Today's Threat Is Tomorrow's Crisis: Advocating for Dental Education, Dental and Biomedical Research, and Oral Health


Abstract: The current political environment in the nation’s capital threatens federal support for programs vital to the academic dental community. To develop a strong cadre of advocates who can deliver an effective and unified message to members of Congress on behalf of dental education and dental research, the American Dental Education Association (ADEA) and the American Association for Dental Research (AADR) created a new organizational structure: the National Oral Health Advocacy Committee (NOHAC) and the National Advocacy Network (NAN). The basic skills and knowledge required to function as an effective advocate include an understanding of the political environment, a working knowledge of the legislative processes and the political players, and the ability to build and work with grassroots networks and coalitions. NOHAC and NAN are designed to provide leadership in these areas to support effective advocacy for dental education and dental research.

In his dialogues, the Greek philosopher Plato addressed virtually every problem and facet of human existence. In The Republic,¹ he issued a warning about the art of governing that is as true today as it was in the fourth century, B.C.E.: “One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors.” Now is not the time for dental educators and researchers to be detached from or indifferent to the political process. On the contrary, now is the time to engage the process and be advocates for dental education, dental and biomedical research, and oral health.

Current and Future Challenges

At the end of 2005, the U.S. Congress passed the fiscal year 2006 federal budget. As demonstrated in Figure 1, Congress reduced funding for the National Institutes of Health (NIH) by 0.3 percent and the National Institute of Dental and Craniofacial Research (NIDCR) by 0.7 percent. The NIH reduction was the first budget cut for the nation’s premier biomedical research organization in thirty-six years. The fiscal year 2006 budget also cut spending for the Title VII Health Professions Programs by 34 percent. Title VII appropriations provide funding for a variety of programs for dental students and residents and academic dental institutions that improve the geographic distribution, quality, and ethnic diversity of the health care workforce through loans, loan guarantees, scholarships, and grants. Among the programs most severely cut were the general dentistry and pediatric dentistry residency training grants, for which funding was reduced by 53 percent. Congress also completely eliminated grants for geriatric programs and health education training centers.
Finally, albeit by the narrowest of margins, Congress voted to reduce Medicaid’s budget by $7 billion over the next five years; raised beneficiaries’ copays; and gave states new flexibility to offer reduced Medicaid benefits, an action that threatens the quality and comprehensiveness of dental benefits under the Early, Periodic, Screening, Diagnostic, and Testing (EPSDT) program for all children in Medicaid. Because of the new flexibility granted to states, the nonpartisan Congressional Budget Office (CBO) estimates that at least 45,000 beneficiaries will lose Medicaid coverage by 2012 and 65,000 beneficiaries will no longer be able to afford coverage by 2015.

The outcome of last year’s budget process was disappointing and troubling. Unfortunately, there is every reason to expect that the challenge will be as daunting, if not more so, in fiscal year 2007. The austere federal budgets for 2005-06 and the foreseeable future are creating competing priorities for scarce public dollars. Spending for domestic programs is being diverted to offset the costs of the wars in Iraq and Afghanistan, increased funding for defense and national security, relief efforts for hurricane victims, and further tax cuts. Dental education and research programs are vulnerable to continued budget cuts as the pot of federal dollars dedicated to discretionary domestic spending is shrinking at an alarming rate. Still, a 2003 public opinion poll clearly demonstrates that Americans in large numbers believe that oral health is important to their overall health (Figure 2).2

The threat to programs important to dental educators and researchers is real and ongoing. If the academic dental community neglects to heed Plato’s sage words, then today’s threat will become tomorrow’s crisis. The need for dental educators and researchers to defend and advocate for our profession and for our nation’s oral health has never been more urgent.

## Know the Political Environment

Effective advocacy is an art, not a science. It takes many shapes and is practiced in a myriad of ways and at many different levels. Several basic skills and knowledge are required for one to function as an effective advocate. First, individuals in an advocacy position must understand the political environment in which they operate. Politics is the art of the possible, and the environment dictates what is politically feasible. Advocates can either seek to change the environment or work within it. Either way, the political environment dictates what issues to target, what strategies to pursue, and which allies to make.

