
Dental Partnerships

Ryan White HIV/AIDS Program

Community Based Dental Partnership Program



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SECTION I: Filling Gaps in HIV Dental Care

Dental Care Shortages

- ▶ About one-fourth (25.49 percent) of the adult U.S. population ages 20-64 had untreated cavities, according to data covering the time period 1999-2004.
- ▶ Forty percent of the adult U.S. population ages 20-64 did not see a dentist during the past 12 months, according to data for 1999-2004.
- ▶ PLWH fair worse than the general population when it comes to access to dental care, according to various national and local data.

Many Americans lack good dental care. Significant proportions of the population live with untreated cavities¹ and do not get regular dental care.² Over 100 million Americans lack dental insurance.³ Access is even less available for people living with HIV disease (PLWH), a diverse group of individuals who are disproportionately low income and often lack health insurance of any kind.

A number of Federal initiatives have been established to address shortages in dental care for low-income and underserved populations, including PLWH. These efforts are largely being carried out under the auspices of the U.S. Department of Health and Human Services (HHS) and its agency devoted to access to primary health care, the Health Resources and Services Administration (HRSA). This report presents one such effort, the Community Based Dental Partnership Program under HRSA's Ryan White HIV/AIDS Program, in a review of its accomplishments and strategies for delivering HIV dental care to clients who are hardest to reach.

The Dental Partnership was established in 2002 in response to well-documented gaps in oral health care for PLWH. Among the earliest such reports was the HIV Cost and Services Utilization Study, the Nation's largest examination of health utilization patterns of PLWH. HCSUS found that 58 percent of PLWH did not receive regular dental care.⁴ More recent studies covering specific areas of the country have arrived at similar findings. Among these is a report examining dental care among PLWH in North Carolina, where 64 percent were found to have unmet dental needs.⁵

Gaps in dental care have also been extensively identified in assessment studies conducted by Federally-funded Ryan White HIV/AIDS Programs, which exist to fill gaps in HIV/AIDS care to underserved populations via community and State programs throughout the nation.⁶ These assessments consistently rate dental care as a top unmet need among many other health care issues faced by PLWH. Ryan White services are crucial in this respect as private dental coverage is largely not an option for many PLWH because coverage is often expensive. The public safety net, in turn, has many gaps as public insurers like Medicaid typically have limited coverage for adult oral health services.

Ryan White Community Based Dental Partnerships

- ▶ Twelve Dental Partnerships in 13 States have formed networks of community-based HIV dental care, comprised largely of university-based dental schools and 50-plus agencies to extend access to oral health.
- ▶ Dental care was provided to 4,328 people living with HIV in 2006—an increase of 34 percent from 2004, the first full year of program operations.
- ▶ In 2006, there were 22,566 service visits for a range of comprehensive dental care services—an increase from 13,705 in 2004.
- ▶ In 2006, 943 dental providers were trained—primarily, dental school students, residents, dental hygienists, and others—an increase from 766 in 2004.

PLWH reportedly face the added barrier of relatively few dentists trained and/or willing to serve people living with HIV, from among the 161,000 dentists in the U.S.⁷ The competition that people typically face in getting a dental appointment from this limited pool of dentists is probably even greater for PLWH. Such gaps are all the more troubling because dental care is a crucial part of HIV care. (See below, Oral Care: An Essential HIV Service.)

Oral Care: An Essential HIV Service

The vast majority of dental care that an HIV infected person requires is no different than what an uninfected person would typically need. However, good dental care for PLWH is not a routine matter because oral health is a crucial component of overall health care for an infected person. The potential outcomes of getting such care, or not receiving it, are notable.

- ▶ A significant number of HIV-infected individuals have oral health conditions due to their diminished immune system.⁸ These manifestations usually decrease once HIV antiretroviral therapy has begun. However, PLWH who have persistent or recurring oral lesions, tooth decay, and gum disease may experience a decline in their overall health and diminished effectiveness of antiretroviral therapy. These problems can be caused by compromised nutritional intake, poor absorption of HIV medications, and decreased adherence to treatment regimens. PLWH who are on antiretroviral medications should see a dentist regularly to check for cavities and gum disease, to receive oral soft tissue examinations, and to monitor the state of their overall health.
- ▶ Encounters in oral health care provide opportunities to address lifestyle behavior practices and prevent disease, such as smoking cessation assistance and nutrition counseling.
- ▶ A visit to the dentist may be a health care milestone for the patient. The dental professional, properly trained, can address oral health concerns and, improve the quality of doctor-patient communication, and even play a role in helping engage or re-introduce patients into the health care system and coordinating their care with other primary care providers.

