REMARKS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE, SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT LUNCHEON CONFERENCE OF AMERICAN DENTAL ASSOCIATION ON THURSDAY, JANUARY 18, 1962 AT MIAMI, FLORIDA

1. General Statement: The outlook for aid to dental and medical education in 1962.

II. Why aid to dental education is necessary.

A. The growing shortage of dental manpower.

1. The ratio of dentists to population is steadily declining.

a. Two thousand seven hundred additional graduates are needed by 1975.

b. Two thousand seven hundred additional graduates by 1975--22 new dental schools by 1970.

B. The increasing demand for dental services.

1. Current levels of demand are not good enough.

2. Social and economic changes are creating new demands for dental services.

3. Innovations in the methods of financing care will increase demand.

4. The dental needs of special groups must also be met.

C. The awareness that physical expansion is only a part of the dental school's solution.

1. The use of auxiliary personnel.

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1. One hundred thirty-two million dollars for new schools.

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I. General Statement: The outlook for aid to dental and medical education in 1962.

This may well be the crucial year in the battle to secure adequate financial aid for medical and dental education. The public is very much aware that our ability to educate physicians enough and dentists enough is seriously threatened by a complex of financial problems. Nothing is more important to the future welfare of this country than that this awareness of the problems in education be transformed into the positive action and support which make solutions possible. And though I do not for an instant underestimate the problems of other professional schools, the need for such support is no where greater than in dental education.

II. Why aid to dental education is necessary.

A. The growing shortage of dental manpower.

The problems in dental education begin, of course, with numbers. We do not have enough schools to train the dentists we must have to protect and improve oral health standards.

1. The ratio of dentists to population is steadily declining.

In this generation, we have watched the dentist/population ratio fall from 58 to 46/100,000. Despite substantially increased enrollments since World War II, growth in the supply of practicing dentists still has not paced population growth.

a. Two thousand seven hundred additional graduates are needed by 1975.

Today, the schools are faced with the stunning fact that they must find ways to increase the annual number of graduates by 2,700 (for a total of some 6,200) by 1975 just to halt this decline in relative supply--just to hold the line at today's level of supply.

b. Two thousand seven hundred additional graduates by 1975--22 new schools by 1970.

Even after subtracting the number of these graduates who could be trained in existing schools, we are still faced

with the need to build some 22 new schools--to have them completed by 1970 or 1971. And we will need to find--in nine short years--the $132* million needed to finance that building program.

B. The increasing demand for dental services.

But will 22 new schools and 2,700 additional dentists by 1975 be in themselves enough? Everything I have read and everything I have seen leads me to answer No.

1. Current levels of demand are not good enough.

The Commission on the Survey of Dentistry, in its valuable report, states that in the course of a year, only some 40 percent of the people in this country receive anything approaching adequate dental care. This is not good enough. It does not begin to express the existing need for care.

2. Social and economic changes are creating new demands for dental services.

Fortunately for the Nation's health, 40 percent is not the highest level of demand we can expect. Both income and education are known to affect the demand for dental services. (Of all persons making less than $2,000, only 19 percent get dental care in any year, compared with 54 percent of those making $7,000 or more. By education, 17 percent of the most poorly educated, compared with 57 percent of those with at least a year of college, seek care). And since the levels of both income and education are steadily rising, they will bring with them new and greater demands for dental services.

3. Innovations in the methods of financing care will increase demand.

The current, accelerating growth of prepaid dental care plans, because they effectively lower the financial barrier to dental services, will undoubtedly create another great stream of new patients, sweeping into the dental market even those people who remain among the economically underprivileged.

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* This figure from Mr. Fogarty's article in Rhode Island State Dental Society Newsletter, September 1960.

4. The dental needs of special groups must also be met.

There has also been a change in our conception of health and health services. Today adequate health protection is considered the right of everyone, not a special privilege. And this means that receipt of dental service can no longer be limited simply to those who are able to seek it. There are in this country today thousands of people who need care and want care and yet are denied care. Ways and means must be found to get care to the mentally retarded or physically handicapped child and the chronically ill and aged. New methods of providing care will have to be developed and new instruments designed. Dentists must be taught to use them.