For instance, there is discussion today about the rapidly escalating costs of health care and the growing numbers of Americans with inadequate or no health insurance coverage. Consequently, there are numerous proposals to address these problems. However, in the current environment the only politically viable proposals are those that seek incremental change and improvements. In light of these political and economic realities, advocates for health care reform have two choices: the first is to alter the political climate by electing candidates who support a more comprehensive approach to reform; and the second is to support incremental change. To advo-
cate for universal health coverage without changing today’s political climate is an exercise in futility. To advocate for changes that reduce some health care costs, but not others, or to seek to improve the health status of a broader spectrum of Americans but not all, is an acknowledgment that in a pluralistic society the good must never be the enemy of the perfect.

Know the Legislative Process

The second skill necessary to be an effective advocate is a working knowledge of the legislative processes and the various political players who can influence them. To have an impact legislatively—the ultimate goal of advocacy—individuals in advocacy roles must understand, for instance, how a bill becomes law; how the U.S. Congress and state legislatures are organized; the role of committees and subcommittees in enacting legislation; the budget and appropriations processes; the importance of Congressional staff; and finally, the importance of identifying Congressional champions and opponents on any given issue.

The legislative process is subject to political maneuvering and pressure. Procedural rules once considered inviolate are increasingly being modified for political gain. This reality notwithstanding, effective oral health advocates must know how the system is supposed to function in theory as well as in practice in order to successfully influence it. They must understand that there is more opportunity to amend legislative proposals in subcommittee than in full committee. They must realize that the cosponsorship of a legislative proposal by an elected official does not necessarily guarantee the official’s continuing commitment when political realities change. An old saying about American politics is that there are two things the American public should never watch being made: sausage and laws. Even though the lawmaking process is complex, arcane, and not always transparent, it is part and parcel of our democratic system. If, at times, it functions less nobly, we can take heart in Winston Churchill’s declaration: “It has been said that

![Figure 2. U.S. public perspectives on importance of oral health, 2003](image-url)
democracy is the worst form of government except all the others that have been tried.”

Know the Power of Grassroots Advocacy

The third skill of effective advocates is the ability to build grassroots networks and coalitions in local communities. The most powerful means of elevating the profile of oral health and influencing the formulation of public policy is for constituents to communicate directly with their Congressional representatives, state legislators, and local elected officials. Organizing faculty, students, and administrative personnel in academic dental institutions guarantees a unified and consistent advocacy message. Constituents who vote for or against elected hometown officials can be far more influential advocates than paid lobbyists in Washington or in state capitals. To do so, however, oral health advocates must be informed; they must be vocal; and they must be persistent.

Courting diverse advocacy partners is essential in influencing public policy. The relentless pursuit of strategic alliances is an integral component of building an effective grassroots advocacy network. Actively seeking out opportunities to work with others in the community with whom academic dental institutions’ interests intersect, either briefly or over the long term, results in a message that is broader, richer, more inclusive, and less self-interested. The old adage that “politics makes strange bedfellows” is never truer than in coalitions. The diversity of a coalition is not lost on politicians who know that a particular advocacy issue runs broad and deep among their constituents simply by the composition of the coalition supporting it. Being in a coalition requires compromise. In some cases, the advocacy issue at hand is the only one on which coalition partners agree.

Create an Effective and United Advocacy Voice

In 2005, the American Dental Education Association (ADEA) and the American Association for Dental Research (AADR) combined their legislative and advocacy efforts to become a united voice for the nation’s dental education and research needs. Ultimately, a strategic plan was devised to achieve this goal, which is depicted in Figure 3. Approved by the ADEA and AADR Boards of Directors, the plan consists of the following actions:

- creation of the AADR/ADEA National Oral Health Advocacy Committee (NOHAC), a legislative advisory committee;
- development of an AADR/ADEA National Advocacy Network (NAN) comprised of educators and researchers in academic dental institutions and other strategic partners;
- selection of volunteer advocacy coordinators (VAC), designated by the deans of all fifty-six U.S. dental schools, to facilitate, coordinate, and enhance grassroots advocacy at academic dental institutions; and
- development and implementation of AADR/ADEA Field Advocacy Workshops in academic dental institutions to 1) educate members with regard to public policy issues affecting dental education, dental and biomedical research, and oral health; 2) motivate them to engage in grassroots advocacy; and 3) activate them on legislative issues.

