

Ryan White HIV/AIDS Program (RWHAP) and Oral Health Care

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**HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)**



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 vulnerable 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 living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

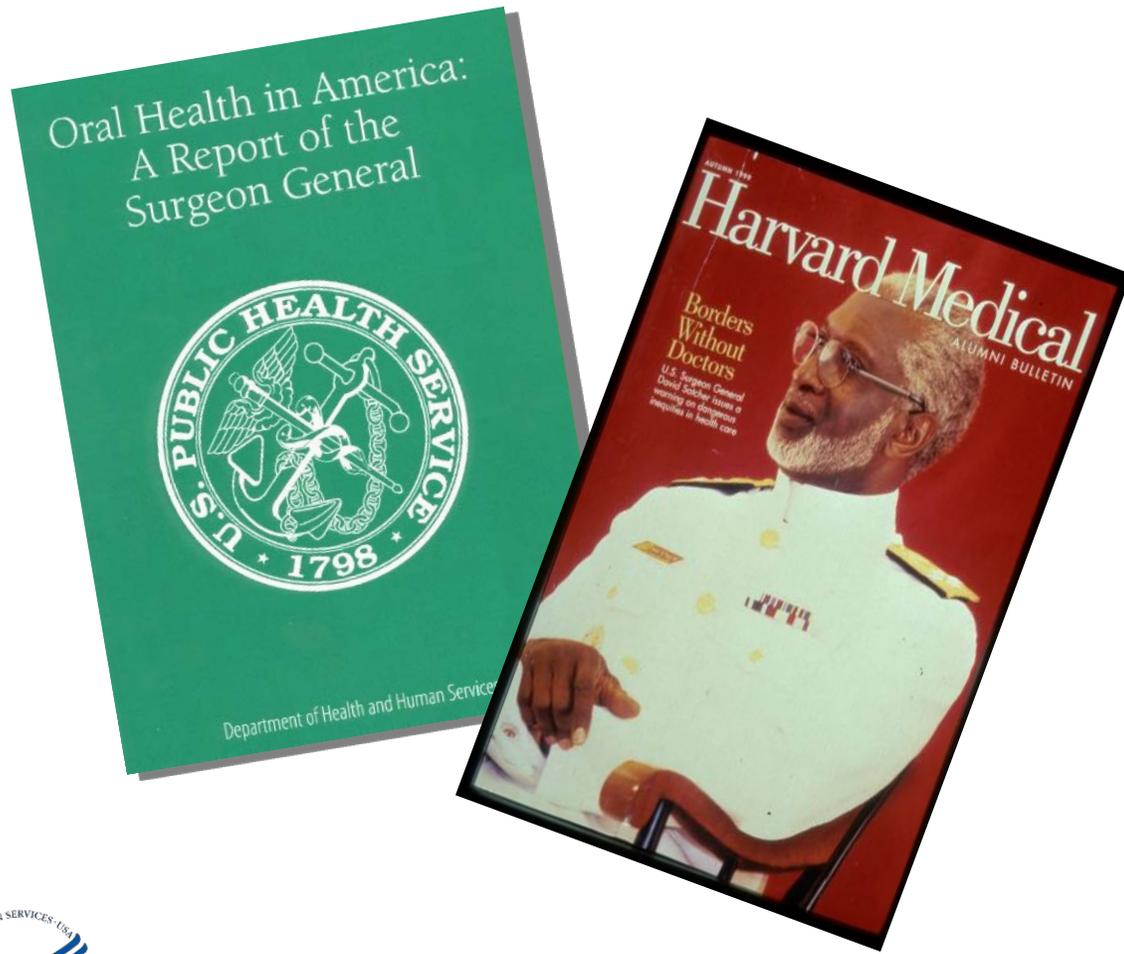


Agenda

- **Importance of Oral Health**
- Overview of RWHAP Oral Health Programs
- Oral Health Data Report
- Recipient Presentations
 - Columbia University College of Dental Medicine
 - Nova Southeastern University College of Dental Medicine
 - University of Louisville School of Dentistry



Surgeon General's Report on Oral Health



- You cannot be healthy without oral health.
- Oral health is essential to overall health and quality of life, and all families need access to high-quality dental care.

Oral Health for PLWH

- “While good oral health is important to the well being of all population groups, it is especially critical for people living with HIV (PLWH). Inadequate oral health care can undermine HIV treatment and diminish quality of life, yet many individuals living with HIV are not receiving the necessary oral health care that would optimize their treatment.”



