



Oral Health Breakout Session

2022 National Ryan White Conference on HIV Care and Treatment

August 23, 2022

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Captain, United States Public Health Service
Director, Division of Community HIV/AIDS Programs (DCHAP)
Dana Hines, PhD, RN
Nurse Consultant (DCHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant individuals, mothers and their families, and those otherwise unable to access quality health care





HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.





HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%ⁱ.





Agenda

Time	Content
12:00-12:10 PM	Introduction & Overview CAPT Mahyar Mofidi & Dana Hines, PhD, RN
12:10-12:25pm	Leveraging multiple funding streams to grow our programs University of Louisville
12:25-12:35PM	Question & Answer Session, University of Louisville
12:35-1:05PM	Integration of primary care into oral health NOVA Southeastern (15 min) Columbia University (15 min)
1:05-1:25PM	Question & Answer Session NOVA Southeastern (10 min) Columbia University (10 min)
1:25-1:30PM	Closing & Next Steps CAPT Mahyar Mofidi & Dana Hines, PhD, RN

Oral Health Listening Sessions

Part I: November 16, 2021 & Part II: January 20, 2022

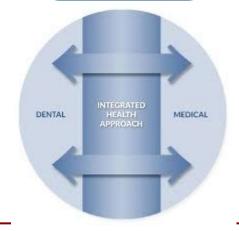
Leveraging the CBDPP for National Impact

Enhancing
Care Access
and MedicalDental
Integration

Optimizing Education and Training

Community of Practice









Key Suggestions

Increase national presence

Allocate funding to geographic areas with highest HIV burden

Optimize dental education and training











Actions & Response

Areas under consideration:

- Integrating language from the National HIV Curriculum into the Training and Education component of the CBDPP.
- Elevating integration of primary medical and dental care to a stand-alone programmatic category.
- Adding participation in a future Communities of Practice as a programmatic for funded Part F CBDPP grant recipients.
- Incorporating additional performance measures to show impact of CBDPP.





Contact Information

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Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website: ryanwhite.hrsa.gov



Sign up for the Ryan White HIV/AIDS Program Listserv: https://public.govdelivery.com/accounts/USHHSHRSA

/signup/29907





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University of Louisville School of Dentistry Community Based Dental Partnership Program

Alternate Sources of Income Used To Provide Oral Health Care to PWH in Kentucky

Ashley King-Tinsley, DMD, Dental Director and Principal Investigator Deborah Wade, MSW, Program Director Amy McClure, Clinic Supervisor





Funding sources



- RW Part B funding is received by the University of Louisville Office of Sponsored Programs as a 2 year contract with individual budget years. Each year we receive funds that must adhere to an approved line item budget. Approximately \$1,000,000 is targeted for direct dental care, \$300,000 for dental supplies dental lab fees. Funding is also available for salaries, travel for dental residents, staff and patients.
- Part F Community Based Dental Partnership Program Funding
- Program Income is generated via insurance payments, patient co-pays based on the sliding fee scale, on average we receive approximately \$17,000 per year. These funds are preserved to pay for patients who do not fit in with the state funding service areas, such as Indiana counties outside of the Emerging Communities area. We also occasionally use these funds to communicate, collaborate, coordinate and cooperate with other programs throughout the state to streamline our referral process and ensure that all PWH have access to oral health care.

Program Overview



- Part F Oral Health funding since 2002
- State Part B funding since 2014
- Only RWHAP Part F Community Based Dental Partnership Program in the state
- 891 unduplicated patients served in FY 2021-22
- \$1.6 million dollars in oral health treatment provided during this time

KY State Part B



- The CBDPP requires that future oral health providers be educated on all aspects of delivering care and treatment to PWH. At ULSD, the CBDPP works with General Practice Residents, 4th year dental students and dental hygiene students to oversee their education and treatments for PWH.
- Additionally, the University of Louisville School of Dentistry (ULSD) RW Part D program uses RW Part B
 contract funding to support provision of oral health care and services to any PLWH in the state of
 Kentucky.
 - There are 8 Ryan White Part B Kentucky Care Coordinator Programs around the state in addition to 4 Ryan White Part C&D outpatient medical clinics, all that refer clients and patients to the ULSD Part F CBDPP for oral health services.
- RW Part B funding covers the cost of treatment, supplies and lab fees, and travel. In some cases, such as the need for oral surgery, RW Part B funds covers treatment provided by private dental clinics located in the patient's hometown or nearby so they do not have to travel to Louisville for this care.
- The five counties in Indiana include: Clark, Floyd, Harrison, Scott, Washington, and are considered by the CDC to be included with Jefferson County/Louisville, KY to be an Emerging Communities geographical area.