These elements of the structure are designed to work as follows:

AADR/ADEA National Oral Health Advocacy Committee (NOHAC). The NOHAC consists of twenty members, including the presidents, presidents-elect, and executive directors of AADR and ADEA. It provides advice and counsel to the associations with regard to their public policy and legislative priorities. NOHAC members, at their first meeting in September 2005, adopted a legislative agenda that has been approved by the two organizations’ Boards of Directors. The agenda covers four broad areas of interest: 1) dental and biomedical research; 2) health professions education and training; 3) access and disparities in care; and 4) infrastructure and workforce.

AADR/ADEA National Advocacy Network (NAN). The NAN is the infrastructure through which AADR and ADEA, dental school deans, faculty and administrative personnel, and volunteer advocacy coordinators will engage in grassroots advocacy and mobilize oral health advocates to take legislative action. The NAN will educate elected federal, state, and local officials and the public on a variety of policy and legislative initiatives affecting dental education, dental and biomedical research, and oral health. The goal is to create an organized cadre of ambassadors who are knowledgeable and articulate on pertinent
issues and who advocate with a unified and consistent voice.

**AADR/ADEA Volunteer Advocacy Coordinators (VACs).** The VACs are the foundation on which the National Advocacy Network is built. Representing dental school deans, they serve as the focal point for coordinating and carrying out advocacy activities in academic dental institutions. Their responsibilities include: 1) reporting the institutions’ advocacy efforts; 2) recruiting new advocates within their institutions; 3) identifying strategic partners and expanding collaborative alliances; and 4) advising, assisting, and coordinating logistics associated with advocacy workshops at their institutions. In the near future, volunteer advocacy coordinators will be developed at allied dental institutions and hospital-based programs.

**AADR/ADEA Advocacy Workshops.** The last component of the AADR-ADEA advocacy plan is advocacy workshops held not only in Washington, DC, but also nationwide in academic dental institutions. The principal objectives of the workshops are to educate, motivate, and activate participants. The curriculum includes a discussion of the current political environment; the intricacies of the legislative process; the “dos and don’ts” of grassroots advocacy; and the substance of important legislative issues on which advocacy is needed.

The workshops are collaborative endeavors between academic dental institutions and AADR and ADEA that incorporate the objectives of the national workshops with the advocacy needs of the local institutions. Together, the two organizations design the one-day program that includes presentations by AADR and ADEA staff and speakers invited by the institutions, for instance, state dental society leadership, government and elected officials, public policy experts, strategic partners, and university government affairs representatives. The inaugural field advocacy workshop was held at the University of Pittsburgh School of Dental Medicine on February 20, 2006.

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The Challenge of Government

In *The Republic*, Plato asks what determines the nature and quality of any government. In pursuit of the answer he reviews various forms of govern-
ment, including communism, totalitarianism, and democracy, which he describes as “a charming form of government, full of variety and disorder, and dispensing a sort of equality to equals and unequals alike.” In *Around the Cragged Hill: A Personal and Political Philosophy*, George F. Kennan, the chief architect of the U.S. Cold War policy of containment, bypasses Plato’s philosophical queries about government and declares its inescapability:

Government is a universal feature of civilized life. Whatever form it takes . . . government is an absolute necessity. Its adoption or acceptance is not, therefore, a matter of deliberate choice.5

Government is essential. In a democracy like the United States, government is a suitable target for advocacy because federal, state, and local governments dispense tax dollars for a variety of societal activities, including dental education and research. Oral health advocates should not allow popular cynicism about politics to prejudice or preclude their involvement in the political system. Rather than denigrating government by underscoring its failures and foibles, they should recognize and promote the appropriate role of government in advancing the public good.

“Government is not the enemy,” the late U.S. Senator Paul Simon (D-IL) argued. “It is simply a tool that can be used wisely or unwisely.” Using it wisely to promote the oral health of all Americans and support dental education and research is the charge to and the challenge for AADR and ADEA members.

REFERENCES