2013, U.S. Public Health Service Surgeon General Regina M. Benjamin, MD, MBA

Oral Disease in HIV Infection

- Oral infections and neoplasms occur with immunosuppression
- High prevalence of dental caries and periodontal disease
 - Some HIV medications have side effects (xerostomia or dry mouth) which can lead to tooth decay and periodontal disease
 - 32-46% of PLWH have at least one oral disease condition related to HIV
- Oral manifestations may indicate early HIV infection, progression, or failure in HIV therapy

Negative Impact of Oral Disease

- Untreated oral disease may lead to systemic infections, weight loss, and malnutrition
- Oral health diseases are linked to systemic diseases: diabetes, heart disease
- Oral diseases impact quality of life: psycho-social problems and limited career opportunities

Unmet Oral Health Needs

- Oral health is one of the top unmet needs for PLWH who obtain services through the Ryan White HIV/AIDS Program nationwide
- PLWH have more unmet oral health care needs than the general population and have more unmet oral health care needs than medical needs
- PLWH most likely to report unmet need for dental care are African American, uninsured, Medicaid recipients, and within 100 percent of federal poverty limits



Oral Health Care Access Barriers

- Shortage of dentists trained and willing to treat patients with HIV/AIDS
- Low motivation or lack of awareness of importance of oral health
- Dental anxiety and fear
- Lack of dental insurance coverage
- Limited financial resources
- Declining levels of adult dental Medicaid coverage

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Ryan White HIV/AIDS Program

- RWHAP Parts A (Cities), B (States), C (Community based organizations), and D (Community based organizations for women, infants, children, and youth) Services include:
 - Medical care, medications, and laboratory services
 - Clinical quality management and improvement
 - Support services including case management, medical transportation, and other services
- RWHAP Part F Services
 - Clinician training, dental services, and dental provider training
 - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations



Ryan White HIV/AIDS Program and Oral Health Services

Program	RWHAP Part A	RWHAP Part B	RWHAP Parts C –D
Eligible Entities	EMA /TGA	State/Territories	Public and nonprofit private entities, Faith-based and community-based organizations, and Tribes and tribal organizations
Eligible Providers	Hospitals, Clinics, Nonprofits	Hospitals, Clinics, Nonprofits	Public and nonprofit private entities, Faith-based and community-based organizations, and Tribes and tribal organizations
Target Population	Ryan White Eligible PLWH	Ryan White Eligible PLWH	Ryan White Eligible PLWH



Ryan White HIV/AIDS Program and Oral Health Services

Program	Community-Based Dental Partnership Program (CBDPP)	Dental Reimbursement Program (DRP)	AIDS Education and Training Centers (AETC) Oral Health Trainings
Eligible Providers	Accredited dental schools and other accredited dental education programs	Accredited dental schools and other accredited dental education programs	Clinics and Health Care Systems
Target Population	Dental Students, Dental Hygiene Students, Dental Residents, Community-Based Providers, and Ryan White Eligible PLWH	Dental Students, Dental Hygiene Students, Dental Residents, and Ryan White Eligible PLWH	Health Care Providers



Ryan White HIV/AIDS Programs for Dental Services

- Dental Reimbursement Program (DRP)
- Community-Based Dental Partnership Program (CBDPP)



Funds from **all Ryan White HIV/AIDS Programs can support oral health services** but DRP and CBDPP specifically focus on funding oral health care for people with HIV.

Eligible Applicants

- Dental schools
- Postdoctoral dental education programs
- Dental hygiene education programs

All of which must be not for profit, private or public, and be accredited by the Commission on Dental Accreditation



Dental Reimbursement Program (DRP)

DRP

First funded in 1994

Assists accredited dental or dental hygiene education programs by defraying a portion of their uncompensated oral health care to PLWH

51 DRP Entities @ ~8.9 Million, FY 2018



Community Based Dental Partnership Program (CBDPP)

CBDPP

First funded in 2002

Prospective grant program

12 Recipients @ ~\$3.5 Million, FY 2018-23



Purpose

- To improve access to oral health care services for low- income, underserved, and uninsured PLWH in underserved geographic areas
- To provide education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings

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RWHAP Oral Health Programs & Data Report

Overview



RWHAP Oral Health Programs: Overview

- RWHAP Parts A–D oral health services
- Dental Reimbursement Program (DRP)
- Community-Based Dental Partnership Program (CBDPP)
- AIDS Education and Training Center (AETC) oral health trainings