Treatment locations



- University of Louisville School of Dentistry sites:
- Primary site: Richard L Miller Oral Health Clinic in Elizabethtown, KY
- ULSD Faculty Practice, General Practice Residency, and Student Programs

- We also collaborate with many offices throughout the state to keep care close to home, especially for specialist care.
- General dentistry is managed through one of the ULSD sites, unless there are reasons the patient cannot travel.

Reducing Barriers to Care



- Transportation is our biggest barrier.
 - We offer taxi service throughout the state
 - Gas cards
 - Bus tickets for urban areas
- Funding for transportation is paid for via the Part B funds.
 - We have a line item in our budget dedicated to patient transportation.

Experiences in Integrating Primary Care and Oral Health Care

Mark Schweizer, DDS MPH

Assistant Dean Community Programs and Public Health

Dental Director Southeast AETC

Nova Southeastern University College of Dental Medicine

Part F Recipient





Disclosures



- No financial relationships with commercial entities to disclose
- This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation
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Learning Objectives



By the end of this session, the learner will be able to:

- Describe the unique relationship between oral health and overall health
- Compare and contrast HIV care continuum outcomes in oral health in Florida
- Recognize several different techniques that can be utilized for patient retention/reengagement in care utilizing integrated care.
- Create a workflow process that will improve integration of care and patient outcomes

Why Oral Health and HIV



- Less than one half of the population gains access to the oral health care system
- Major oral health problems include dental caries, periodontal disease and oral cancer

Oral Health Care Access



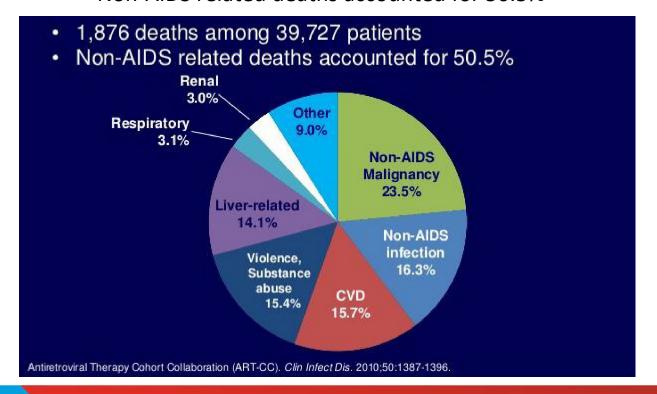
- Oral Manifestations of HIV Infection
- Oral Health Inequities
- Barriers to Care

Non-AIDS Diseases



Non-AIDS diseases now account for the majority of deaths in HIV from 1996 to 2006

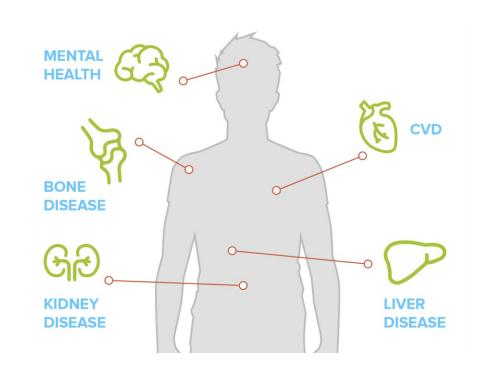
- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%



Common Comorbidities in Patients with HIV

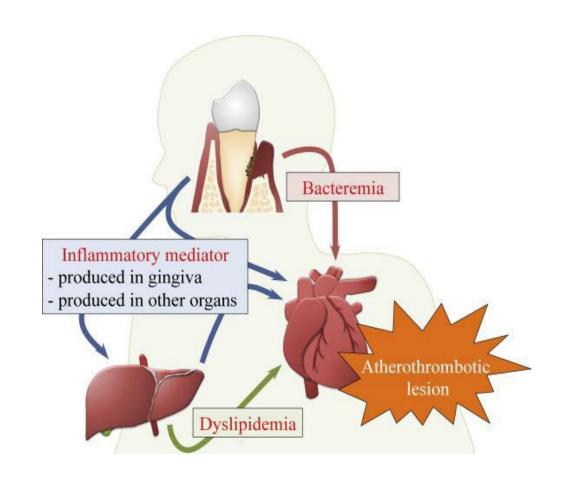


- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes



Peridontal and Systemic Diseases





Our Current Partner



Care Resource Community Health Center

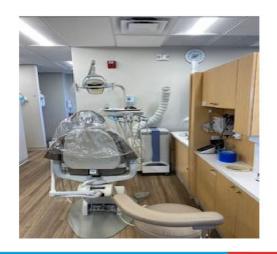
Care Resource Dental Office

















Our History





Recipient of Part F Funds for 14 years Original Community
Partner Albany
Medical Center/Care
Resource

