



Improving Oral Health Care for HIV+ Clients

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Disclosures

Kathleen Welch, PhD, MPH, DeAnn Gruber, PhD, LCSW and Shawn Johnson, LCSW have no financial interests or relationships to disclose.

HRSA Education Committee Disclosures HRSA Education Committee staff have no financial interest or relationships to disclose.

CME Staff Disclosures
Professional Education Services Group staff have no financial interest or relationships to disclose.



Learning Objectives:

By the end of this workshop, participants will be able to:

- 1. Describe the major barriers for HIV+ patients in accessing oral health care and ways to reduce these barriers.
- 2. Understand how dental anxiety is a major oral health care barrier for HIV+ patients and how to address this barrier.
- 3. Demonstrate knowledge regarding the methods used in data collection for this survey.







HIV and AIDS in Louisiana



2008 National Rankings

CDC Surveillance Report, Vol. 20

Louisiana ranked 4th highest in state AIDS case rates and 11th in the estimated number of AIDS cases

■ The Baton Rouge area ranked 2nd and the New Orleans area ranked 3rd in AIDS case rates among large U.S. cities

(In 2007, Louisiana was 5th, New Orleans was 2nd and Baton Rouge was 3rd.)

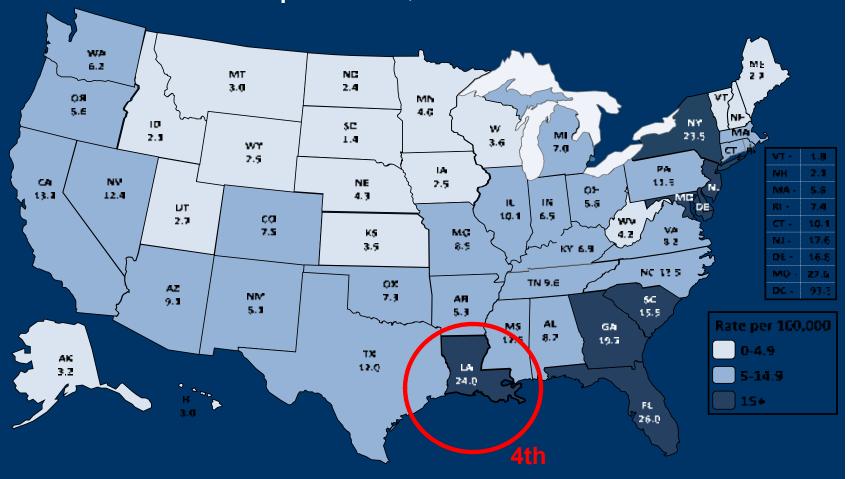
2009-2010 HIV/AIDS Stats

- In 2009, 1,243 new HIV cases were diagnosed in Louisiana
- As of July 2010, 17,695 persons were living with HIV/AIDS in Louisiana

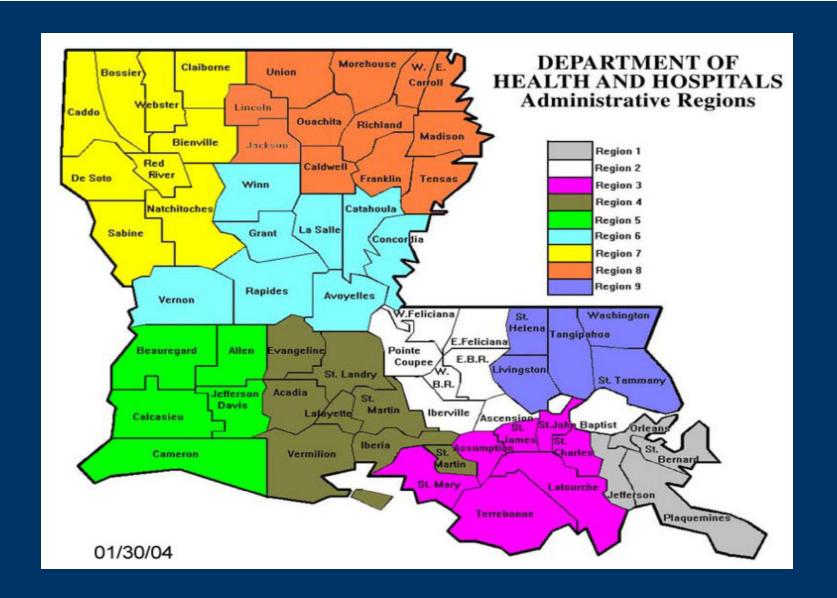


2008 AIDS Case Rates

US Rate =12.2 per 100,000









Louisiana and Oral Health

■In 2007, 28.9% of all Louisiana adults >= 65 years had lost all of their natural teeth.

In 2008, Louisiana was #2 in the U.S. in percent of population lacking access to dental care.

In 2010, 56 of the 64 parishes (counties) in Louisiana were designated as Dental Health Professional Shortage Areas.



HIV-infected Clients in Louisiana and their Oral Health Care

- Majority of HIV-infected clients in LA are poor, African-American and face numerous socio-economic problems.
- In 2008, HAP (Part B) coordinated HIV-related care, treatment and support services for 5,875 people living with HIV infection in Louisiana.