Increasing access to dental services for low-income and at risk populations can also translate into a greater role for dentists in linking people with HIV to care earlier. Consider that the first indication of HIV infection is often through an oral condition such as a thrush infection, ulcers, warts, or oral cancer.⁹ Dentists are well positioned to pick up on signs like these and help link more people with HIV into care earlier, which continues to be challenging despite years of outreach efforts across the nation. Recent data indicate that 38 percent of HIV-infected

Ryan White Community Based Dental Partnerships

Since inception, varied strategies have been crafted to enhance HIV dental services, training of staff, and management of dental partnerships, as follows:

- Service delivery (e.g., reducing no-show rates through special support and reinforcement methods, co-location of medical and dental services)
- Patient education (e.g., one-on-one discussions during appointments, smoking cessation support, patient education software for in-clinic learning)
- Partnership operations that broaden service and training networks (e.g., collaborative arrangements that work under structured rules such as memoranda of agreement, referral networks that serve to ease appointment-making and service linkages for clients, collaborative planning to raise resources and target services)
- Consumer involvement (e.g., advisory boards, patient satisfaction surveys, focus groups)
- Student/provider training (e.g., on-site rotations in community clinics and one-on-one and small group discussions between patients and dental students, targeting of dental residents and dental hygiene students).

individuals in the U.S. learn their HIV status late,¹⁰ within one year of a late-stage AIDS diagnosis.

Ryan White's Community Based Dental Partnership Program

The Dental Partnership is one of multiple HIV-focused oral health programs under the HRSA-administered Ryan White HIV/AIDS Program, which funds community and State-level programs to deliver HIV primary care and support services such as HIV medications and outpatient care. Ryan White has funded dental care since its inception in 1991, both as a primary care service under all of its programs as well as under its HIV oral health initiatives. The Dental Partnership is a relatively new Ryan White oral health initiative given that the first funds were awarded in 2002, over a decade after the Ryan White program's beginning. As such, the Partnership represents an evolution in the Ryan White HIV/AIDS Program's efforts to expand the Nation's capacity to deliver oral health care to PLWH.

The Dental Partnership is comprised of 12 Federal grantees located in 13 States and communities around the Nation that deliver HIV dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care. Since the program's first full year of operations in 2004, the number of clients getting HIV dental care has grown steadily: 4,328 patients received services in 2006—a 34 percent increase.

Likewise, the number of dental professionals (primarily, dental school students) trained in HIV oral health care has grown. Nearly 2,500 dental students, dental residents, and dental hygienists received training from program from 2004 through 2006. The number of dental providers delivering direct clinical services to patients with HIV increased from 766 in 2004 to 943 in 2006. These results speak to the creativity and resourcefulness of Dental Partnerships in the context of funding levels that have remained relatively flat over the program's history. (See Section II: Dental Partnership Activities, for more detailed data.)

This report presents data on clients served and dental providers trained, along with insights on successful strategies for providing high quality oral health care to HIV infected patients. Data and program activities are for calendar years 2004, 2005, and 2006, during which Federal funds of \$2.9 to \$3.4 million annually were awarded to 12 Dental Partnership grantees in 13 States. The average annual grant award was under \$300,000. Dental Partnerships are largely comprised of university-based dental schools working in partnership with an array of community agencies—collectively, around 50 major agencies across all

sites. Examples of these community partners include AIDS service organizations, Section 330 Federally-funded Health Centers, community colleges, and regional AIDS Education and Training Centers funded by the Ryan White HIV/AIDS Program.

Dental Partnerships use the following two-pronged strategy to deliver oral health care to PLWH while building community capacity to deliver such care in the future:

- Oral health services are delivered in a community setting, where clients are easiest to reach and where dental care can be integral to primary care and supports that help PLWH enter and remain in care. This community-based approach is in notable contrast to institutional service settings like dental schools, which over the course of the AIDS epidemic have taken on a considerable amount of the work in serving PLWH.
- Dental schools and community agencies have created training opportunities in order to expand the pool of dental professionals who are trained and willing to care for PLWH in community settings.

Reading This Report

The following sections provide an overview of the Partnership's work to date.

- Section II includes data on clients served and providers trained. This is followed by a summary of insights about dental care service delivery that other Ryan White grantees, dental schools, and communities may learn from.
- Section III presents profiles on each of the 12 Partnership grantees, providing a glimpse into each community's circumstances, their partnerships, and their services.
- Section IV lists sample tools and resources developed by Dental Partnership grantees, which might be adapted and used by others in delivering oral health care to PLWH. For the full versions of these materials, see the TARGET Center's TA Library at <http://careacttarget.org>. Resources on oral health and HIV care, and many other topics, are continuously updated in the TARGET Center's TA Library.
- Section V, includes contact information for Dental Partnership grantees and an outline of Federal grant program requirements for Dental Partnership programs.

