History of Federal Legislation in Health Professions Educational Assistance in Dental Public Health, 1956–97

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Abstract

Health professions education assistance in dental public health has been congressionally authorized in one form or another during the last four decades. The US Department of Health and Human Services (and its predecessor, the Department of Health, Education, and Welfare) has been a focal point for managing these federal programs. This report tracks the history of relevant national legislation, beginning in the 1950s with the Health Amendment Acts of 1956 and continuing most recently with the Health Professions Education Extension Amendments of 1992. The number of dental public health professionals trained and available to provide expertise and leadership to improve community oral health status has been tied to the presence and intensity of federal programming in this area. [J Public Health Dent 1998;58(Suppl 1):84-9]

Key Words: dental public health, project grants, traineeships, legislative history.

Dental public health has maintained a presence in federal programming in one form or another during the last four decades. The purpose of this paper is to provide a historical perspective on federal legislation related to health professions education assistance in dental public health between 1956–97. While such legislation, including other aspects of dentistry, has been authorized and administered by a number of federal entities over the last several years, only the legislative history of dental public health as administered by the US Department of Health and Human Services (DHHS) (and its predecessor, the Department of Health, Education, and Welfare) and, more specifically, those authorities related to long-term traineeships, residencies, apprenticeships, and project grants, will be discussed.

During the late 1950s, 1960s, and early 1970s, federal programs resulted in a number of dental professionals who received needed training in public health. Many of these individuals went on to employment in public agencies at the federal, state, and local levels and were critical in leading activities to enhance community health status. A sharp decline in federal funding available for dental public health training during the late 1970s and 1980s led to shortfalls in professionals available to provide essential, critical, population-based, oral health services. The reemergence of attention paid to dental public health training at the federal level during the 1990s, however, holds promise to revitalize the discipline and redress shortages in the field. The legislation reviewed in this paper is highlighted in Tables 1 and 2.

1957–59

Health Amendments Act of 1956, PL 84-911, 7/1/56. Grants for public health traineeships (see Appendix for definition of terms used in this paper) were authorized as a part of the "Health Amendments Act of 1956," which added a new Section 306 to Title III of the Public Health Service (PHS) Act (3). The purpose of the law was to increase the numbers of trained public health personnel for work in an area of growing national concern. The legislation authorized a three-year program of long-term traineeship grants beginning in fiscal year 1957, which were awarded either (1) directly to individuals whose applications for admission had been accepted by the public or other nonprofit institutions providing the training, or (2) through grants to such institutions. These long-term traineeship awards were targeted to graduate or specialized training in public health for physicians, engineers, nurses, and other health professionals, including dental personnel. In the first year of the program, 10 dentists and eight dental hygienists were awarded traineeships. Table 3 lists the number of dental public health trainees by professional category from 1957–95 (1,2).

In its report on Senate (S) bill 3958, the House Interstate and Foreign Commerce Committee (3) indicated that shortages of health personnel were not limited to the specific disciplines that the other titles of this legislation were intended to cover. The report noted that existing shortages of health personnel in all categories, as well as shortages in many classes of health facilities, profoundly affected the quantity, quality, methods, and costs of health services rendered to the nation. Indeed, many communities had created positions and allocated budget funds for public health personnel, only to have those positions remain vacant because trained personnel were not available. As a consequence, the public health needs of these communities remained unmet (3).

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The legislation also required the surgeon general to appoint an expert advisory committee, composed of representatives in the fields of public health and administration, to advise him on the management of the new traineeship authority. The surgeon general, moreover, was required during the latter half of 1958 to convene a conference to: (1) evaluate the effectiveness of the traineeships in meeting the needs for public health personnel, (2) consider potential changes for the program, and (3) determine the appropriate distribution and delegation of shared responsibilities between federal and state governments with respect to the administration and support of public health training. A report was due to Congress by January of 1959 (2).

1960-64

An Act to Extend Certain Traineeship Provisions of the Health Amendments Act of 1956, PL 86-105, 7/23/59. This act extended for five additional years the authority contained within Section 306 of the act for long-term traineeship award targeted to graduate or specialized training in public health (2). In its report on House of Representatives (HR) bill 6325, the House Interstate and Foreign Commerce Committee indicated that during the surgeon general's 1958 conference, federally supported public health training programs were determined by the conferees as having been most effective not only in halting the decline in the numbers of individuals seeking advanced training in the essential fields of public health and nursing, but also in initiating a reversal of that trend. The report also recommended continuation of these programs (4).

