

THE SPNS ORAL HEALTH INITIATIVE

The Oral Health Initiative funded 15 demonstration sites for 5 years to develop innovative models of care providing oral health care services to underserved HIV populations in both urban and nonurban settings. Despite the importance of access to quality oral health care, large numbers of people with HIV reportedly have unmet needs for oral health care.

Inadequate oral health care can undermine success of HIV treatment regimens as well as diminish quality of life for those living with HIV. Therefore, the demonstration sites of this initiative provided comprehensive oral health care services to HIV-positive clients and developed individualized treatment plans for each patient receiving service. The demonstration sites also participated in a multisite evaluation conducted by the Health and Disability Working Group at Boston University (www.hdwg.org), which served as the Evaluation Center for this initiative.



Engaging and Retaining People Living with HIV/AIDS in Oral Health Care

A Special Projects of National Significance (SPNS) Initiative



POCKET GUIDE

THE IMPORTANCE OF ORAL HEALTH

Good oral health habits are important for all people. Poor oral health has serious consequences that can include painful, disabling, and costly oral diseases.

- Gum disease (periodontitis), in particular, is associated with diabetes and cardiovascular concerns.^{1,2}
- Pregnant women with gum disease are more likely to have children prematurely and to have children of low birth weight.^{1,2}
- Many of these oral diseases may be prevented with regular dental care.³

This goal of this pocket guide is to provide a condensed reference tool for the following audiences: primary care providers and oral health care teams working to improve efforts and outcomes regarding engagement and retention in oral health care for people living with HIV/AIDS (PLWHA).

This pocket guide is based on outcomes from the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) Special Projects of National Significance (SPNS) Innovations in Oral Health Care Initiative (Oral Health Initiative) conducted from 2006 to 2010.

A Critical Unmet Need

- Many PLWHA will experience a high level of oral health concerns, including issues directly related to HIV infection.
- Between 32 percent and 46 percent of PLWHA will have at least one major HIV-related oral health problem—such as bacterial, viral, and fungal infections as well as ulcers and cancers.⁴
- Dental care still tops the lists of unmet needs for PLWHA.⁵
- PLWHA are more likely to have an unmet need for oral health care than for medical care. In fact, 58 percent to 64 percent of PLWHA do not receive regular dental care, according to various studies.⁴
- Poor oral health can make it difficult to chew or swallow, and it can diminish food intake, appetite, nutrition, and medication adherence.
- Oral dryness, or xerostomia, can increase the susceptibility to dental decay, fungal, and bacterial infections.^{1,2}
- Dental pain, halitosis or “bad breath,” and an unhealthy appearing smile can lower self-esteem and limit career opportunities.^{1,2}

Challenges and Barriers to Care^{1,2,6,7}

Low socioeconomic status: For some patients, low socioeconomic status has resulted in little or no prior dental care, low health literacy, and lack of ability to independently navigate the health care system.

Late diagnosis and comorbidities: Compounding these problems, many patients receive an HIV diagnosis late in stage of disease. Many suffer from comorbidities such as hepatitis C and diabetes.

Tobacco use: In some areas, high rates of tobacco and smokeless “dipping” tobacco use place patients at increased risk of developing oral cancers.

Language barriers: Many Hispanic/Latino patients face language barriers to accessing care and require bilingual case managers to provide assistance.

Access barriers:^{8,9} Lack of transportation or the resources to arrange transportation can limit access to care, as well as disability or chronic illness, lack of dental insurance or financial resources to pay out-of-pocket for services, and lack of awareness about the importance of oral health.

Substance abuse: Many patients will have a history of substance abuse, which complicates engagement and retention efforts and treatment adherence. This may require extra care in case management.

LESSONS LEARNED

Engagement in Care

Marketing and Outreach

- *Paid and unpaid media* (newspaper, radio, flyers)
- *Word of mouth*
- *Community organizations*
 - Consider involving Ryan White Planning Councils or consortia in early discussions.
- *Public service announcements*
 - Take care to avoid stigmatizing the target HIV/AIDS population.
 - Conversely, if oral health for PLWHA is subsidized, patients who are HIV-negative may feel excluded.

Dental Case Management

Effective and efficient dental case management is a critical key to developing and maintaining a successful program. The steps listed below can help.

Build strong relationships with providers and patients:

- Apply patient-centered motivational interviewing skills which include the following capabilities:
 - Asking open-ended questions,
 - Providing affirmations,
 - Reflective listening, and
 - Periodically providing summary statements for the patient.
- Emphasize and model behaviors demonstrating considerate and compassionate care.
- Encourage follow-up with oral care and medication compliance.



REFERENCES

¹Office of the Surgeon General. *Oral Health in America: A Report of the Surgeon General*. Washington, DC: 2000;33–59. Available at: <http://www2.nidcr.nih.gov/sgr/sgrweb/home.htm>.

²Office of the Surgeon General. *Oral Health in America: A Report of the Surgeon General*. Washington, DC: 2000;155–188. Available at: <http://www2.nidcr.nih.gov/sgr/sgrweb/home.htm>.

³U.S. Department of Health and Human Services. *HealthyPeople.gov*. Available at: www.healthypeople.gov/2020/LHI/oralHealth.aspx.

