

Federal Role in Dental Public Health: Dental Care for Special Populations

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ABSTRACT

California is home to more than 70 dental clinics operated or funded by the U.S. government. They operate on annual appropriations from Congress to serve a specific population and regulations that specify the type of dental services provided are usually promulgated at the national level. Dental clinics have the challenge of creating a program that delivers high-quality care within these financial and programmatic constraints. In California, U.S. government appropriations are the main source of funding dental clinics of immigration services, the Veterans Administration, the Bureau of Prisons, the Coast Guard, and American Indian clinics. The evolution and current practices of these five dental public health programs are described.

California is home to more than 70 dental clinics operated or funded by the U.S. government. Some contract with private practice dentists to provide care for their patients. Dentists may have had patients who received treatment at one of these clinics, or dentists themselves may have worked or trained at one of the federal dental clinics. The author would like to provide a tour of the federal dental programs in California. This paper also includes the goals of the clinics, the people they serve, the dentists who work for them, and the challenges the programs face in carrying out their missions.

The federal government's clinical dental programs are funded through the departments of Health and Human Services, Veterans Affairs, Justice, and Homeland Security. They operate on annual appropriations from Congress to serve a specific population defined in the legislation that established the clinical care program. Regulations are usually promulgated at the national level, and often specify the type of dental services provided by the clinic. Dental clinics have the challenge of creating a program that delivers high-quality care within these financial and programmatic constraints. In California, the U.S. government staffs dental clinics for immigration services, the VA, the Bureau of Prisons, and the Coast Guard. Federal funds support American Indian clinics through contracts with tribes and Indian

organizations. There are more than 50 community clinic programs with dental clinics in the state. The federal government, through the Health Resources and Services Administration, has increased funding for community clinics in the past few years. Nevertheless, Health Resources and Services Administration grants to these clinics are only a portion of their operating budget. The purpose of this paper is to describe dental clinics wholly or mainly funded by the federal government. It is not intended to include community clinics; however some of the clinics described may be classified as community clinics.

Immigration Services

The U.S. Public Health Service began its relationship with the Immigration and Naturalization Service during the great influx of European immigrants in the late 1800s. In 1891, the Public Health Service was responsible for the examination and quarantine of immigrants at Ellis Island.¹ Since then, the role of Immigration Health Services, a division of Health Resources and Services Administration, has expanded its scope of service and now delivers primary health care to INS detainees. This new direction is reflected in the mission statement: "We promote global health through the delivery of primary

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health care to undocumented migrants.”²

The average length of stay for people housed at immigration services’ facilities is less than 60 days. Everyone who is processed should receive an initial dental screening. Because stays are usually short, the dental care provided mostly is for emergency services to relieve pain and suffering, or to prevent medical problems. A small percentage of individuals are detained six months or more, in which case, basic dental care is provided.³ Immigration Health Services provides dental care through contracts with private practice dentists and through its own dental clinics staffed by federally employed dentists and dental hygienists. Three service processing and detention centers in California have on-site dental clinics. The San Pedro Detention Facility opened in 1991 with 450 authorized beds. The clinic is accredited by the Joint Commission of the Accreditation of Health Care Organizations and the National Commission on Correctional Health Care. Approximately 25,000 adults are processed annually at San Pedro, with an average length of stay of 57 days. The El Centro Service Processing Center is about the same size, screening about 1,000 people every day, and maintaining an average daily census of 500 to 600 adult males. The San Diego facility opened in 2001 and is one of the largest medical centers within the division, with an average daily census of approximately 1,200 detainees.⁴ Although most of the patients seen at these facilities are Mexican nationals, people from more than 50 countries are served every year.