The surgeon general was tasked during the last half of 1963 to hold a second conference, the Public Health Training Conference, similar in scope to the conference convened in 1958, and to submit to Congress on or before January 1, 1964, a report of the proceedings, including any recommendations related to limitation, extension, or modification of Section 306 of the PHS Act (3).

1961–65

An Act to Amend Title III of the Public Health Service Act, to Authorize Project Grants for Graduate

TABLE 1
Federal Traineeships for Public Health Professionals, Including Dental Personnel [PHS Act: Sections 306, 312, 748, 792, and 761, 788(c), 763]

Public Law	Date	Legislative History
84-911	Jul 1, 1956	Created program under Section 306; authorized grants through fiscal 1959
86-105	Jul 23, 1959	Extended program through fiscal 1964
88-497	Aug 27, 1964	Extended program through fiscal 1969
90-490	Aug 16,1968	Extended program through fiscal 1971
91-208	Mar 12,1970	Extended program through Jun 30, 1973
93-45	Jun 18, 1973	Extended program through Jun 30, 1974
93-353	Jul 23, 1974	Redesignated Section 306 as Section 312
94-484	Oct 12, 1976	Extended Section 312 through fiscal 1977; repealed Section 312 and replaced it with Section 748 of Title VII, PHS Act
95-215	Dec 19, 1977	Broadened eligibility of Section 748 to include other public and nonprofit institutions other than schools of public health; also added preventive medicine and dentistry to areas of study covered by program
97-35	Aug 13, 1981	Authorized new Section 792 to replace 748; created new authority in Section 793 to support graduate medical education in preventive medicine; both programs authorized from fiscal 1982 to fiscal 1984
99-129	Oct 22, 1985	Extended sections 792 (traineeships) and 793 (preventive medicine residency) through fiscal 1988
100-607	Nov 4, 1988	Extended authority for Section 792 and transferred authority in previous Section 793 to new Section 788(c) through fiscal 1991
102-408	Oct 13, 1992	Renumbered Section 792 as 761 (traineeships); renumbered Section 790A as 762 (special projects); renumbered Section 788(c) as 763 (preventive medicine and dental public health training); extended and amended all of these authorities until fiscal 1995

TABLE 2
Federal Project Grants for Graduate Training in Public Health, Including Dental Public Health [PHS Act: Sections 309(a), 313, 792, 790A, and 762]

Public Law	Date	Legislative History
86-720	Sept 8, 1960	Created program under Section 306; authorized grants through fiscal 1965
88-497	Aug 27, 1964	Extended program through fiscal 1969; increased authorization for fiscal 1965
90-940	Aug 16, 1968	Section 309(a) extended program through Jun 30, 1971
91-208	Mar 12, 1970	Extended program through fiscal 1973; increased authorization for fiscal 1971
93-45	Jun 18, 1973	Extended program through fiscal 1974
93-353	Jul 23, 1974	Redesignated Section 309(a) as Section 313
94-484	Oct 12, 1976	Extended Section 313 through fiscal 1977; repealed Section 313 and replaced it with Section 792 of Title VII, PHS Act
97-35	Aug 13, 1981	Repealed Section 792; eliminated project grant funding
100-607	Nov 4, 1988	Created Section 790A, establishing funding for special projects
102-408	Oct 13, 1992	Redesignated Section 790A as Section 762