⁴Health Resources Services Administration, HIV/AIDS Bureau. *Oral Health and HIV*. [Ryan White HIV/AIDS Program fact sheet]. Available at: www.hrsa.gov/publichealth/clinical/oralhealth/hiv-factsheet.pdf.

⁵Dental Partnerships: Ryan White HIV/AIDS Program Community Based Dental Partnership Program. 2008. Available at: <http://hab.hrsa.gov/abouthab/files/communitydentalprog.pdf>.

⁶Vargas CM, Dye BA, Hayes K. Oral health care utilization by US rural residents, National Health Interview Survey 1999. *J Public Health Dent*. Summer 2003;63(3):150–7.

⁷Heaton LJ, Smith TA, Raybould TP. Factors influencing use of dental services in rural and urban communities: considerations for practitioners in underserved areas. *J Dent Educ*. Oct 2004;68(10):1081–9.

⁸Heslin KC, Cunningham WE, Marcus M, et al. A comparison of unmet needs for dental and medical care among persons with HIV infection receiving care in the United States. *J Public Health Dent*. Winter 2011;61(1):14–21.

⁹Marcus M, Maida CA, Coulter ID, et al. A longitudinal analysis of unmet need for oral treatment in a national sample of medical HIV patients. *Am J Public Health*. Jan 2005;95(1):73–75.

Promote health literacy:

- Enhance knowledge of case managers so they may educate patients.
- Educate patients regarding the importance of oral health and the connection between HIV and oral health.
- Educate patients regarding basic recommended oral health practices.
- Help patients overcome fear and anxiety.
- Provide tobacco cessation counseling information (provide program information and/or schedule consultation appointment).



Address logistical challenges:

- **Scheduling**
 - Scheduling appointments
 - Confirming appointments
 - Follow-up on cancellations
 - Follow-up on patients who fail to show
 - Providing specific information regarding how to schedule referrals and follow-up on outside referral appointments.
- **Transportation**
 - Carpools are a consideration, but fear of privacy breach may be a concern
 - Medicaid-financed transportation.

Provide financial resources:

- Educate patients regarding financial support from Ryan White programs, sliding fee programs, Medicaid, or other public/community based clinics that might be more convenient or financially feasible.

Monitor performance:

- Follow up regarding progress/success and support efforts.
- Understand and have involvement in data acquisition and management.

Clinic Staff Recruitment

High-quality clinic staff is essential to a successful program. Consider the following criteria when recruiting staff members:

- Seek out skilled practitioners.
- Assess candidates' willingness to work with underserved populations in underserved communities.
- Recruitment of bilingual candidates is desirable for fostering stronger relationships with bilingual patients.

Partnerships with Teaching Institutions

Partnerships could allow for:

- Expanding the type and availability of previous dental services provided.
- Training opportunities for dental residents and hygienists.
- Establishing linkages with medical providers.

PATIENT EDUCATION TIPS

- *Brush 2 to 3 times per day with a soft brush.*
- *Replace toothbrush every 3 months.*
- *Floss daily.*
- *Visit the dentist.*
- *Get a deep cleaning every 6 months.*
- *Use non-abrasive toothpaste with fluoride.*
- *Avoid tobacco and excessive alcohol.*
- *Get adequate nutrition:*
 - *Avoid excessive sugar exposure.*
 - *If ingesting sugary snacks often, brush more frequently.*
 - *Limit sodas and energy drinks.*

CLINICAL GUIDELINES FOR ORAL HEALTH CARE

- *Ensure informed consent for patient treatment.*
- *Collect comprehensive medical/dental history that includes the following:*
 - All prescription and over-the-counter (OTC) medications and allergies
 - Current and past conditions or events that may affect management of oral health care
 - Appropriate lab values, baseline and every six months
 - Updated medical history every six months
 - Contact information for primary care physician and case manager.
- *Perform comprehensive extra-oral and intraoral exam, including:*
 - Baseline and annual head and neck exam including hard and soft tissues
 - Full periodontal exam or Periodontal Screening Exam (PSR), baseline and annually
 - Tooth charting with missing teeth, caries, and restorations
 - Baseline radiographs and additional as needed for diagnosis and treatment
 - Caries, periodontal, and oral health risk assessment
 - Treatment plan consistent with American Dental Association Practice Parameters to include completion of planned care and ongoing periodontal debridement
 - Documentation of referrals for special oral procedures and/or medical evaluation.
- *Provide patient education, including:*
 - Introduction to an oral hygiene and fluoride program
 - Nutritional counseling
 - Tobacco counseling.
- *Engage case management to:*
 - Explain the importance of oral health
 - Allay fears and build trust
 - Coordinate care with the medical team
 - Manage appointments
 - Follow up on cancellations and no-shows.



OUTCOME ASSESSMENTS

- *Conduct patient satisfaction surveys to include:*
 - Satisfaction with clinic operations
 - Satisfaction with staff attitudes and patient consideration
 - Improvement in oral comfort
 - Satisfaction with their smiles
 - Enhanced self-confidence in social situations
 - Improvement in overall attitude and quality of life.
- *Conduct oral health outcome surveys to assess:*
 - Improved oral health
 - Reduced or stable dental decay
 - Improved or stable periodontal health.
- *Confirm completion of a Phase 1 treatment plan, including:*
 - Elimination of active disease
 - Restoration of function.
- *Ensure documentation of retention in oral health care.*