Detention is psychologically traumatic for immigrants, and the severity of symptoms increases with a lengthy detention.⁵ Both emergency and basic dental care alleviate some of the physical discomfort experienced by this vulnerable group of people. Professionals

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of the Immigration Health Services describe their work in the following statement: “We add dignity to a necessary process of alien detention, serving without fanfare at the forefront of public health protection for the American populace.”⁴

Veterans Administration

Government-sponsored health benefits for veterans traces its roots as far back as the founding of the country when states and communities looked after the welfare of veterans. In 1811, the federal government authorized the first domiciliary and medical facility for veterans.⁶ The VA’s health care system now has 163 hospitals; more than 850 ambulatory care and community-based outpatient clinics; 137 nursing homes; 43 domiciliaries; and 73 comprehensive home-care programs.⁷ As the program grew, recruiting a well-trained staff became difficult. Beginning in 1924, bills were introduced in Congress to affiliate VA hospitals with medical schools for the purpose of improving the standard of medical care. These efforts were not successful until 1946.⁸ Today, the VA health care system has a threefold charge: Provide comprehensive oral health care for eligible veterans, educate health care professionals, and conduct basic and applied oral health research.

The VA Dental Service strives to “deliver high-quality dental care to eligible patients as part of a comprehensive, integrated health care system.”⁹ The annual budget can vary from year to year, and Congress does not allocate sufficient resources to provide complex dental care to all eligible veterans. To accommodate these budget constraints and meet the commitment to high

quality comprehensive care, the VA established a 10-tiered eligibility system that governs access to care. Additional requirements must be met to

be eligible for outpatient dental care. Currently, access to dental care is limited to veterans with service-related dental conditions; dental conditions that aggravate a medical problem treated by the VA; those who were prisoners of war; those who are 100 percent disabled; and participants in special vocational rehabilitation, homeless, or residential programs.¹⁰ Veterans who meet the eligibility requirements for dental care are a small subset of the VA patient population. In 2003, there were 26 million veterans. An estimated 4.8 million (18.5 percent) received care through the VA system, and about 470,000 (1.8 percent) received dental care.¹² Access to VA care in California is also limited. There are 14 VA dental clinics, and a small (3 percent of the total patients served) contract care program for a state with more than 2.5 million veterans. Veterans who meet the eligibility requirements for dental care and gain access to the clinics are likely to have complex treatment needs. Many veteran dental patients are medically, physically, and/or emotionally compromised, presenting unique treatment challenges for VA dentists. When a veteran is accepted into the dental program, comprehensive treatment is provided.⁹ The VA is unique as a publicly funded dental program in that it provides complex rehabilitative dental care, but only to a small subset of qualifying beneficiaries.

The VA system is required by legislation to use some of its resources in the education of health care professionals and the conduct of basic and applied oral health research. When budgets are limited, balancing the competing needs of clinical care, education and research is difficult. Every hospital maintains an affiliation with medical and den-

tal schools for the purpose of training and research. The VA supports more than 350 dental residency positions nationwide.⁹ In California, there are general practice residencies offered in Loma Linda, Long Beach, Martinez, Palo Alto, San Diego, San Francisco, Sepulveda, and West Los Angeles. Long Beach offers a specialty residency in endodontics, and West Los Angeles has residencies in periodontics and prosthodontics.¹³ Because dental patients have complex treatment needs, and the VA provides comprehensive care, dental residents have the opportunity to develop skill in specialty areas as well as general dentistry.

The unique patient pool, a commitment to high-quality comprehensive care, an integrated health care system, and support for research, combine to offer the VA dentist opportunities for continual improvement of oral health care through research and practice. For example, the VA maintains an HIV registry to track oral conditions associated with HIV, and also maintains the largest registry of dental implants in the United States.⁹ The VA system is a leader in geriatric oral health research. The program has added to the knowledge of oral conditions of the elderly such as xerostomia, periodontal disease predictors and progression, tooth loss, and aspiration pneumonia.¹⁴⁻¹⁷ In general, research conducted by the VA adds to the knowledge of clinical outcomes and health services utilization. Its purpose is to improve patient care.

Bureau of Prisons

Beginning in 1930, U.S. Public Health Services' commissioned officers from the Department of Health and Human Services have provided medical, dental and mental health services to inmates in facilities of the U.S. Bureau of Prisons. Today, civil service dentists are also hired by the Bureau of Prisons.¹⁸ The

bureau is committed to providing high-quality dental care to its clients. To that end, 100 percent of its health care facilities are in compliance with standards of the Joint Commission on Accreditation of Health Care Organizations.¹⁹ Further, the bureau's dental program has implemented a system of continuing quality

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improvement that involves peer review and staff privileging.

