced with a new initiative to evaluate the effectiveness of oral health care service delivery among IHS service units. While the new program is important to them and their member tribes, the Support Center was invaluable to addressing the oral care needs of children. ITCA and their member tribes would like to be able to offer both programs and not have to drop one for the other. In order to restore

the ITCA support center and to fully address the needs of all the centers, we recommend that the Committee increase the current funding by $1 million to $3 million and designate the funding to be used by the Director of the IHS Headquarters Division of Oral Health. This amount of funding will allow for enough support centers to service each IHS geographic area.

Conclusion

From the Association's experience of working with the IHS dental program for over 35 years, we know that adequately funding dental care can make a difference. The 1991 Oral Health Survey shows that in areas where dental care was accessible there was a:

- 14% increase in the number of children 5-19 years with no decay,
- 12% decrease in the number of children 5-19 years with high decay rates (7 or more cavities), and
- 9% decrease in the number of adults 35-44 years with periodontal disease.

However, as of today, the IHS has not been able to reach its FY 2010 goal of servicing 25 percent of the population who utilize the IHS Health Care system. The successes mentioned above need to be multiplied to really have an impact in preventing oral disease which will result ultimately in cost reductions. We cannot “drill and fill” our way out of dental disease. But we can prevent it – which is a more cost efficient and a better way of reducing oral disease.

Thank you for allowing the ADA to testify and highlight the needs and successes of the IHS dental program. The ADA is committed to working with you, the IHS and the Tribes to aggressively reduce the disparity of oral disease and care that currently exists in Indian Country.

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EDUCATION:

Sept. 1980- May 1982:	Columbia University School of Dental and Oral Surgery, 630 West 168th Street, New York, N.Y. 10032. Certificate in Periodontics, May 1982.
Sept. 1976- May 1980:	Columbia University School of Dental and Oral Surgery, D.D.S. May 1980. William Bailey Dunning Award (Periodontology), May 15, 1980. Association of Dental Alumni Research Award, April 25, 1980.
Sept. 1972- June 1976:	Dartmouth College, Hanover, N.H. 03755. A.B. (biology) cum laude, June 1976.

ACADEMIC POSITIONS:

January 1994- October 2009:	Adjunct Associate Professor Facilitator, Ethics Program, Columbia University College of Dental Medicine 630 West 168 Street, New York, N.Y. 10032.
June 1982- June 1990:	Assistant Clinical Professor, Periodontics, Columbia University School of Dental and Oral Surgery 630 West 168 Street, New York, N.Y. 10032.
Sept. 1982- June 1994:	Assistant Attending Dentist, The Presbyterian Hospital in the City of New York 622 West 168 Street, New York, N.Y. 10032.

PROFESSIONAL EXPERIENCE:

January 1996- present:	Periodontal practice: Matthew Neary, D.D.S., John Lanzetta, D.M.D., Chris Chondrogiannis, D.D.S. 501 Madison Avenue, New York, N.Y. 10022.
May 1982- December 1995:	Periodontal practice: Leonard Hirschfeld, D.D.S. Bernard Wasserman, D.D.S., Matthew J. Neary, D.D.S., Joseph Fink, D.D.S., P.C., 501 Madison Avenue, New York, N.Y. 10022.

March 1981- Sept. 1983:	Periodontal practice: Murray Schwartz, D.D.S. and Michael Savin D.M.D., P.C. 153 North Broadway, Nyack, N.Y. 10960
July 1980- June 1982:	General Practice: 130 Fort Washington Avenue, New York, N.Y. 10032.

PROFESSIONAL ORGANIZATIONS:

June 1980-present: American Dental Association

- Council on Government Affairs, (Chair 2010-2011) 2008-present.
- State Public Affairs Oversight Committee, Chair 2010-2011.
- Electronic Health Record Work Group, 2009-present.
- Task Force on the Dental Team, 2009.
- Delegate, ADA House of Delegates, 2003 – 2008.
  - Reference Committee, 2004.
  - Caucus Study Group Chair: Public Affairs, Legal, and Legislative Matters, 2008.
- Alternate Delegate, ADA House of Delegates, 2009.
- Washington Leadership Conference, delegate, 2007-2010.

June 1980-November 2009 New York State Dental Association

- Governor, Board of Governors, 2003-2009.
- Reference Committee 2006-2007.
- Amalgam Separator Task Force, 2004-2005.

June 1980-present: New York County Dental Society.

- President 2003.
- President-Elect 2002.
- Vice President, 2001.
- Treasurer, 2000.
- Finance Committee, 1999-2000.
- Non-Dues Revenue Task Force, 1999-2000.
- Board of Directors, 1998-2005.
- Publications Chair, 1998-1999.
- Long-Range Planning Committee, 1998.
- Lord Chaim Essay Contest Judge, 1995-1996.