	Oral Health Services	Provider Training
RWHAP Parts A–D	X	
Dental Reimbursement Program (Part F)	X	X
Community-Based Dental Partnership Program (Part F)	X	X
AIDS Education and Training Centers		X



Oral Health Data Report: Structure and Data Sources

Program	RWHAP Parts A-D Oral Health Services	Community-Based Dental Partnership Program (CBDPP)	Dental Reimbursement Program (DRP)	AIDS Education and Training Centers (AETC) Oral Health Trainings
Data Source	RWHAP Services Report (RSR)	Dental Services Report (DSR)	Dental Services Report (DSR)	AETC Data System
Years Included	January 2010 – December 2016	CBDPP: January 2012 – December 2016	DRP: July 2011 – June 2016	July 2010 – August 2015



Ryan White HIV/AIDS Program

Parts A–D

Oral Health Services



RWHAP Parts A–D Oral Health Services: Overview

- Ryan White HIV/AIDS Services Report (RSR)
 - Data from 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands
 - Data are not Part-specific and do not include information about the AIDS Drug Assistance Program (ADAP)
- ***RWHAP oral health care service category*** includes outpatient diagnostic, preventive, and therapeutic services delivered by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants



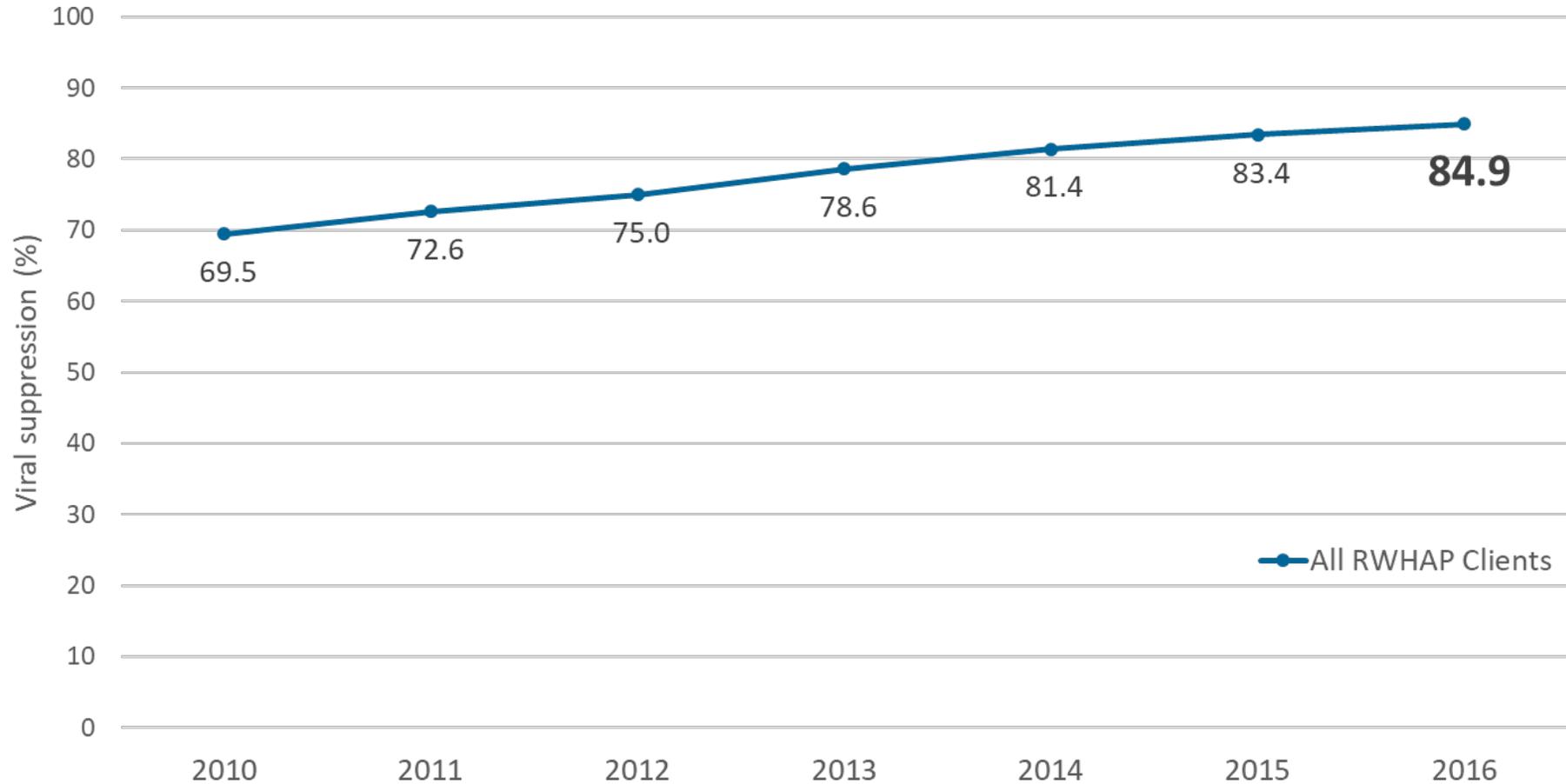
RWHAP Parts A–D Oral Health Services: Overview

