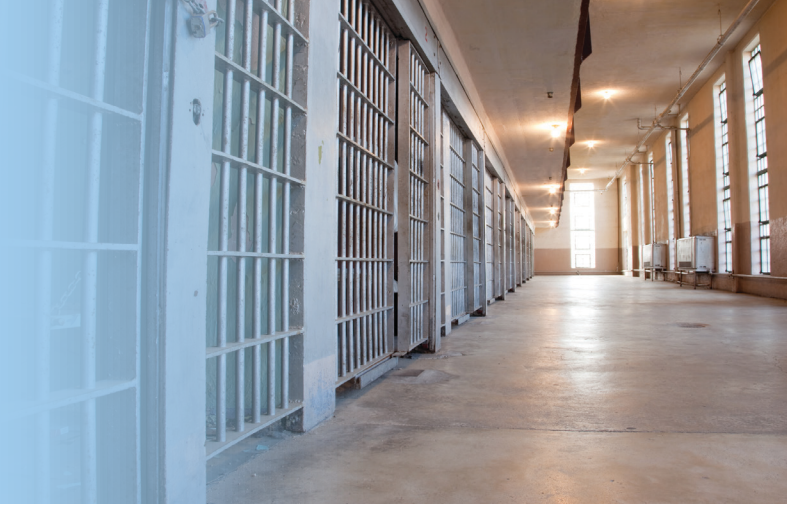
CareQuest Institute for Oral Health®

Oral Health in Incarcerated Persons



With an incarcerated population of 1,230,100 at the end of 2022, the United States (US) has the highest incarceration rate in the world.[1]

Over the past 40 years, this rate has seen a 500% increase — owing to changes in sentencing law and policy rather than an increase in crime rates. As a result of this dramatic increase, prison systems are overcrowded, and states face fiscal burdens to accommodate the penal system's rapid expansion.

In the US, the incarceration system disproportionately incarcerates individuals of color, particularly Black individuals. One in 41 Black adults is incarcerated in a state prison, nearly 4 times the rate of white adults. In addition, Black males receive sentences of incarceration 4.7% longer, and Hispanic males 1.9% longer, than white males. Lastly, Native American and Latinx people are imprisoned at 4.2 times and 2.4 times the rate of white people, respectively.

Despite being the only individuals in the US with a constitutional right to receive health care, incarcerated persons and their health status remain "invisible," given that few nationally representative data sets are available pertaining to this population and their health status. It is also important to note that this constitutional right does not guarantee that incarcerated persons receive quality health care, but rather that they simply have the right to care that is free from deliberate indifference to serious medical needs *(Estelle v. Gamble)*.

While very few nationally representative data sets exist regarding the health of incarcerated individuals, a survey by the Bureau of Justice Statistics reports that 38.5%, 42.8%, and 38.7% of incarcerated persons in federal prisons, state prisons, and local jails, respectively, face chronic medical conditions. Overall, incarcerated persons face a high burden of chronic and noncommunicable diseases, communicable diseases, mental health issues, and substance use disorders, particularly when compared with non-incarcerated persons. Additionally, in comparison to the general population, research shows that individuals who have experienced incarceration face higher rates of morbidity and mortality.

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1 The incarcerated population is the population of inmates confined in a prison or a jail as defined by the Bureau of Justice Statistics.

Oral Health Among the Incarcerated Population

In the US, as of 2023, 68.6 million adults lack dental insurance. Among incarcerated persons, a disproportionate number come from low-income, underserved communities with substantial barriers to health and dental care. Among incarcerated persons in state prisons in 2016, 50% reported being uninsured at the time they were arrested. Thus, unmet dental needs are common among this population, and poorer oral health outcomes are only exacerbated by the lack of quality dental care received in the correctional setting. Incarcerated individuals have a much higher prevalence of dental disease compared to non-incarcerated individuals, according to a study in North Carolina. A report from the US Department of Justice found that 50% of incarcerated individuals reported having a dental problem during the time they were imprisoned. Women incarcerated at Riker's Island Correctional Facility in New York had an average of nearly 10 decayed, missing, or filled teeth, and nearly one-third of these women complained of oral pain.

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The Federal Bureau of Prisons' policy on dental services for incarcerated persons states:

> **"Dental care will be conservative, providing necessary treatment for the greatest number of inmates within available resources."**

These federal policies apply to dental care for individuals incarcerated in federal facilities (dental practices may vary across state prison systems). According to the American Correctional Association, incarcerated individuals have a mandated right to receive dental care. However, according to this policy, dental care is conservative and treatment is only provided when necessary. Prisons have a written policy of allowable procedures, and services are prioritized by four levels: emergency dental care, urgent dental care, non-urgent dental care, and limited-value dental care (e.g., conditions that are likely to resolve on their own).