C. The awareness that physical expansion is only part of the dental school's solution.

Since there is a limitation to the amount of expansion dental schools can achieve in the near future, the problems posed by a growing shortage of dentists, increasing demands, and the acceptance by the dental profession of greater responsibility toward special groups must be solved by an increase in the effectiveness of the individual dentist. And effectiveness in this instance does not refer solely to technical proficiency, though this is important. In fact, it is only because of the technical virtuosity of todays dentists that we have so far been cushioned against the impact of shortage. Effectiveness here also means a better and different use of the dentists time, and a greater emphasis upon prevention of disease.

1. The use of auxiliary personnel.

Many of the routine duties performed by dentists today can be assigned to auxiliaries such as the chairside assistant and dental hygienist. This frees the dentist for the demanding work he alone is capable of performing. But before this much needed realignment can be made, the auxiliaries must be better trained and the dentist must be taught to work with them.

2. A greater emphasis on prevention.

The Commission on the Survey of Dentistry remarkd that there is too much emphasis on restorative dentistry, too little on prevention. "One investigator, if he should discover a means of preventing or reducing periodontal disease might do more for oral health than several thousand practitioners of restorative dentistry." But headway in prevention demands a greater emphasis on dental research. Few schools today consider their research programs adequate. Few currently have either the money or the space for expansion. The result is a dearth--a dangerous shortage--of dental research specialists.

3. A strengthening of public health programs.

Many methods of prevention and control--fluoridation is an outstanding example--are best adapted to community-wide use. Yet the programs which could employ or promote them are ineffectual or non-existent--not only because support for dental public health activities at State and local levels is notoriously lacking but also because we have so few adequately trained dental public health practitioners. For the solution to this problem, we must again look to dental schools.

III. <u>What type of aid is needed</u>?

It is obvious from this list of things to be done that dental education needs substantial financial aid and aid of many kinds.

A. The first need is for construction.

1. One hundred thirty-two million dollars for new schools.

This is the figure I suggested earlier. But what of the renovation and modernization of existing schools? Certainly many existing schools can expand to accommodate more students only if additional funds are available. Others can improve existing curriculums only if they can modernize their facilities.

B. The second need is for operating funds.

Many schools today are hard pressed to meet current expenses. Few of them can move unhampered into the future unless they have new sources of funds. With tuitions at an all time high and already out of reach for many capable students, revenue from this source can be substantially increased only at the threat of losing many of the very students schools are most eager to attract.

C. The third need is scholarship aid.

Hand in hand with the school's need for operating funds goes the student's need for scholarships. Without substantial increases in scholarships we may find our new schools to no avail--students will be unable to enroll. Many are already barred from a dental education. Many of those who are enrolled suffer hardships.

A situation in which economic status rather than intellectual stature governs college admissions is unthinkable.

IV. The possible sources of financial aid to dental education.

Not all the necessary aid can be provided by the Federal Government.

A. Gifts, grants, and endowments.

Dental schools have lagged far behind medical schools in attracting this type of support. For every $75 medical schools receive, dental schools can show only $1. This is one virtually untapped source of potential aid. I would tap it.

B. Grants from private foundations.

In our time one of the great spurs to postgraduate education and, in particular, to research of every variety, has been the grants of the private foundation. The fact that, in the past, so few dental schools have emphasized postgraduate work or have developed strong research programs has probably reduced their chances to draw support from this source.

But in future, at least, some serious thought should be given to the part these grants can play in stimulating, strengthening and sustaining faculty and student research projects and programs.

C. Government aid.

Because of the very seriousness and extent of the dental education problem, the great share of financial aid must come from the public, through the agency of government. Certainly the massive construction which must be completed will be impossible without Federal aid. The chances are good that a Federal bill will be passed. The Administration has created an atmosphere for action by insisting that something can and must be done. The President's most recent message to the Congress reiterated this stand. There are several bills, providing a variety of approaches, before the Congress.

1. Administration-sponsored aid.

As you know, the President has already outlined specific recommendations for substantial aid to education:

Over a 10-year period, the Federal Government would make available funds totaling $750 million for the construction and renovation of dental and medical facilities--$60 million a year on a two-for-one matching basis for new school construction ($15 million for dental, $45 million for medical). An additional $15 million a year available on a one-for-one basis for renovation of existing medical and dental teaching facilities.

The President's scholarship proposals provide amounts equal to $1,500 a student a year, multiplied by one-fourth the school's total enrollment. The President also provides operating support to the schools themselves.