Clients who received oral health services	Provider sites that delivered oral health services
<ul style="list-style-type: none">• Socio-demographic characteristics• Distribution by state/territory• Clinical outcomes• Comparisons with overall RWHAP client population	<ul style="list-style-type: none">• Provider type• Delivery of other RWHAP services• Number of clients

RWHAP Parts A–D Oral Health Services: Analysis, 2016

- 88,458 (~16%) of all RWHAP clients received oral health services
- 491 RWHAP providers delivered oral health services to RWHAP eligible clients
- RWHAP clients received oral health services in 47 states, the District of Columbia, and Puerto Rico

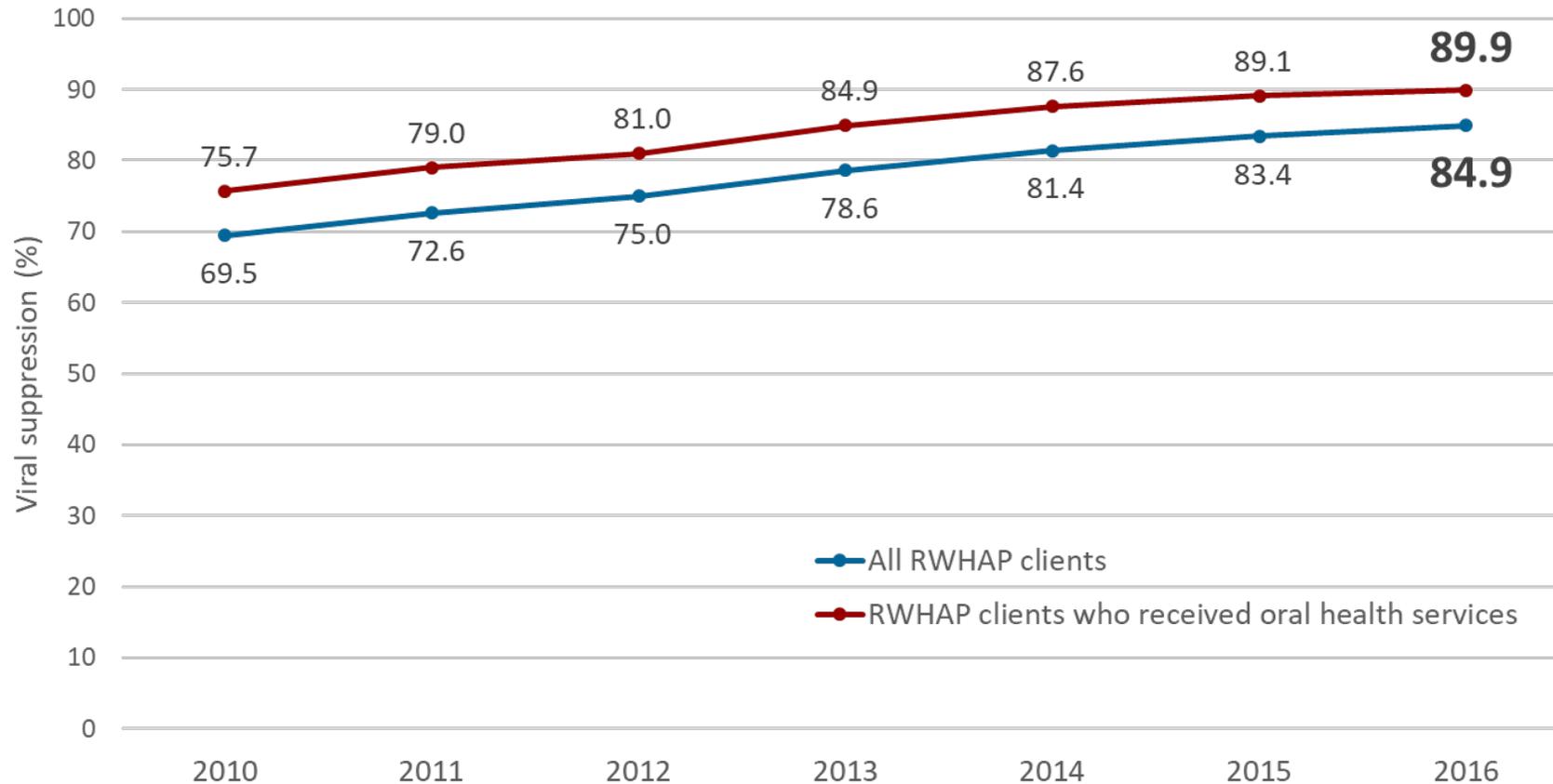
Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program Parts A–D (non-ADAP), 2010–2016



Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL



Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program Parts A–D (non-ADAP), by Receipt of Oral Health Services, 2010–2016



Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL

Viral suppression among RWHAP clients who received oral health services: ≥ 1 OAHS visit and ≥ 1 oral health visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL. This is a subset of all clients who received oral health services.



Ryan White HIV/AIDS Program Dental Services Report (DSR)

Dental Reimbursement Program (DRP)

Community-Based Dental Partnership Program (CBDPP)



Dental Services Report: Overview

- Ryan White HIV/AIDS Program Dental Services Report (DSR)
 - Aggregate data reported by Dental Reimbursement Program (DRP) and Community-Based Dental Partnership Program (CBDPP) funded organizations
 - Common data collection form for both DRP and CBDPP – data reported and analyzed independently
 - Data do not include information about the AIDS Drug Assistance Program (ADAP)

Client Information	Provider Trainee Information
<ul style="list-style-type: none">• Socio-demographic characteristics• Visit frequency and type	<ul style="list-style-type: none">• Level of trainee• Type of training received

Dental Services Report: Analysis, 2016

	Dental Reimbursement Program (DRP) [July 2015–June 2016]	Community-Based Dental Partnership Program (CBDPP) [Jan 2016–Dec 2016]
Funded Organizations	56	11
Clients Served	36,455	4,745
Oral Health Visits	256,020	38,491
Oral Health Trainees	12,395	3,453



AIDS Education and Training Centers (AETC)

Oral Health Trainings



AETC Oral Health Trainings: Overview

- Data submitted by 8 Regional AETCs
 - Data do not include information about other trainings that providers may have received
- Analysis only includes ***oral health trainings*** (trainings on the topic of “oral health”)
 - Trainees included regardless of professional discipline
 - Approximately 10% of all AETC trainings

Training-Level Data	Trainee-Level Data
<ul style="list-style-type: none">• Training modalities/technologies	<ul style="list-style-type: none">• Socio-demographic characteristics• Service site characteristics



AETC Oral Health Training: Trainees, July 2014–August 2015

- 8,556 oral health trainees attended 1,078 training events
- 50% of trainees were dentists or other dental professionals (e.g., hygienist)
- Over half (54%) were direct care providers/clinicians
- Nearly three-quarters (74%) provided direct services to PLWH
- Over half (52%) worked in organizations that receive RWHAP funding



Conclusions

- The RWHAP supports the provision of oral health services to PLWH
- In the most recent data report period, RWHAP oral health programs reached
 - Nearly 130,000 PLWH (Parts A-D, F)
 - Supported over 491 provider sites in the delivery of oral health services, and
 - Provided training to over 24,000 providers in the most recent data reporting period.
- Oral health care is an important component of care and treatment for PLWH, ensuring optimal HIV health outcomes, preventing further transmission of the virus, and ending the HIV epidemic



RWHAP Oral Health Data Report

Find the report online at the
HRSA HIV/AIDS Bureau website:

<http://hab.hrsa.gov/>



Where Can I Learn More?

- RWHAP: <http://hab.hrsa.gov>
- RWHAP Data Resources: <http://hab.hrsa.gov/data>
 - Data reports
 - State profiles
 - Webcasts
 - Slide decks
- TargetHIV: <https://targethiv.org>
 - News, training, tools, and other resources



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