Inmates are provided essential medical, dental, and mental health (psychiatric) services in a manner consistent with community standards for a correctional environment. Patients of the bureau's dental clinics often have greater oral health care needs than the average citizen. Many are from communities with limited access to dental care and have long-standing unmet dental treatment needs. Others present dental treatment challenges from alcohol and drug abuse, HIV infection, or tuberculosis, for example.²⁰ Meeting their treatment needs may require solving difficult problems in treatment planning and a high degree of technical skill. Cmdr. Ron Bajuscak, described his work: "I practice dentistry on a very needy category of patients. ... This presents a true clinical challenge and a diagnostic potpourri of dental cases, from those who have never seen a dentist before to those who present with very unique pathological findings."²¹

Federal prisons have more than 150,000 people under their jurisdiction.²² This number has increased rapidly since 1998, largely due to aggressive law enforcement policies and lengthy sentences. The bureau's dental program is staffed by about 150 dental officers from the federal government's Public Health Services. In California,

the bureau employs 18 dentists in eight locations to provide services for a population of 12,000 inmates.²² About 25 percent of the dental officers in the U.S. Public Health Services' commissioned corps serve with the bureau.²³ Officers have an opportunity to participate in oral health policy discussions at a national level. In the words of Lt. Cmdr. Gina Thornton-Evans, who began her career with the Federal Bureau of Prisons in 1997, "I started out

as a staff dental officer and then I was promoted to chief dental officer. I was responsible for the operation of two dental facilities and a patient pool of more than 1,600. One of the many advantages of the PHS is the opportunity to make geographic moves and agency changes. In June 2000, I had the opportunity to do a dental public health residency at the Centers for Disease Control and Prevention in Atlanta, Georgia. The experiences that I have had here have given me a broader view of oral health from a national, state, and local level. I have had the opportunity to meet many individuals who have been very instrumental in the growth of dental public health and the area of oral health."²¹

Coast Guard

The U.S. Coast Guard, a unit of the armed forces of the United States, has responsibility for protecting the security of the nation's coasts and waterways, stewardship of the coastal environment, and guarding the safety of the public in these regions.²⁴ Through an agreement with the U.S. Public Health Service, commissioned officers are assigned to the Coast Guard. About 10 percent of public health service dentists (60) are assigned to the Coast Guard.²³ The dental corps' primary charge is to ensure that all active duty and reserve corps members are free from dental disease, thereby maintaining their worldwide assignability.



As Benjamin Franklin said,

“For the want of a nail, the shoe was lost;

For the want of the shoe, the horse was lost;

For the want of a horse, the rider was lost;

For the want of the rider, the battle was lost;

For the want of the battle, the kingdom was lost;

And all for the want of a nail.”²⁵

Swap “nail” for “tooth” in Franklin’s axiom and it captures part of the challenge of today’s Coast Guard dental readiness.

The good oral health of members is essential to the ability of the Coast Guard to perform assigned missions without being distracted by dental problems. The role of the Coast Guard in national security has been elevated with its transfer from the Department of Transportation to the Department of Homeland Security. Both active duty and reservists may be called upon to meet the growing responsibilities of the Coast Guard. The dental service of the Coast Guard has been very effective in meeting the needs of new recruits. In 2003, 73 percent of recruits arriving at one training center were in need of dental treatment ranging from routine to acute care. All but 1 percent had finished their dental treatment by the end of training. The Coast Guard has been less successful in the oral health maintenance of its active duty and reserve members. About one-third have not met the minimum requirement for an annual dental examination. Newly implemented methods of tracking are expected to improve compliance with dental readiness standards.²⁵

California has three Coast Guard stations with dental clinics. They are in San Pedro, Alameda, and Petaluma. Like most of the Coast Guard dental clinics,

these are small. Eight dental officers staff the three clinics providing a full range of services, including operative, endodontics, periodontics, exodontia, prosthodontics, and limited orthodontics. A career with the Coast Guard is rewarding with opportunities for advanced professional training. The Coast Guard takes pride in the fact they have the highest retention rate of dentists of all the uniformed services divisions.