TABLE 3
DHHS Training and Program Support in Dental Public Health, 1956–95

Year	Long-term Training		Project Grants	Residency Traineeships	Apprenticeship Training*
	Dentists	Hygienists			
1957	10	8	—	—	—
1958	18	6	—	—	—
1959	13	2	—	—	—
1960	17	2	—	—	—
1961	16	1	1	—	—
1962	16	4	2	—	—
1963	10	5	2	—	—
1964	21	8	2	—	—
1965	24	4	8	—	NA
1966	38	14	12	NA	NA
1967	38	12	21	NA	2 grants/12 trainees
1968	47	16	19	NA	4 grants/24 trainees
1969	39	10	21	9 grants/15 trainees	NA
1970	NA		18	NA	NA
1971	54	14	17	12 grants/22 trainees	11 grants/71 trainees
1972	58	10	15	10 grants/23 trainees	10 grants/52 trainees
1973†	11		13	9 grants/24 trainees	7 grants/33 trainees
1974	6		11	2 grants/4 trainees	5 grants/40 trainees
1975	NA		2	3 grants/13 trainees	NA
1976	11		3	2 grants/14 trainees	NA
1977	11		3	2 grants/10 trainees	0
1978	0		NA	1 grant/2 trainees	0
1979	0		NA	1 grant/2 trainees	0
1980	NA		NA	3 grants/8 trainees	2 grants/6 trainees
1981‡	NA		—	1 grant/5 trainees	1 grant/4 trainees
1982	NA		—	1 grant/3 trainees	—
1983	0		—	NA	—
1984	0		—	—	—
1985	4		—	—	—
1986	2		—	—	—
1987	0		—	—	—
1988	0		—	—	—
1989	0		—	—	—
1990	0		—	—	—
1991	0		—	—	—
1992	—		—	0 grants/0 trainees	—
1993	—		—	0 grants/0 trainees	—
1994	—		—	0 grants/0 trainees	—
1995¶	—		—	1 contract/1 trainee	—
1996¶	—		—	1 contract/1 trainee	—
1997	—		—	7 grants/11 trainees	—

*Provided in dental schools only.
†From 1973 until 1991 only the figures for the total number of dental public health trainees were available.
‡Although the dental public health residency training was not reauthorized in 1981, one program was supported through a continuation grant from an earlier project.
¶The trainee was supported through a contract.

Training in Public Health, PL 86-720, 9/8/60. This act authorized the award of project grants [new Section 309(a), PHS Act] to schools of public health, nursing, and engineering offering graduate or specialized training in public health for nurses or engineers to strengthen or expand graduate public health training in such schools (2). Although not specifically cited, dental public health programs within schools of public health also received monies

to develop and strengthen their respective curricula.

1965–69

Graduate Public Health Training Amendments of 1964, PL 88-497, 8/27/64. This act extended for five years the authority for long-term traineeship awards for professional public health personnel contained in Section 306 of the PHS Act. As part of the legislation, eligibility was broadened for project grants in Section 309(a) to include not only schools of public health, nursing, and engineering, but also other public or nonprofit private institutions that provided graduate or specialized training in public health.

During deliberations, the Senate Labor and Public Welfare Committee made reference to the Public Health Training Conference held in August of 1963 (5). Committee members noted that during the conference, the adequacy of public health work force development was examined through the evaluation of health agency staffing over the previous ten years. It was clear to the Senate committee in its consideration of HR 11083 that the supply of trained health professionals was not keeping pace with population growth. Institutions that were then ineligible for project grants, such as schools of medicine and dentistry, were specifically singled out as entities that needed to enhance and update the public health content in their educational offerings. As a consequence, eligibility for project grants were ultimately extended to include schools of medicine and dentistry, among others (5).

In 1964, a major effort was also undertaken to develop and improve the teaching of preventive medicine and community dentistry in the nation's medical and dental schools (1). Both the dental public health residency training and apprenticeship programs were initiated during this time and carried out under Section 306 of the PHS Act. As was the case in 1958 and 1963, the surgeon general was required to hold a third national conference on public health training, with a report due to Congress by January of 1968 (2).

1970–71

Health Manpower Act of 1968, PL 90-490, 8/16/68. This act extended for two years, through fiscal year 1971, the authority contained within Section 306 of the PHS Act for traineeship awards to develop the professional public health work force. The act also extended for two years the authority within Section 309(a), PHS Act, for project grants targeted toward graduate or specialized training in public health (2). As evident in Table 1, the number of dental personnel receiving long-term training declined sharply in 1973 and thereafter. These changes occurred despite absence of legislative or known administrative action. The reasons for this are unclear.

1972–74

Public Health Service Act, PL 91-208, 3/12/70, and the Health Programs Extension Act, PL 93-45, 6/18/73. These laws continued the authorization and provision of monetary support for traineeships and project grants in public health, sections 306 and 309(a), of the PHS Act, respectively (2).

1975–76

Health Services Research, Health Statistics, and the Medical Library of Act of 1974, PL 93-353, 7/23/74. This act redesignated sections 306 (traineeships) and 309(a) (project grants) of the PHS Act as sections 312 and 313, respectively.