HRSA's Oral Health Initiatives

HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. The following are some of the key oral health care services provided under HRSA's auspices:

- **Health Centers.** In 2006, 2.6 million patients received basic dental services from Health Centers, which is an increase of over 80 percent from 2001 and reflects HRSA efforts to have current clinics expand their dental services.
- **Oral Health Disparities Collaborative.** Pilot to increase the quality of dental care in community clinics.
- **Maternal and Child Health Initiatives.** In 2007, HRSA administered \$3.2 million to support State efforts to increase early access to services to prevent oral disease for vulnerable children and their families.
- **Provider Training of Oral Health Professionals.** Residencies in General and Pediatric Dentistry and Residency Training in Dental Public Health.

Oral Health Under HRSA's Ryan White HIV/AIDS Program

Ryan White is funded at over \$2 billion annually to deliver a multitude of core medical and support services for PLWH. Dental care is but one of the core medical services that are a priority for funding under Ryan White program funding streams, called Parts. Among these are Parts A through D, which fund HIV/AIDS services to hard hit urban areas, each of the States, and population- and service-specific activities. In fiscal year 2006, Parts A-D devoted nearly \$43 million to HIV oral health care for 78,000 people, resulting in over 220,000 visits, according to Ryan White program data.

Ryan White also funds the following dental-specific activities:

- **Part F Dental Programs.** Two dental-specific programs operate under Ryan White Part F. They include the Community Based Dental Partnership Program—the focus of this report—and the Dental Reimbursement Program. The Dental Reimbursement Program, the older of the two, was established with the first wave of Ryan White funding in 1991 and helps cover unreimbursed dental care costs for PLWH being incurred in dental schools across the Nation. In 2005-2006, over 32,000 HIV-positive patients received reimbursement-funded care in such service settings as hospitals and dental schools. The most common procedures covered are diagnostic, preventive and restorative care, although a wide range of services are provided.
- **Special Projects of National Significance (SPNS) Oral Health Initiative.** SPNS supports demonstration and evaluation of innovative models of HIV/AIDS care in many areas. The Oral Health Initiative was started in 2006 and is funding 15 projects in both urban and rural settings to undertake development of innovative models of oral health services.
- **Training of Dental Professionals.** HIV care training of dental professionals occurs under the Dental Partnership program as well as Ryan White's AIDS Education and Training Centers (AETC) Program, which trains health care providers from multiple disciplines. Ten percent of AETC trainees in 2006-2007 were dental professionals.

See the HRSA HIV/AIDS Bureau's Web site at hab.hrsa.gov to learn more about Ryan White's varied community and State programs that deliver HIV/AIDS care to underserved populations. To learn more about technical assistance and training services for Ryan White HIV/AIDS Programs, see the TARGET Center at careacttarget.org.

Endnotes

¹ About one-fourth (25.49 percent) of the adult U.S. population ages 20–64 had untreated cavities, according to data covering the time period 1999–2004. Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. (U.S. Department of Health and Human Services. Centers for Disease Control and Prevention.) Trends in oral health status: United States, 1988–1994 and 1999–2004. National Center for Health Statistics. Vital Health Stat. 11(248). 2007. In Table 41, prevalence of untreated tooth decay in permanent teeth among dentate adults 20–64 years of age, by selected characteristics: United States. National Health and Nutrition Examination Survey, 1988–1994 and 1999–2004. Available at http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf. Accessed May 29, 2008.

² Forty percent of the adult U.S. population ages 20–64 did not see a dentist during the past 12 months, according to data for 1999–2004. Ibid. In Table 48, Time since last dental visit among adults 20–64 years of age, by selected characteristics: United States, National Health and Nutrition Examination, 1988–1994 and 1999–2004. Available at http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf. Accessed May 12, 2008.

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⁵ Patton, L, Strauss, R., et.al. Perceived oral health status, unmet needs, and barriers to dental care among HIV/AIDS patients in a North Carolina cohort: impact of race. Journal of Public Health Dentistry. 63(2). 2003, pp. 86–91.

⁶ Conversations with staff from HRSA's HIV/AIDS Bureau, which administers Ryan White HIV/AIDS Programs.

⁷ Dentists. Occupational Outlook Handbook, 2008–2009 Edition. U.S. Department of Labor, Bureau of Labor Statistics. Available at <http://www.bls.gov/oco/ocos072.htm>. Accessed May 12, 2008.

⁸ National Institute of Dental and Craniofacial Research. Mouth problems and HIV. 2004. Available at: <http://www.nidcr.nih.gov/NR/rdonlyres/D8E70B65-6F27-46BC-8043-30C309508B5F/0/MouthProblemsAndHIV.pdf>. Accessed May 20, 2008. McCarthy GM. Host factors associated with HIV-related oral candidiasis. A review. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 1992;73:181–186. Available at: <http://jada.ada.org/cgi/content/full/136/10/1396>. Accessed: April 7, 2008.