Broward Community and Family Health Center

Care Resource
Community Health
Centers





Over 1500 unduplicated Clients.

89% Retention in Care.

96% Viral Suppression Rate

Concentration on vulnerable clients in our local community

Leverage of
Resource with the
Ryan White Part A
Program

Train over 600 faculty, residents and students

Early exposure to HIV patients in the curriculum.

Community Involvement

Program Strengths





Clinical Excellence



Clinical Outcomes



Patient Care

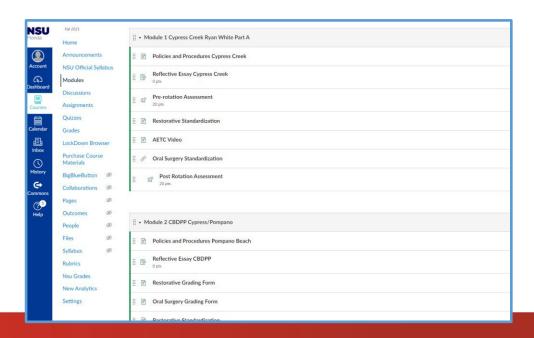
Program Strengths





Educational Programming



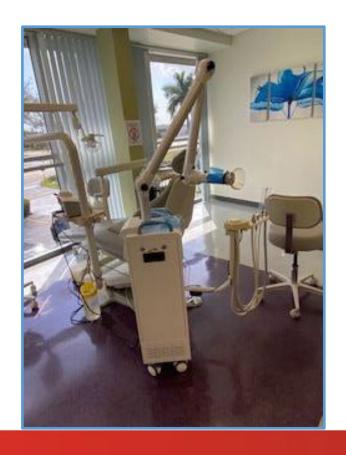


Program Challenges





Covid-19





Program Challenges





Consumer Engagement





Our Future





The mission of the College of Dental Medicine (CDM) is to educate students to become competent in all phases of the general practice of dental medicine and postdoctoral residents to become proficient in their respective specialty fields. The CDM is committed to ensuring graduates' excellence in the art and science of dental medicine and their commitment to independent, lifelong learning. This mission requires graduates to be knowledgeable in the biological sciences, clinically skilled, technologically proficient, compassionate, and sensitive to the needs of the public. The graduate will be competent to function as a member of, or in conjunction with, an interdisciplinary primary care health team.

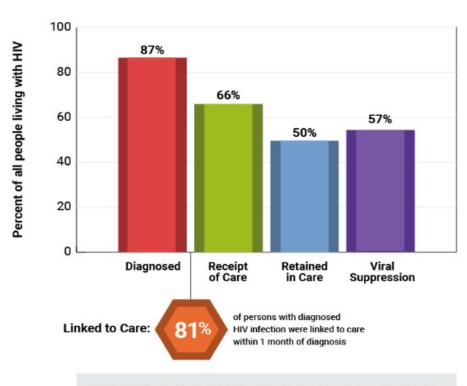
The College of Dental Medicine fosters leadership and excellence in dental education through a commitment to

- •recruitment and retention of the highest caliber of self-motivated students, residents, and faculty members
- ·innovative teaching methods, research, scholarship, professionalism, and ethical principles
- continuing education
- service to the local, national, and international communities

The College of Dental Medicine has a special commitment to educate students and residents to provide culturally sensitive care to the underserved and special needs populations.

Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019



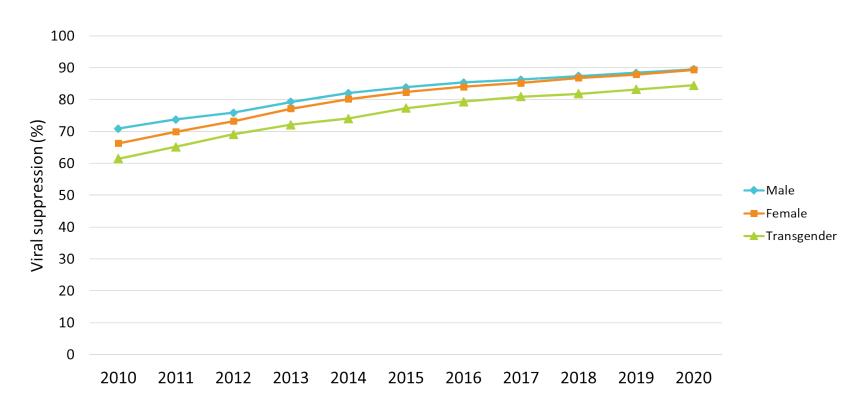


Note: Receipt of medical care was defined as ≥1 test (CD4 or VL) in 2019. Retained in medical care was defined as ≥ 2 tests (CD4 or VL) ≥ 3 months apart in 2019. Viral suppression was defined as < 200 copies/mL on the most recent test in 2019. Linkage to care is defined as having ≥ one CD4 or VL test within 30 days (1 month) of diagnosis. (Linkage is calculated differently from the other steps in the continuum, and cannot be directly compared to other steps.)

HIV.gov

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2010–2020—United States and 3 Territories^a



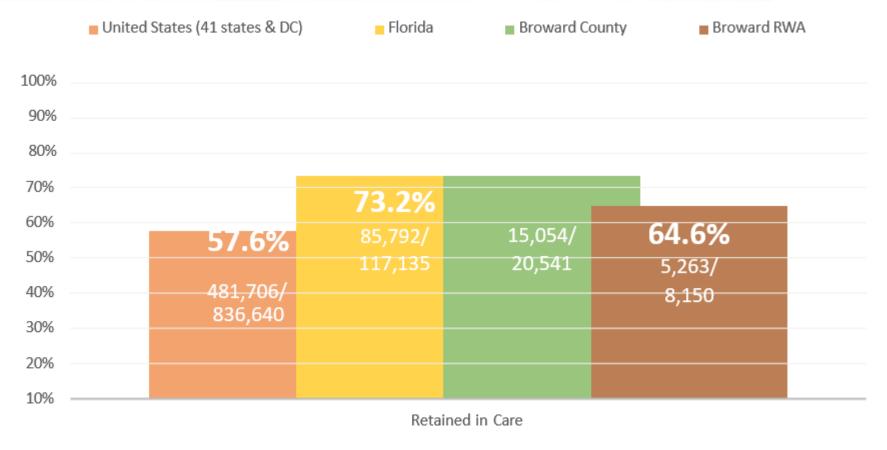


Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL. ^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Retained in Care



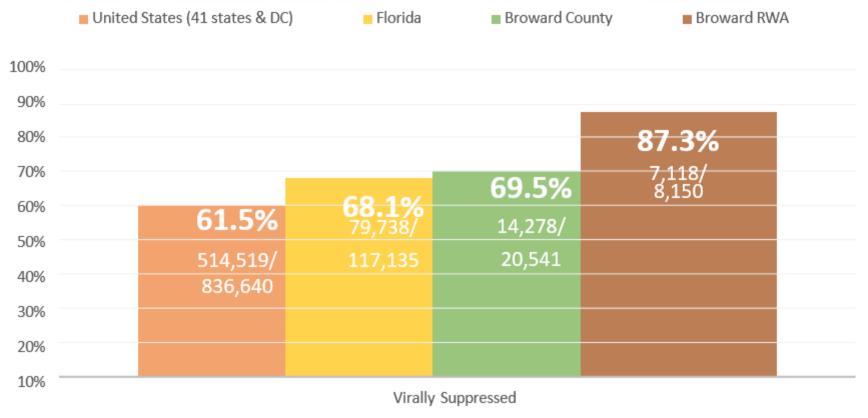


Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

Technical Notes: Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.