1977–80

Health Professions Educational Assistance Act of 1976, PL 94-484, 10/12/76. This act extended sections 312 (traineeships) and 313(a) (project grants) of the PHS Act without amendment, through fiscal year 1977. However, effective October 1, 1977, sections 312 and 313(a) were repealed and replaced with new authorities effective for fiscal years 1978–80 in sections 748 (traineeships for students in schools of public health), 749 (traineeships for students in other graduate programs), and 792 (project grants) of Title VII of the PHS Act (2). These authorities stipulated specific types of public health training that could receive federal support and where that instruction could take place. Schools of public health continued to receive funding for traineeships (Section 748, PHS Act) and project grants (Section 792, PHS Act); however, they were now more limited with regard to which students could actually receive such support. Emphasis was placed on training biostatisticians, health administrators, and dietitians, among others. Although dental personnel were still eligible to receive traineeships, they were much more difficult to obtain. As noted in Table 1, the number of dental personnel receiving traineeships began to decline in the early 1970s.

Section 749 authorized a separate traineeship program for students in other graduate programs in public or nonprofit private educational entities, but excluding schools of public health. These awards were set aside for programs that only trained individuals in health/hospital administration or health policy analysis and planning, thereby disqualifying dental schools by default as eligible entities. Dental schools also lost funding through project grants as they were not listed as an eligible training site under the legislation.

1979–80

Health Professions Education Amendments of 1977, PL 95-215, 12/19/77. This act broadened eligibility of Section 748, PHS Act (traineeships), formerly limited to schools of public health, to include other public and nonprofit institutions that provided graduate or specialized training in public health and that were not eligible to receive grants under Section 749. This act added "preventive medicine or dentistry" to areas of study under the programs and allowed dental and medical schools, once again, to receive awards to train individuals in principles of preventive medicine or community dentistry. However, dental public health traineeship dollars in schools of public health continued to be difficult to obtain, most funds being awarded to other types of public health personnel as legislated (2).

1981–84

Omnibus Budget Reconciliation Act of 1981, Title XXVII of PL 97-35, 8/13/81. This act repealed Section 792 (projects grants) for all schools and added authority in a new Section 792. The new Section 792 was a reincarnation of Section 748—traineeships. This reincarnation of Section 748 extended the authority for grants to schools of public health and those public or nonprofit institutions not eligible for the health administration traineeship grants, to provide graduate or special-

ized training in public health. Public health dentistry continued to be one of the categories eligible to receive traineeships dollars; however, as in previous years, other types of public health personnel continued to receive the majority of the traineeship dollars as defined by the legislation (1,6). The repeal of projects grants (Section 792) thus ended 17 years of federal funding that had helped to enhance curricula and expand programs in public health.

A new authority, Section 793, authorized federal support for graduate medical education in the specialty of preventive medicine. Schools of medicine, osteopathy, and public health became eligible to receive awards to meet the costs of projects to plan and develop new residency training programs and to maintain or improve existing ones. There was no comparable targeted authority to support dental public health residency training.

1985–88

Health Professions Training Assistance Act of 1985, PL 99-129, 10/22/85. This act extended sections 792 and 793 through fiscal year 1988 (1,7).

1989–91

Health Professions Reauthorization Act of 1988, Title VI of PL 100-607, 11/4/88. This act extended the authority for Section 792 through fiscal year 1991 (1,8). A new Section 790A was created, authorizing special project grants, which are different than project grants. These special grants to accredited schools of public health assisted in defraying the costs associated with the planning, developing, demonstrating, operating, and evaluating projects for (1) preventive medicine, (2) health promotion and disease prevention, (3) increasing enrollment of individuals with disadvantaged backgrounds in schools of public health, and (4) improving access and quality in health care. Under this act, dental public health programs in schools of public health were eligible to receive support.

Existing authority in Section 793 was transferred to a new Section 788(c), a general health professions special project authority.

1992–95

Health Professions Education Extension Amendments of 1992, PL 102-408, 10/13/92. This act renumbered Section 792 (traineeships) that rendered grants to schools of public health and other public or nonprofit private institutions to provide graduate or specialized training in public health as Section 761. The purpose of Section 761, extended and amended to 1995, was to assist these entities in providing training to individuals pursuing a course of study in the following health professions fields for which there was an identified shortage: epidemiology, environmental health, biostatistics, toxicology, and nutrition (1,9). (Maternal and Child Health was added to this list of designated shortages as part of the National Institutes of Health Revitalization Act of 1993 (10).)

