Analysis of State Oral Health Care Policies for Incarcerated Adults

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Background & Aims

- Incarcerated adults are a highly vulnerable population that relies on the correctional system for health care.
- Aims: To analyze: (1) availability of state-level information on oral care for inmates and (2) dental service coverage.

Materials & Methods

Searched web for information on availability and service coverage; contacted state officials when web information was insufficient to assess coverage.

- Availability: Categorized extent of information as Extensive, Moderate, Minimal, or None.
- Coverage: Categorized basic coverage as Comprehensive Oral Exam, Periodic Recall, Prophylaxis, OHI, and Emergency Services.

Compared findings with national advocacy group guidelines.

Examined correlates of availability and coverage by state political, demographic, correctional spending, and workforce characteristics.

Results

Information availability:
39 states have information online and 1 provided information by key Informant.

- 18 have extensive, 18 moderate, 3 minimal, & 12 no information.

Covered services:

- 25 states classify inmates by treatment priority.
- Most covered were initial oral examination (n=38), emergency service (n=37), routine service (n=36), and prosthodontics (n=35).
- Least covered were prophylaxis (n=20), periodic oral examinations (n=16), orthodontic treatment (n=2), and implants (n=0).
- Orthodontic treatment mentioned by 23 states policies.
  - 21 remove existing orthodontic devices.
  - 2 continue care underway or provide essential device.
- Implants mentioned but declined in 16 states.
- Endodontic treatment mentioned in 25 states of which 6 declined.

Alignment with national advocacy guidelines:

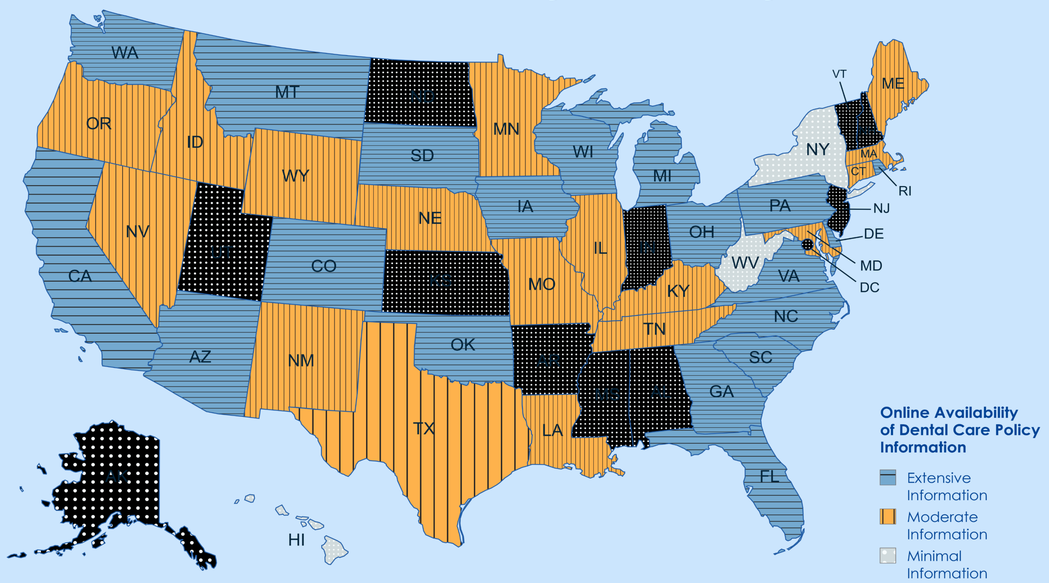
- 33 states comport on timelines for oral examination.
- 25 states comport on timelines for oral hygiene instruction.
- 23 states comport on timelines for oral screening.

State correlates:

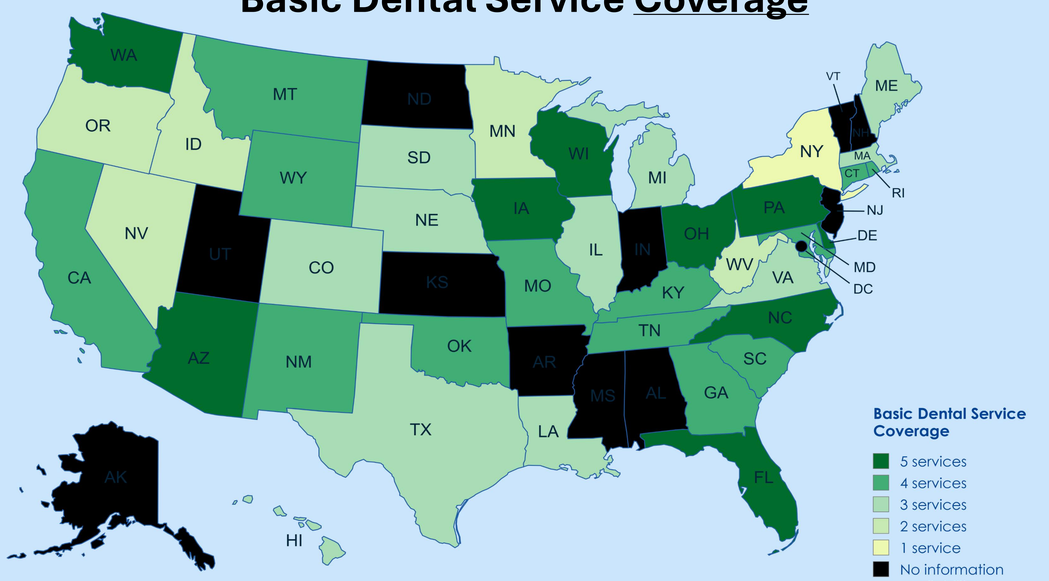
- Information availability was unrelated to political party of state governor or legislature (n=50, p=0.12, $\chi 2=2.378$ and n=48, p=0.43, $\chi 2=0.623$, respectively).
- Coverage of basic services in the 39 reporting states was unrelated to expenditure (p=0.852, t=-0.188) or to incarceration rates (p=0.815, t=-0.235).

The incarcerated population in the U.S. is the **highest in the world (1.9M).** Both **availability** of dental care policy and service **coverage** for inmates varies across states.

Dental Care Policy Availability



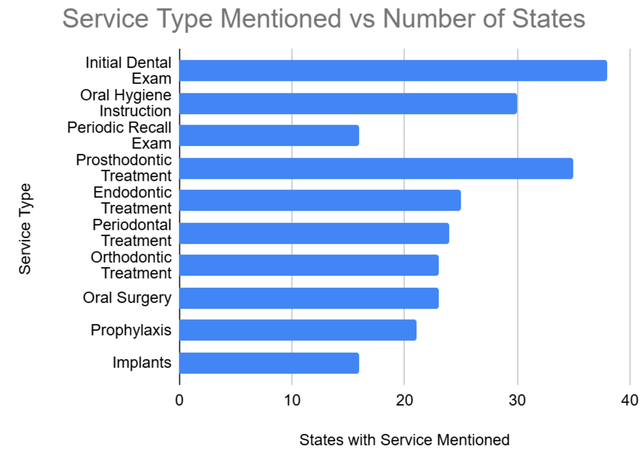
Basic Dental Service Coverage

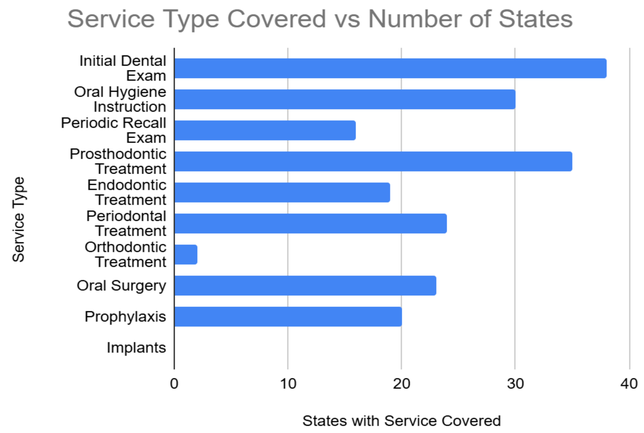


Service types: Comprehensive Oral Exam, Periodic Recall, Prophylaxis, OHI, and Emergency Services

Key Findings

- States vary in availability of information and dental coverage.
- 12 states provide no online information; Key informants in these states were either unresponsive or declined an interview.
- Many states do not comply with nationally recommended timelines for oral examination, oral hygiene instruction, and oral screening.
- Information availability in reporting states showed no significant association with political party control.
- Coverage of basic services showed no significant association with expenditure or incarceration rates.
- Limited preventative care increases reliance on emergency services.





Future Directions:

- Additional analyses of state-level factors that may correlate with dental policy availability and service coverage.
- Assessing how accurately policy documents reflect actual service coverage.
- Determining if omission of information indicates lack of coverage or lack of transparency.

References:

1. Sawyer, W., & Wagner, P. “Mass incarceration: The whole pie 2024.” Prison Policy Initiative, 14 March 2024
2. National Commission On Correctional Health Care. *U.S. Standards for Health Services in Prisons*, 2018. Chicago, Il, 2018.

Acknowledgements:

Columbia University, College of Dental Medicine. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant D88HP37554 “Postdoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene” for the amount of $3,286,676. None of this endeavor is financed by nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government; Columbia College of Dental Medicine Summer Research Fellowship.