522 clients received oral health care services at a cost of \$367,439.

These services were sponsored through the Ryan White Part B and Housing Opportunities for Persons with AIDS (HOPWA) funding programs.



HAP CQI

- CQI STEERING COMMITTEE
 - Medication Access
 - Oral Health Care
 - Mental Health/Substance Abuse Treatment
- Steering Committee and Subcommittees formed, which meet approximately every 2 months
- Participation Statewide and among all Parts



HAP Oral Health CQI Committee

- Function: Identify opportunities and projects for improvement in dental services offered to clients
- Members:

LSU Dental faculty

SPNS Dental staff

AETC

Case Managers

HAP staff

Consumers



Oral Health Survey

Purpose: To address the lack of data on clients' dental needs and experiences, the HAP Oral Health CQI Committee designed a survey in 2008.

Included 27 close-ended questions.

Approximate time to complete: 15 minutes.



Oral Health Survey

- Key components of survey
 - Demographics
 - Dental care utilization
 - Satisfaction with dental care
 - Self-assessment of oral health status
 - Unmet need: "Needed dental treatment in the past year but couldn't get it"
 - Reasons for not receiving dental care
 - Perceived importance of dental care
 - Support needed to access dental care



Oral Health Survey

- In 2009, added the Corah Dental Anxiety Scale Revised (DAS-R)
- Why was it added to the survey?

In the 2008 survey, over 40% reported some type of negative emotion which could be related to anxiety or fear:

"Since testing positive there was a time I needed dental care but couldn't get it because:

"I was afraid it would hurt." (19%)

"I was worried about my privacy/discrimination." (15%)



Corah DAS-R

Four-item scale with responses scored from one to five, giving total scores ranging from 4 to 20. (1 is the most calm, 5 is the most anxious)

- The purpose of the DAS is to estimate overall dental anxiety (situation-specific trait anxiety)
- The measure takes several minutes to complete and has been shown to be valid and reliable.

It is one of the most widely used and studied instruments for measuring dental anxiety and has been used around the world.



DAS-R Questions

- If you had to go to the dentist tomorrow for a check-up, how would you feel about it?
- When you are waiting in the dentist's office for your turn in the chair, how do you feel?
- When you are in the dentist's chair waiting while the dentist gets the drill ready to begin working on your teeth, how do you feel?
- Imagine you are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist or hygienist is getting out the instruments which will be used to scrape your teeth around the gums, how do you feel?



Oral Health Survey Methodology

- Participants: HIV-infected clients who met with a Ryan White Part A or Part B-funded case management provider in Louisiana from October to December
- CBOs representing all nine public health regions in the state participated.
- Survey administered by case managers starting in October (National Dental Hygiene Month)



Oral Health Survey Methodology (cont.)

 Survey implementation monitored through training and conference calls

Incentive provided: Free oral health kits given to all respondents

Tobacco cessation brochures given to any respondents interested in quitting.



СВО	2008 N=1146	2008	2009 N=1130	2009
	n	%	n	%
NO/AIDS REG.1	268	23%	173	15%
VOA BR	111	10%	150	13%
FSGBR	100	9%	102	9%
HAART	124	11%	102	9%
PHIL. CENTER	55	5%	100	9%
ACAD. CARES	77	7%	84	7%
NO/AIDS REG. 3	N/A	N/A	74	7%
VOA REG.9	101	9%	72	6%
CLASS	46	4%	46	4%
SE LAHEC	N/A	N/A	50	4%
NR PEACE	51	4%	48	4%
SLAC	79	7%	47	4%
GO CARE	130	11%	43	4%
GREAT EXPEC.	N/A	N/A	24	2%
FACES	N/A	N/A	14	1%



Demograph	nics of	Survey	Resr	ondents
GENDER				

Male	59.5%	56.5%
Female	33.9%	38.9%
Transgender	0%	1.4%
RACE		
Black	59.4%	64.9%
White	27.8%	24.5%
Hispanic	3.4%	3.2%
AGE		

13-24	5.0%	5.8%
25-40	32.7%	35.8%
41-60	55.7%	52.7%
>60	4.3%	3.5%



2008 Oral Health Survey Results Compared with 2009 Results

Last Dental Visit was Within a Year	49.3%	55.9%
ER Visit to Dentist in Last Year	37.0%	33.6%
"Very Satisfied" with Last Dental Visit	55.5%	60.6%
Dental Care is "Very Important"	77.4%	70.8%
Needed Dental Treatment in the Last Year but Could Not Get It	N/A	39.0%



Top 5 Barriers in Receiving Dental Care

2008 2009

- (67.6%)
- I could not afford dental care. 1. I could not afford dental care. (71.8%)
- 2. I didn't know where to find dental care. (24.4%)
- 2. I didn't have transportation to get to a dentist. (28.9%)
- 3. I couldn't find an HIV friendly (23.6%)dentist.
- 3. I felt anxious about going to (19.3%)the dentist.
- 4. I didn't have transportation to get to a dentist. (23.2%)
- 4. I was worried it would hurt. (19.3%)
- 5. I couldn't get an appointment. (16.5%)
- 5. I couldn't get an appointment.

