



## Child Advocacy Does Work

The American Academy of Pediatric Dentistry has a long history of achievement in helping children. Child advocacy became part of the mission of the organization and today it is a prime example of success in the Academy's efforts for children. Years ago, when it became clear that we needed to develop more public awareness concerning dentistry for children, a public relations campaign supported by member dues was initiated. That program was followed by the establishment of a formal Child Advocate position for the Academy. David Johnsen was the first person to hold the position, and he regularly visited legislators in Washington to discuss the need for dental programs for children. James J. Crall continued and subsequently expanded Dave's efforts in working with governmental agencies. These advocates argued for an increase in the small amount of federal funds spent for children's oral health. In 1997, advocacy activities were expanded further with the appointment of Heber Simmons, Jr. as Congressional Liaison, whose mission was to facilitate contact with individual members of Congress. On a separate front, Burton L. Edelstein established the Children's Dental Health Project. These individuals have worked diligently to improve Medicaid and other federal health programs so that all children will have access to quality health care. They are assisted in their efforts by John S. Rutkauskas, our Executive Director, who provides liaison with professional and public organizations, and by L. Scott Litch, our Deputy Executive Director and General Counsel, who uses his legislative and legal expertise and experience to guide the Academy's lobbying efforts. Some of those activities are described in Dr. Simmons' report to the College of Diplomates Symposium, "Promoting Change in Children's

Health Care", which appears in this issue of the journal (p.424). This is accompanied by the reports of the Diplomates Workshops, "Academic Beginning of Advocacy", "Promoting Change in Children's Health Care", and "State Advocacy Issues" (p.435).

Our advocates have raised basic oral health care issues. Access to care is one problem that has received attention. Increasing the workforce to manage current and future needs is another. The development of programs that provide early intervention to prevent disease and promote health is an additional goal of our advocates. However, with all the efforts of these and countless other unnamed individuals, how do we know that advocacy works? How do we know that our efforts are not in vain? At a time when we ask for "evidence based practice", we should look at the evidence to answer these questions.

Consider three current events that provide evidence of the increased public awareness of children's oral health: the recent US Surgeon General's Report, the initiation of HRSA funding, and the presidential candidate campaigns.

Four months ago, the US Surgeon General released a report titled, "Oral Health in America". It was the 51<sup>st</sup> report from the US Surgeon General's office since the first report in 1964 concerning the influence of tobacco on health. More importantly, however, this was the first report to be concerned with oral health. The key message of the report is that oral health is part of general health and that a person experiencing oral disease cannot be considered healthy. (The full text of the report is available at the Surgeon General's website, [www.nidcr.nih.gov/sgr/sgr.htm](http://www.nidcr.nih.gov/sgr/sgr.htm)). The release of the report was followed in June by the US Surgeon General's Conference on Children and Oral Health, a confer-

ence planned and supported by more than 60 national organizations and agencies, both public and private. It was a standing room only conference limited to 750 participants with many others turned away. In the year 2000, pediatric dentistry finally captured public attention.

HRSA, the federal government's Health Resources and Services Administration, provides funds to train health professionals. As a result of intensive lobbying effort, increased funding was provided by Title VII of the Public Health Services Act. Five dental schools received grants totaling more than \$600,000 to train more pediatric dentists in the FY 2000. Additionally, it is expected that even more funding will be provided during the coming years for new training positions. A cumulative effort from many quarters effectively increased federal funds to expand the pediatric dental workforce.

Finally, child advocacy has entered center stage in the most prominent national forum. In the current presidential campaign, both major party platforms discuss federal programs to manage the health of children. The Democratic candidate speaks of universal health insurance for all children, and the Republican candidate states that with his policies, no child will be left behind.

Dr. Simmons has often remarked that the halls of Congress are filled with lobbyists and, if our advocates were absent, others would be present to argue their own issues. Clearly, this is a time to achieve real progress with children's health care issues. Rather than resting on our achievements, we must continue our efforts with renewed vigor. Child advocacy does work!