September 1980-Present: American Academy of Periodontology

- ADA Liaison Committee (Chair 2008-2009), 2008-present.
- Nominating Committee, 1999.
- Public and Professional Communications Committee, Consultant, 1998-1999.
- Committee for the Young Periodontist, 1991-1995.

June 1988-present:	Office of the Chief Medical Examiner, City of New York, Dental I.D. Team. Tour Commander: World Trade Center & American Airlines Flight 587 Mass Disasters, September 11, 2001-June 20, 2002.
October 1985-present:	The New York Academy of Dentistry (Fellow). President 2003-2004. President-Elect, 2002-2003. Vice President, 2001-2002. Secretary, 1999-2000. Board of Directors, 1992-2007. Fellowship Committee (Chair 2007), 2005-2007. Annals Committee, 1992-2000. Ethics Committee (Chair 1998-1999), 1997-1999. Senior Advisory Committee 1996-2001. Nominating Committee (Chair 2006-2007), 1997-1998, 1991-1992, 2006-2007. Program Committee (Chair 1994-1995), 1991-1995. Constitution & Bylaws Committee, (Chair 1993-1994), 1991- 1994. Audio-Visual Committee (Chair 1988-1989), 1987-1989.
June 1984-Present:	The New York Society of Forensic Dentistry. President, May 2001-May 2003. Vice President, May 1999-May 2001. Treasurer, May 1997-May 1999. Secretary, May 1995-May 1997. Board of Directors 1999-present.
October 1999-present:	American College of Dentists (Fellow).
May 1982-Present:	The Northeastern Society of Periodontists.
June 1998-2001:	American Association of Dental Editors, Member.
November 1984-present:	New York City Police Department, Honorary Surgeon.
May 1982-present:	Columbia Periodontal Alumni Association. President 1997-1999. Vice President 1995-1997. Treasurer 1993-1995. Trustee, Board of Directors, 1989-1993.

HONORS AND AWARDS:

May 15, 2008:	Distinguished Alumnus Award, Columbia College of Dental Medicine, Department of Periodontics.
September 21, 2003:	Certificate of Appreciation, The American Academy of Periodontology For Contribution To The Victim Identification Efforts Following The Events of September 11, 2001.
March 12, 2002:	Humanitarian Award, The New York Academy of Dentistry For Dental Identification Efforts at the World Trade Center Disaster.
May 15, 1980:	William Bailey Dunning Award, (Periodontology), Columbia University School of Dental and Oral Surgery.
April 25, 1980:	Association of Dental Alumni Research Award, Columbia University School of Dental and Oral Surgery.

LECTURES AND CLINICS:

December 1, 2001:	Rehabilitating the Atrophic Posterior Maxilla for Implants. Greater New York Dental Meeting. New York, N.Y.
May 5, 2000:	Rehabilitating the Atrophic Posterior Maxilla for Implants. Dublin Dental College, Dublin, Ireland.
April 16, 1999:	Jump-Starting The Mature Periodontal Practice. The Northeastern Society of Periodontists, Luncheon for Learning.
November 26, 1995:	Intracrevicular Medication in the Treatment of Periodontal Diseases. Greater New York Dental Meeting. New York, N.Y.
September 22, 1995:	Jump-Starting an Established Practice. American Academy of Periodontology Annual Meeting. New York, N.Y.
February 26, 1994:	Women's Special Periodontal Needs. Patricia McLean Memorial Symposium Columbia University School of Dental and Oral Surgery (Meeting Chair)

February 6, 1993:	Periodontal Maintenance Strategies for the Dental Hygienist. Patricia McLean Memorial Symposium, Columbia University School of Dental and Oral Surgery.
December 1, 1988	Regenerative Periodontal Surgery using GTR. Greater New York Dental Meeting. New York, N.Y.
March 12, 1988	Guided Tissue Regeneration Table Clinic. The New York Academy of Dentistry, New York, N.Y.
April 17, 1987:	Periodontal Implications in Adult Orthodontics. 41st Street Study Club, New York, N.Y.
April 25, 1980:	Expansion of Investment Using Non Asbestos Casting Ring Liners. Columbia Dental Alumni Day.

PUBLICATIONS:

2005	**A Clinical Perspective on Compromised Teeth: Dentists' Quarterly, v. 12, No. 2, Spring 2005.**
1996	Jump-Starting an Established Practice, American Academy of Periodontology News, V.31, Number 7, July 1996.