Virally Suppressed





Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

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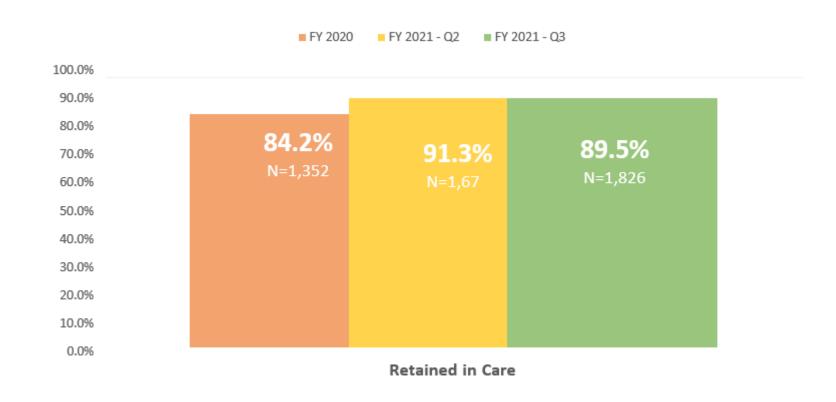


Oral Health HIV Care Continuum

Retention in Care and Viral Suppression

Retained in Care





Virally Suppressed





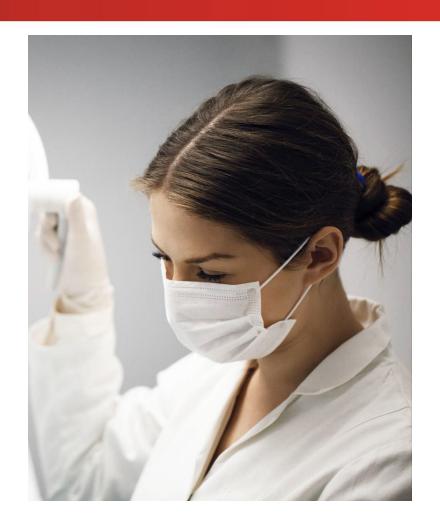
Techniques for retention and engagement in an integrated approach







First Dental Visit



What to do before the patient's appointment?

- 1. Confirm the appointment. Before anything, make sure they have all the right information.
- 2. Let the patient know what they are coming for.
- 3. Ask them to come 15 minutes early
- 4. Explain your office policies
- 5. Tell them what information to bring
- 6. Be Open, Honest and show patience.

What the patients should expect at their dental appointment?





- 1. Treat patients with courtesy, respect, and openness.
- 2. You might ask the patient to rinse and wash their hands before they are seated.
- 3. Take the blood pressure and pulse
- 4. Give the patient an opportunity to ask a few questions and respond in an an honest and open manner.
- 5. Take a thorough medical, dental, and social history.
- 6. Conduct a through intra oral and extraoral exams
- 7. Radiographs/x-rays
- 8. An examination of their teeth and gums

Important-ask questions



The Plan of Care

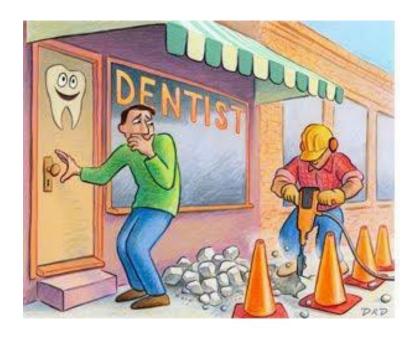


Here are the main elements of a treatment plan.

- •Diagnostic Summary. Your provider will review your substance use patterns, medical history, and mental health conditions. ...
- •Problem List. ...
- •Goals. ...
- •Objectives. ...
- •Interventions. ...
- •Tracking and Evaluating Progress. ...
- •Planning Long-Term Care.



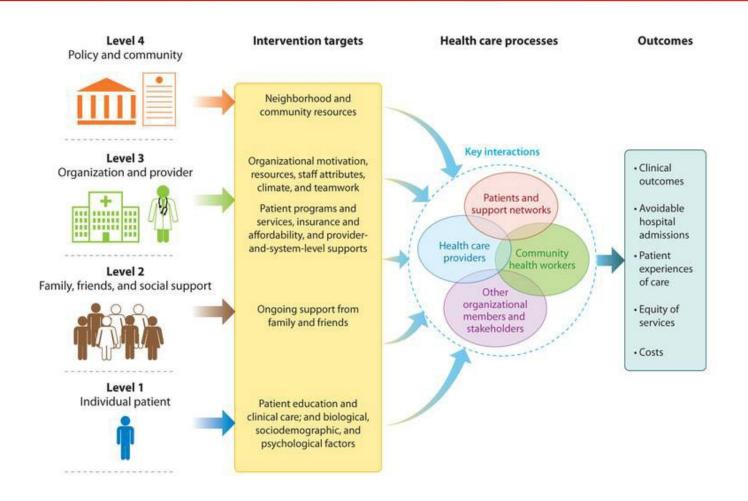




- •Dental anxiety is common, but there are ways to help you manage it.
- •Dental phobia is less common, and your dentist might need to work with your doctor and other health professionals to manage it.