Indian Health Service

The final federally funded dental program is the Indian Health Service, where the author has worked for

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the past 20 years. Health services for Indian tribes grew from a few doctors at military outposts in the 1800s to an integrated comprehensive national health care system. The federal government operates about half of the clinics across the country; and Indian tribes, with federal funding, operate, approximately half of the clinics. The history of Indian health programs in California is unique. Federally sponsored health care for California tribes was terminated in the 1950s and did not resume until 1970, when a consortium of nine tribes lobbied Congress for health services. They were successful in obtaining a special appropriation that funded the newly formed California Rural Indian Health Board to develop clinics. The administrative offices originally were in Albany, Calif., a fortunate coincidence for the author as she was attending the University of California at Berkeley at the time, and was able to secure a part-time job as an assis-

stant to a dental equipment technician. California tribes had identified dental care as the most pressing need, so dental clinics were planned and built early on. In 1975, Congress passed legislation that applied rules to, and expanded the right of, Indian tribes to contract with Indian Health Service to manage their health care. Tribes throughout California took advantage of this new policy. Several of the founding members of the California Rural Indian Health Board consortium split off and now manage the programs independently or through local tribal organizations. Other tribes established new programs. Today, 34 tribes and tribal consortia operate more than 60 dental clinics throughout California, employ more than 120 dentists, and see more than 42,000 patients every year.²⁷ Native American children and adults of all ages are eligible for care at California’s tribal and urban dental clinics.

The clinics are integrated into the economic and social structure of a tribal community. Buildings are harmonious with the surroundings. Health programs respect traditional practices. Responsiveness to the needs of the community is enhanced because tribes and tribal consortia are responsible for the management of health programs as defined in federal legislation. Health boards set priorities for care and guide development community programs that meet the unique needs of each region.

California Indian communities continue to place a high priority on developing their dental programs. Tribal programs have built clinics with state-of-the-art facilities that offer a full range of dental services. However, because California tribal health programs are funded at only 30 percent to 40 percent of the level of need, each community must make its own

decisions about allocation of scarce resources.²⁸ Some California tribal dental programs have addressed the problem by implementing special programs to reduce oral health problems in the community. For example, 45 percent of children between the ages of 2 and 5 have early childhood caries.²⁹ Indian dental clinics responded. The Feather River Tribal Health initiated a children's dental program. The Indian Health Council established a community-based oral health education program, and the Native American Health Center in San Francisco started an infant oral care program. Operating on a global budget allocation that is insufficient to meet all of the oral health needs of eligible Native Americans, Indian dental clinics have targeted prevention programs to reduce the need for treatment.

Conclusion

A career with federally funded dental clinics is challenging. Dentists must provide services in a manner consistent with current professional standards of care, meet the oral health needs of the eligible population, and be responsive to the social and cultural characteristics of the community — all within the annual budget allocation. Each of the five programs funded by the federal government has the same challenges, but the characteristics of the populations served are very different. The priorities for care that have evolved in each program are uniquely suited for the specified population. Dentists who work for the clinical care components of federal dental public health treat individual patients, but also respond to the needs of the community they serve.

For more information about federal dental programs, visit online:

- U.S. Public Health Services' Commissioned Corps, <http://www.usphs.gov/>
- Immigration Health Services,

<http://inshealth.org>

■ Veterans Administration, <http://www1.va.gov/dental/>

■ Bureau of Prisons, http://www.bop.gov/jobs/job_descriptions/dental_officer.jsp

■ Coast Guard, <http://www.uscg.mil/hq/g%2Dw/g%2Dwk/wkh/wkh/dental/index.htm>

■ Indian Health Service, <http://www.ihs.gov/MedicalPrograms/Dental/index.cfm>. **CDA**

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