Because correctional dentists have limited resources and must prioritize emergency and urgent dental care, they are very constrained in what dental care they are able to provide. For example, approved dental services for incarcerated persons in US Marshals Service (USMS) custody include:

- Dental exams and X-rays in the presence of pain and suffering
- Extractions and/or fillings only to relieve active pain and suffering
- Removal of braces or dental hardware if causing pain, discomfort, or infection
- Replacement or repair of upper and lower dentures only if broken or lost
- Routine dental hygiene for prisoners in the custody of the USMS for more than 12 months

When incarcerated individuals do receive dental care, damaged teeth are often extracted, rather than repaired with root canals, crowns, or bridges, due to restrictive treatment guidelines. One formerly incarcerated individual said the comprehensiveness of care varied greatly by the dental provider, with some providing compassionate care that met his needs and others opting to "perform the easiest procedure they [could], or just [giving] painkillers." In the carceral setting, dental issues can be dismissed for too long or handled in a manner that causes long-term damage, and thus, missed treatment can lead to long-standing oral health consequences for many incarcerated individuals upon their release. Additionally, the cost of dental care in the US only exacerbates the inability to receive necessary dental treatment upon release; this is yet another challenge in transitioning out of the correctional setting.

The number of clinical dental staff is limited in correctional settings, resulting in long wait times even for urgent dental needs. A report from the Department of Justice Office of the Inspector General revealed that 1 in 4 incarcerated individuals at a California federal prison (nearly 1,000 incarcerated individuals) were on the waitlist to receive dental care, with some individuals waiting as long as 8 years for care. In addition, while most correctional facilities provide basic dental hygiene products — including toothbrushes — to incarcerated persons upon arrival, incarcerated persons are expected to purchase their own replacements at the commissary.

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Formerly Incarcerated Individuals

In the US, formerly incarcerated individuals experience worse oral health outcomes, such as a greater likelihood of having periodontal disease, than individuals who have never been incarcerated. Limited dental treatment and a lack of preventive and restorative care received while incarcerated impose additional consequences on incarcerated individuals when released, including greater difficulty finding jobs and building relationships due to the state of their oral health. Re-entry planning may not adequately connect individuals with health care or coverage, particularly for non-urgent care. In addition, poor oral health often negatively affects formerly incarcerated individuals' ability to present themselves professionally.

Unfortunately, individuals with an incarceration history face even greater economic difficulty and have less access to health and dental insurance coverage than the general population.

Many who are formerly incarcerated re-enter society with the weight of low self-esteem. In efforts to secure a job or build relationships, visible dental issues can impede the development of a person's self-confidence.

Formerly incarcerated individuals face significant challenges in seeking adequate dental care upon their release, particularly considering the high cost and other obstacles to dental care access in the US. Socioeconomic status is a key barrier to accessing oral health care, in addition to inaccessibility of health and dental insurance coverage. Unfortunately, individuals with an incarceration history face even greater economic difficulty and have less access to health and dental insurance coverage than the general population. In addition, for individuals with histories of substance abuse, untreated dental issues can reawaken addiction habits as substance use may feel like the only feasible or familiar option to eliminate pain.

It is important to note that for many formerly incarcerated individuals, oral health care is often not considered the top priority, given their realities of chronic conditions and barriers to securing housing and employment. However, considering the links between periodontal disease and multiple systemic diseases, oral health care is critically important in maintaining overall health. Efforts to improve the oral health of formerly incarcerated people are key to improving their overall health, enhancing their ability to acquire and retain employment, and achieving their successful re-entry into society.

Call to Action

The current state of oral health among incarcerated and formerly incarcerated individuals requires a call to improve care delivery and access to oral health services. First and foremost, we must prioritize strengthening the oral health care delivery system to incarcerated people. This includes building a better correctional oral health infrastructure, involving supervised students in dental hygiene and dental programs to improve access to oral health providers, and increasing the information technology infrastructure to include electronic health records in correctional facilities. These needs could be addressed at the administrative level within specific facilities, as well as at the legislative level to promote widespread change. Additional considerations include the adoption of teledentistry, which has been shown to increase access to oral health services among the incarcerated population. For example, a study in Thailand successfully used an intraoral camera to facilitate an oral screening program for incarcerated persons.

We must also improve the data collection involving incarcerated people. Currently, prisoners are not included in national datasets such as the National Health Interview Survey (NHANES) and Behavioral Risk Factor Surveillance System (BRFSS) surveys despite Healthy People and the National Institutes of Health's report heavily relying on national survey data. Advocates suggest that the incarcerated population be included in these nationally collected datasets and that a standardized set of oral health outcome measures be created for correctional facilities.

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Among formerly incarcerated individuals, it is important to consider initiatives such as correctional discharge planning and the expansion of public health benefits including Medicaid to improve access to oral health care. In states expanding Medicaid coverage through the Affordable Care Act, formerly incarcerated individuals visit a dentist at similar rates as never-incarcerated persons. This finding highlights the benefits of expanding access to oral health care among this population. Linking people to health care services upon release, including dental care, may help improve the health and well-being of those who were formerly incarcerated. As we strive for a more equitable future in which every person can reach their full potential through optimal health, we must include incarcerated and formerly incarcerated persons.

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