Workforce model to improve integration of care and treatment outcomes





This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities.

Key Take Aways



- There is a strong relationship between oral health and overall health
- Retention in care among oral health clients is 30% higher than the national percentage of 68.7%.
- Viral suppression among oral health clients is 35% higher than the national average.
- Consider new techniques to improve patient retention and engagement
- Examine workforce models to improve integration of care and treatment outcome

Together we can "End the Epidemic"



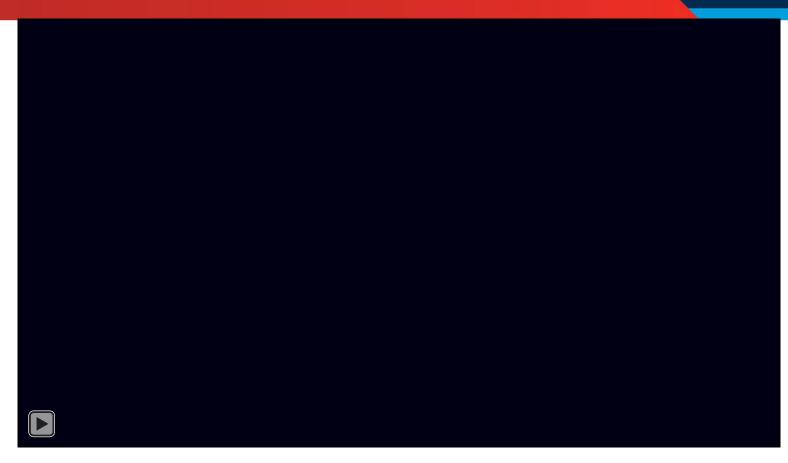
Ending the HIV Epidemic





Oral Health Training & Resource Center





https://www.seaetc.com/oral-health-and-resources-training-center/
https://www.youtube.com/watch?v=IQu3QIRrGP4&t=8s

AETC Program National Centers and HIV Curriculum



- National Coordinating Resource Center serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: https://aidsetc.org/
- National Clinical Consultation Center provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc/ucsf.edu
- National HIV Curriculum provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu



Thank you for attending!



Integration of Primary Care into Oral Health

Columbia University / Harlem United

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Disclosures



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Objectives



- Describe the relationship between Columbia University & Harlem United in providing dental care to targeted populations.
- Outline Harlem United's mission and approach to health care.
- Summarize the programs and services offered at Harlem United,
 which make it unique compared to other dental clinics.

Columbia University/Harlem United Part F – CBDPP



Community-Based Dental Partnership Program

Funds received by HRSA/HAB to:

TRAIN dental students to treat persons living with HIV/AIDS and

TREAT persons living with HIV/AIDS in the community/catchment area

By engaging with **Community-Based** partners, student experiences include:

Clinical Experience

Students will provide services on HU's clinic or mobile unit (under supervision of CDM faculty) ranging from outreach and education to supervised dental procedures.

Outreach and Education

Students will provide oral health education and participate in outreach and care coordination at one or more of our community partners while learning experientially about underserved populations' oral health determinants and oral health care needs.

Columbia University/Harlem United Part F — CBDPP



The Nest Community Health Center

Located in Harlem in New York City



Dental Mobile Unit

Provides dental services around Upper Manhattan & the

Bronx



- Sub-recipient of CBDPP Part F funding
- Total # of PLWHA served at Harlem United: 1,427

Harlem United Federally Qualified Health Care Center (FQHC)



• "Our mission is to provide healthcare, housing, prevention, and supportive services to those in need, fighting for our communities' right to access these services equitably, without barriers of racism, stigma, or discrimination."

- The Harlem United approach to Primary Care:
 - Patient-centered care
 - Medical, substance use and behavioral health services
 - One-stop shop care model
 - Harm Reduction philosophy to care



Dental Mobile Unit



- Rotates through different locations in Upper Manhattan, the Bronx, & Brooklyn
 - Shelters
 - Rehab facilities
 - Harlem United housing
- Comprehensive care & emergency services
- 2 fully equipped operatories + xray units
- Panoramic unit
- Sterilization









Healthcare



• In 2021:

- Healthcare visits: 21,000
- Mental Health Visits: 7,280
- Dental Visits: 2,685
 - Total # of patients served in Health Services:3,519
 - # of PLWHA served at Health Services: 574
 - # of PLWHA served in dental: 147