2. The legislation I have introduced.

It offers extensive aid for construction, operating funds and scholarships to medical and dental schools.

a. Construction.

Under a matching arrangement similar to the President's, it provides for $100 million a year for construction of new schools; $25 million a year for improvement and expansion of existing facilities. My legislation designates no specific

amount for dental or medical schools. Each benefits in ratio to the financial support they can secure at the State and local level. An important point. In a sense it puts the dental school future in the hands of the dental profession.

b. Operating costs and scholarships.

In my bill they are independent of each other. Scholarship grants go to States rather than individual schools. Students everywhere therefore benefit. My proposals set a higher maximum on grants to individual students--$2,500 instead of the President's $2,000. Operating aid is covered in a separate bill providing $100,000 annually to each school, plus an additional $500 for each student enrolled. Also, it provides each school with $500 for every student added to the average number previously enrolled--a way of helping schools to expand and to improve their instruction.

3. Categorical grants.

Schools should also be alert to the meaning which the passage of S. 917 holds for them. This is the bill providing categorical dental grants, first of all to States. But what should be of interest to dental schools is the second of its two main provisions--the one which authorizes the Surgeon General to make grants to public and other non-profit agencies and organizations for surveys, studies, demonstrations, and training projects of regional or national significance in the prevention and control of disease. Here again is an opportunity to strengthen dental research.

V. <u>How the dental profession can provide leadership in shaping public opinion</u>.

A discussion of the practical problems of getting legislation through the Congress, with guides for the American Dental Association in the planning of legislative campaigns.

VI. Getting our money's worth.

When problems are so immense, how to use available funds to the best advantage becomes a question almost as fundamental as how to get the money in the first place.

I do not know what course dental educators will take in this regard. I can list several things which I, as an interested layman, would like to have them think about. Some of these I have already touched upon.

A. An appraisal of the method and content of dental education.

I would like to have dental schools review the entire process of dental education with a critical eye. What are we educating for? The answer is the future. But how much of what is done in schools today is done simply because it has always been done before? I would like to hear that question asked and answered before new schools are built, to promote rather than hamper the educator's aims.

B. The strengthening of research.

I would like to see the beginning of a serious attempt to strengthen dental research, both at the undergraduate and postgraduate levels. To see schools train first rate research men. To have them encourage their faculties to undertake individual research activities.

C. The training of auxiliaries.

I am interested in your efforts to increase the availability of dental service through the use of auxiliaries. Since this in itself will increase the demand for auxiliary personnel and the need for better educational opportunities for them, I would like to see schools begin to train the teaching staffs required for auxiliary education, and see the dental schools themselves become centers of auxiliary training.

D. The two-year dental school.

Finally, I would like to see dental schools try some experiments in solving the first of all its problems--that of training dentists in large enough numbers to avert shortage. Why not try the two-year dental school? It has worked for medical schools. It surely would be just as successful in dental education. The two-year school will

permit you to enroll students who might otherwise find no school space available. They would not then be lost to other second-choice professions. And, when a two-year dental school would offer a pool from which replacements can be drawn, why should four-year schools continue to permit the vacancies caused by upper-class withdrawals to go unfilled? The two-year school offers a theoretical solution to many problems in dental education. I would very much like to see it put to a practical test.

Those are a few of the changes which have impressed me as progressive and constructive. I am sure you have your own ideas. The important thing is that any financial aid given dental education be used with intelligence and an eye to the future.

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SUMMARY OF

DENTAL MANPOWER FACT SHEET

<u>Dentists in active practice, 1961</u>

83,000 Civilian
7,000 Federal
(13,000 in retirement)

<u>Dentists retired and died, 1961</u>

14,000

<u>Dental students in schools, 1960-1961</u>

13,600

<u>Dental students graduated, 1961</u>

3,200

<u>Critical dentist shortage areas</u>

Southwest: California, Nevada, Arizona, New Mexico, Texas

Great Lakes: Ohio, Michigan, Indiana.

<u>New schools needed each year to keep up with population growth</u>

2.5 based on need for 2,700 new spaces, 500 of which will come from expansion of current schools.

<u>New graduates needed each year</u>

6,180 by 1975 including current supply of 3,156, or about 3,000 over current output. (There would, of course, be a gradual buildup to this number). (175,000 D.D.S. needed; 130,000 possible if new schools approved).

<u>New schools under construction</u>

U.C.L.A.; Kentucky

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