(16.6%)

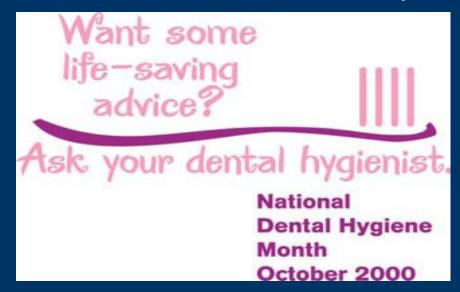


Improvements in Reducing Barriers 2008 2009

#2. I didn't know where to find dental care. (24.4%)

8. I didn't know where to find dental care.

(12.3%)





Dental Anxiety Measured in 2009 Several Questions Included in 2009 Survey

"In the last year was there a time when you needed dental treatment but could not get it?"

(If you answered "Yes" above what were the reasons you did not get the dental treatmen you needed?)

- "I felt anxious about going to the dentist." (19.3%)
- "I was worried it would hurt." (19.3%)
- "I was worried about my privacy." (16.1%)
- "I was worried about being discriminated against." (12.0%)
- "I couldn't find a dentist I could trust or relate to." (11.6%)





THE DENTIST MEANS WELL BUT HE CAUSES ME GREAT ANGUISH

CartoonChurch.com



Dental Anxiety Based on DAS-R

No Anxiety	691	63.7%
Moderate Anxiety (DAS 9-12)	242	22.3%
High Anxiety (DAS 13-14)	64	5.9%
Severe Anxiety (DAS 15-20)	88	8.1%

14% have either high or severe anxiety (DAS >=13)



Logistic Regression Model for Odds of Having Dental Anxiety (DAS >=13) (n=951)

Independent Variable	OR	95% CI	P-value
Dental care is "not important" vs. "very important"	3.92	(1.15-13.35)	.029
"Not satisfied" with last dental visit vs. "very satisfied"	3.32	(1.87-5.92)	.000



How to Use the Oral Health Survey Results

■ Discuss the analysis of results by CBO—what would help each CBO.

Two of the barriers: "no transportation" and "can' afford"—not that realistic to provide interventions for since cuts in funding.

In 2010 focus on providing help for those with dental anxiety. (More success possible since resources are limited.)



How to Reduce Dental Anxiety

- Education by case managers to reinforce importance of dental care. Emphasized during October, National Dental Hygiene Month.
- Free oral health kits given out to all clients who visit a case manager during October
- Dental Hygiene Posters displayed at CBOs

http://www.adha.org/oralhealth/index.html

Videos shown and brochures given out to patients and dental providers



How to Reduce Dental Anxiety (cont.)

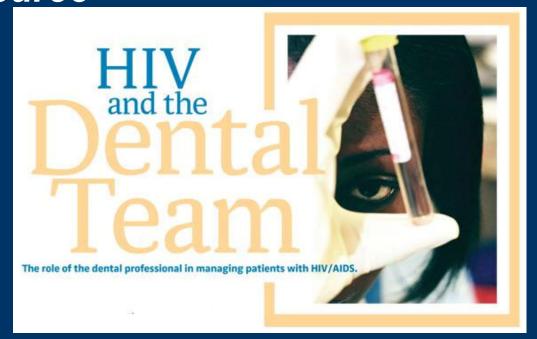
- During the Fall 2010 Case Managers Training, case managers will learn stress management techniques which can be taught to clients who have high dental anxiety.
- During October, 2010, National Dental Hygiene Month, case managers will identify clients with high dental anxiety using the DAS-R and teach those clients stress management techniques.
- HAP will work with Delta AETC to help educate dental health providers about dental anxiety and ways to reduce anxiety.



Where to Find Information about HIV and Oral Health?

www.HIVdent.org

The Internet's HIV/AIDS Oral Healthcare
Resource









HIV Oral Health for Peers

http://echo.hdwg.org/HIVOralHealthforPeers

If you wish to receive the CD version of the module with additional multimedia features, please contact Liz Faye @ elfaye@bu.edu.



HIV Oral Health Jeopardy for Peers How many Americans experience some anxiety and fear of the dentist?

1 million

15 million

30 million



Dental anxiety and phobia are extremely common. It has been estimated that 9% to 15% of Americans — about 30 million to 40 million people — avoid seeing the dentist because of anxiety and fear.





www.dentalfearcentral.org

Who is Dental Fear Central for?

- 1. Anyone (worldwide) with an extreme phobia of dentists
- 2. Anyone with specific dental fears
- 3. Dental professionals, researchers, dental students, psychologists and related professions with an interest in dental anxiety management

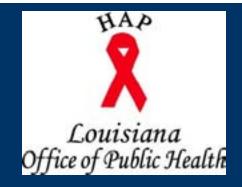


Dental Anxiety Network

http://www.dentalanxiety.net/forum/register.php?do=signup

The Dental Anxiety Network is open to any professionals who work in the field of dental anxiety - for example dental professionals (dentists, dental hygienists, dental nurses, dental therapists etc.), mental health professionals, GPs/MDs, hypnotherapists, and researchers.





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