Indian Health Service – funded Dental Clinics

Practice-based clinical research

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Indian Tribes of the United States
## Dental Clinics

<table>
<thead>
<tr>
<th></th>
<th>Hospital Dental Clinics</th>
<th>Clinic-based Dental Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS Federal</td>
<td>32</td>
<td>82</td>
</tr>
<tr>
<td>Tribal</td>
<td>11</td>
<td>160</td>
</tr>
<tr>
<td>Urban</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>
Workload

Number of clinics nationwide, by dental visits per year

<1000  <2000  <3000  <4000  <5000  <6000  <7000  <8000  <9000  <10000
<11000 <12000 <13000 <14000 <15000

<1000  <2000  <3000  <4000  <5000  <6000  <7000  <8000  <9000  <10000
<11000 <12000 <13000 <14000 <15000
Health Problems

- Diabetes – 26 to 115 / 1,000
- Smoking – 16% to 65% (adults)
- Substance Abuse – 36% to 80% current alcohol users
- Dental Caries – 36% to 77% with ECC
- Periodontal Disease – 19% to 43% adults with LOA>5mm
Funding Considerations

- Provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level. Indian Health Care Improvement Act (1976)

- In (FY) 2001 Indian Health Service (IHS) funding is less than 60 percent of actuarially priced coverage of $5 billion.

FY 2002 FINAL Results: Indian Health Care Improvement Fund Formula

- The proposed budget for fiscal year (FY) 2006 is $3.8 billion. Press release, Feb 10, 2005
Tribal Sovereignty

- 1823-32 Marshall Trilogy
- 1934 Indian Reorganization Act
- 1975 Indian Self-Determination and Education Assistance Act
- 1984 Indian Health Care Improvement Act Amendment
Implications for Research

- Participatory Research
- Governing Body
- Tribal Government
- Institutional Review
- Oversight
Opportunities for Clinical Research

• Diverse populations
• High disease prevalence
• Varied and rich clinical practice environment
• Dedicated, flexible clinical staff
• Integrated medical care system
• Close relationships between community leadership and clinical programs