The act also redesignated Section 790A (projects) as Section 762, and extended and amended the project grant authority by adding the priority of reducing the incidence of domestic violence and eliminating support for increasing the enrollment of individuals from disadvantaged backgrounds.

Old Section 788(c), now redesignated as Section 763, (preventive medicine and dental public health training), reauthorized funding of graduate medical education in the specialty of preventive medicine. Schools of dentistry were added to the list of eligible applicants as part of the authorizing language to conduct graduate dental education in the specialty of dental public health (10). Unfortunately, Congress did not appropriate separate or additional funds to support the new dental public health residency program. However, contracts were awarded by the Department of Health and Human Services to develop the field and to make recommendations regarding strengthening dental public health education and practice. In addition, federal funds were provided to support a dental public health resident detailed to the state of Louisiana who fulfilled his residency training requirements while simultaneously serving as the state dental director. (Louisiana is one of the many states lacking the expertise and leadership to improve oral health status for its residents.)

1996–97

As of this writing, Congress has yet to reauthorize the various grant authorities of Title VII of the PHS Act that support health professions education assistance, including dental public health. Programs currently are being maintained through the appropriations process, which provides continuing authority based on previous years' law and funding.

In 1996, additional contracts were awarded to dental public health residency programs to develop innovative approaches to graduate dental education in the specialty. Support for the dental public health residency assignee in Louisiana also was continued and a national conference was sponsored to examine ways to enhance access to oral health services for Medicaid beneficiaries and other underserved populations.

In 1997, a project to revise competencies for dental public health specialists was initiated. Federal grants to support postdoctoral training programs in public health dentistry also were awarded for the first time in 15 years.

This paper provides the history of federal legislation involving dental public health professions training between the years 1956 and 1997. Although the skein of legislation is quite complex and in many instances difficult to follow, dental public health has maintained a presence within the DHHS over the past four decades. The future of dental public health is unknown — the pressing need to balance our nation's budget in the face of explosive growth in entitlement programs will invariably affect discretionary spending on into the 21st century. Whether federal support of graduate education in dental public health can weather the storm and continue to flourish remains to be seen.

During the coming months and years, the voices of those within the oral health and public health communities have never been more vital. Policy makers must be convinced of the importance of good oral health and its role as a cornerstone to overall health; it should be viewed as a right for everyone, not only as a luxury to those who can afford it.

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Appendix

Definitions

Long-term traineeships*

—**General purpose traineeships** were grants made exclusively to schools of public health. Students applied directly to the schools and received federal training subsidies through their educational institutions. The grants provided support for health professionals such as dentists, physicians, and nurses, among others, to undertake long-term, full-time public health training, usually at the master's or doctoral level.

—**Special purpose traineeships** are made to schools of public health and other public or nonprofit institutions that provide specialized or graduate training in public health. These grants were used to support students who were pursuing long-term, full-time public health training in areas for which there is a high priority need. (The definition of high priority has changed throughout the life of the law.)

—**Direct awards** were made to individuals pursuing full-time graduate training in public health and planning a career in public health. Awardees must have attended a school that did not receive institutional grants.

Residency programs in preventive medicine and dental public health* receive grants to support physicians and dentists who are undertaking two- or three-year graduate programs to become certified specialists in these fields and leaders in public health practice and teaching.

Apprenticeships* were grants made to a variety of public and nonprofit agencies and institutions to support third- and fourth-year medical and dental students engaged in preceptor-guided training in public health. During the summer or off-quarter periods, students were given training to attract them to careers in public health as well as to prepare them for participation in the community health programs if they became private practitioners.

Project grants were awarded to schools of public health and other public or nonprofit institutions that provided specialized or graduate training in public health. These grants allowed schools of medicine, dentistry, engineering, and public health, among others, to develop innovative and expanded curricula and to prepare leaders for managerial and specialized staff responsibilities in public health. The grants also contributed to the enhanced training in the areas of preventive medicine and dental public health for medical and dental students.

Fiscal years in the federal government are in effect from October 1 through September 30 of the following year.

Legislation is passed by Congress and signed into law up to a year before the authority takes effect. The years listed at the beginning of each of the acts in the text represent the actual years the program was conducted and administered.

*These include traineeships.