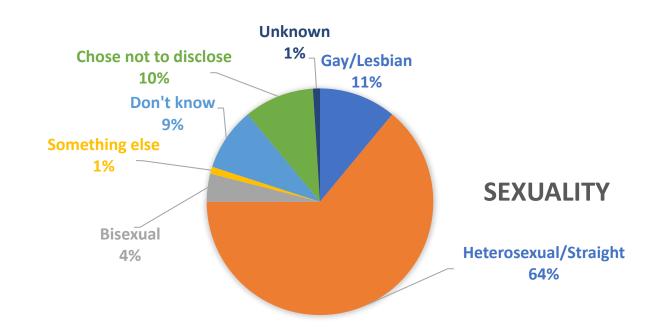
LGBTQ+ Patient Population



More likely to have an HIV positive status, hepatitis, or other chronic conditions ---

which can decrease the body's ability to fight oral health diseases (Kates et al, 2018)

- In 2021, Harlem United's health services treated:
 - 430 patients who identify as Lesbian or Gay
 - 153 patient who identify as Bisexual
 - 9 Transmen
 - o 39 Transwomen



Programs and Services



Healthcare

- Primary care
- Dental
- Behavioral health
- Cardiology
- Podiatry
- Primary Care Retention and Adherence Program (PC RAP)
- Undetectables HIV Viral Suppression Program

Prevention

- Integrated Harm Reduction Program
- Testing Services

Housing

- Shelter housing
- Transitional Housing
- Permanent Supportive Housing

Supportive Services

- Adult Day Health Care
- Food and Nutrition Services
- Health Home
- Health Home Plus
- Vocational Education

Oral Health Services



- At Harlem United, we think of oral health as one of the medical specialties.
- Thorough medical, dental, and social histories taken to know our patients better and understand how to treat them best



- We tailor each treatment plan to fit the dental needs and concerns for every patient as an individual
- Comprehensive oral health care services offered at both clinic and mobile unit
 - o Exams
 - Cleanings
 - Restorative fillings
 - Crown and bridge
 - Periodontal treatment

- Extractions and other routine oral surgery procedures
- Root canals
- Removable dentures
- Emergency dental services



Oral Health at Harlem United Patient-Centered Medical Home (PCMH)



- NYS PCMH Recognition Program
- PCMH model is an approach for coordinating & delivering highquality primary care to patients.
 - Places patient-care at the forefront
 - Builds better communication among patients, medical home, & broader care team
 - Team approach to provide comprehensive care
 - Improved patient experience and staff satisfaction
 - Associated with effective chronic care management, increased preventive care, and reduced health care costs.
 - Commitment to continuous quality improvement





Oral Health at Harlem United Health Services



Primary Care

Provide annual physicals; walk-in/urgent health needs; pediatric, adolescent, family care; STI, HIV testing and care; Hepatitis B and C care; substance use treatment (including medication-assisted treatment); and mobile-based services.



Build clients' self-efficacy to manage HIV with ultimate goal of achieving sustained viral suppression.

Undetectables HIV Viral Suppression Program

Promote integrated care coordination, adherence to antiretroviral (ARV) drugs for HU's HIV+ clients.

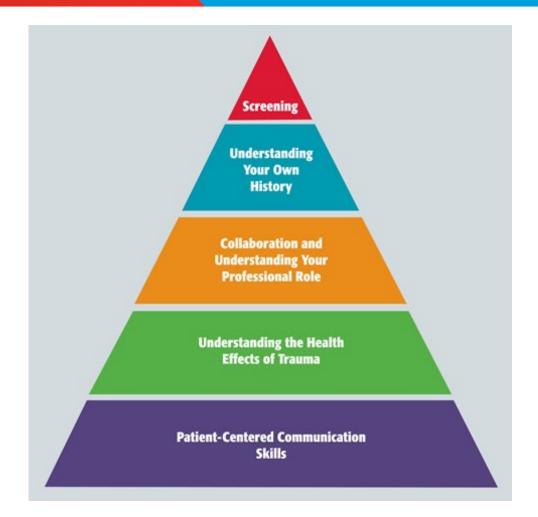




Oral Health at Harlem United Trauma Informed Care



- Involves understanding, recognizing, and responding to the effects of all types of trauma
- Emphasizes physical, emotional, and psychological safety for both patients and providers
- Helps survivors rebuild a sense of control and empowerment



Oral Health at Harlem United Housing



- Harlem United believes that safe, secure housing is foundational to building long-term health
- Meeting our clients immediate need for housing as an essential part of treatment and care
- 541 units of supportive and emergency housing to homeless populations
 - US Veterans
 - O PLWHA
 - Women and children
 - Those suffering from chronic health conditions
- 602 Residents in Harlem United housing in 2021



Housing



- Unstable housing can greatly affect a patient's efforts to improve or maintain good oral hygiene
 - Not having a place to brush teeth
 - Constantly or urgently moving requiring the need to prioritize personal items to carry with
 - Some shelters or rehab facilities prohibiting mouthwash due to possible alcohol content



 Harlem United also offers jitney services for patients to get to and/or from their dental appointments if transportation is a barrier in receiving care.

Oral Health at Harlem United Prevention



- Dental department also uses harm reduction approach, by meeting patients where they are in their process.
- Oral cancer screenings
 - Educating patients on oral health risks associated with different infectious diseases
 - Educating patients on oral health risks associated with drug use
 - Encouraging use of protective and preventive therapies to promote oral health & decrease risk of losing teeth due to caries &/or periodontal disease
 - Sharps containers in bathrooms
 - PrEP and PEP education and access to services
- Harlem United's dental department receives referrals from prevention outreach team, peers, as well as neighboring rehab facilities for patients interested in receiving dental services



Prevention



Integrated Harm Reduction Program

- Drug counseling
- Mental health counseling
- Syringe exchange
- Overdose prevention training
- Buprenorphine navigation.

Testing Services

- Free and confidential testing for HIV, Hepatitis C, and Sexually Transmitted Infections.
- All eligible clients receive patient navigation services, which include education about and access to PrEP and PEP.

• In 2021:

- 8818 Risk reduction counseling sessions
- 105 units of Naloxone distributed
- 6 overdoses reversed by Harlem United staff
- 116 Medication assisted treatment clients
- 30,000 littered syringes picked up in public spaces



Oral Health at Harlem United Supportive Services



- Case managers will help patients schedule dental appointments, accompany them to appointments to increase compliance, as well as assist in coordinating follow-up care.
- Engagement between the dental department and clients who utilize the Adult Day Health Care
 - Connecting patients to care that may have otherwise not known was available to them
 - Fostering a stronger provider-patient relationship
 - Alleviating some dental phobias
 - Educating clients on the importance of oral health and oral pathology associated with HIV/AIDS
 - A way to relay dental updates to the community
- Reinforce nutritional services and/or dietary changes
 - Caries risk assessment at every exam
 - Measuring compliance of diabetic patients
 - Evaluating signs of tooth erosion



Supportive Services



Adult Day Health Care

Provides range of services in community-based setting, including nursing care; nutritional services; case management; substance use, mental health and rehabilitative services; art and music therapy; pastoral counseling; and acupuncture.

Food and Nutrition Services

Provides food and nutrition services to people living with HIV/AIDS who do not have access to nutritious food.

Health Home

Provides medical care coordination to individuals with two chronic conditions or one qualifying chronic condition (such as HIV/AIDS)

Health Home Plus

Health Home Plus HIV - provides intensive medical care coordination to clients who are HIV positive and experience compounding factors that increase their risk for hospitalization.

Health Home Plus SMI - provides intensive medical care coordination to clients diagnosed with a serious mental illness.





Columbia University/Harlem United Service Learning



- CU College of Dental Medicine's third year pre-doctoral dental students are required to participate in a one week service learning rotation
 - Harlem United is a part of the experiential component of the rotation
- Students experience first hand ways to manage and treat patients within challenging populations, as well as some of the obstacles that may affect care
- The Nest and Dental Mobile Unit
 - Service Learning sites





Oral Health at Harlem United Service Learning Impact



- Exposes students to populations they otherwise may not have encountered, and provides insight into the barriers these patients face
- Increases comfort level for treating high risk populations, PLWHA, and those suffering from mental illness or multiple chronic conditions
- Useful communication and treatment techniques that are not always taught nor emphasized in dental school





Oral Health at Harlem United Service Learning Impact





From third year dental students' reflections:

- "I came away with a deeper understanding of the challenges patients with HIV face."
- "I think this experience will have an impact in my career as it will provide me the tools to manage a pool of patients with diverse conditions."
- "I feel I am more confident in asking and discussing with a patient their HIV/AIDS status and feel more comfortable treating such patients as well."

Thank You