⁹ Gennaro S, Naidoo S, Berthold P. Oral health and HIV/AIDS. MCN Am J Matern Child Nurs. 2008;33:50–7.

¹⁰ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2006. Vol. 18. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008: Table 2. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

The Ryan White Dental Partnership Program

- ▶ The Ryan White Dental Partnership Program has steadily increased the number of clients provided with HIV dental care and the number of dental professionals trained in HIV oral care. Notably, Dental Partnership accomplishments have occurred under relatively level funding.

SECTION II:

Dental Partnership Activities

Since its inception, the Ryan White Dental Partnership Program has steadily increased the number of clients provided with HIV dental care and the number of dental professionals trained in HIV oral care. Notably, Dental Partnership accomplishments have occurred under relatively level funding. From 2002 to 2007, the Dental Partnership awarded \$2.9 to \$3.4 million annually in Federal funds to 12 programs in 13 States.* In 2006-2007, \$3.398 million in funds were awarded, with an average budget of \$283,216 per year project (ranging from \$184,747 to \$340,131).

Grantees have three primary components to fulfill under their Federal grants: oral health service delivery; dental provider education and clinical training; and program assessment. (See Section V for a summary of Dental Partnership grant requirements.)

The following section presents data on the work of Dental Partnership grantees, including Clients Served, Types of Services Provided, Providers Trained, and Networks Created. This data summary is followed by a narrative overview of Service and Training Strategies that made it possible to do more with the same level of funding. Presented are activities like methods used to reduce no-show rates and creative approaches to student training that can help break down stigma associated with delivering HIV dental care. The efforts of select grantees are highlighted throughout this section, providing ample context for the more in-depth profiles of Partnership grantees as presented in Section III.

* Data presented in this report reflect these fiscal year funding periods and are reported in terms of the calendar years 2004, 2005, and 2006. Activities conducted during the 2002-2003 funding period are not included in this report as this was a start-up period for grantees. Data for the funding period 2006-2007 were not available at the time of publication.

Dental Partnership Activities At a Glance

12	Number of Dental Partnership grantees, located in 13 States. Two have a Statewide focus, and 10 serve regions totaling over 78 counties and parishes, and several large metropolitan areas across the United States.
50	Community agencies that are involved in delivery of community dental care as part of dental care networks in the Dental Partnership.
4,328	Patients provided with HIV dental care in 2006—a 34 percent increase from program start-up in 2003.
22,566	Number of service visits in 2006, an increase from 13,705 such visits in 2004.
2,500	Number of dental students, dental residents, and dental hygienists received training from 2004 to 2006.
943	Dental providers who delivered direct clinical services to patients with HIV in 2006, an increase from 766 in 2004.
27,868	Number of hours of direct clinical care provided to patients with HIV in 2006, an increase from 16,009 in 2004.

Service/Training Strategies

- **Service Delivery Innovations**—reducing no-show rates through special support and reinforcement methods, co-location of medical and dental services, use of dental hygiene students to deliver basic dental care, and peer advocate support for patients.
- **Patient Education**—one-on-one discussions during dental appointments covering preventive care, antiretroviral adherence, and smoking cessation, and use of patient education software for innovative in-clinic learning.
- **Partnerships**—among dental schools and community agencies solidified via memoranda of agreement, referral networks to ease appointment-making and service linkages, collaborative planning to raise resources and target services, and placement of faculty dental care experts into community agencies to enhance both the quality of care and the value of community-based student training.
- **Consumer Involvement**—advisory board involvement, patient satisfaction surveys, and focus groups to solicit program input from consumers.
- **Student/Provider Training**—on-site rotations for students, one-on-one and small group discussions between patients and students, formal reflective time among students to discuss their work with PLWH, specialized learning through preceptorships, and expansion of training beyond dental students at affiliated schools to also target dental residents and dental hygienists.

Ryan White Community Based Dental Partnerships

- Dental Partnerships provided care to 4,328 PLWH in 2006—an increase of 34 percent from 2004, the first full year of program operations.
- In 2004, the average number of visits per patient per year was 4.2 but increased to 5.2 in 2006.

Clients Served

The number of clients receiving Dental Partnership services increased from 3,235 patients in 2004 (the first full year of operations) to 4,328 patients in 2006—a 34 percent increase (see table, p.10). There is considerable variation in the number of patients seen annually across programs, ranging from 120 to 629 individuals. This is attributable to several factors, including capacity, outreach, retention strategies, and needs within specific areas.

Patients are also getting more regular care as a result of the work of Dental Partnerships. In 2004, the average number of visits per patient per year was 4.2 but increased to 5.2 in 2006.

Beyond numbers served, the impact of the Dental Partnership is notable in terms of improved access to dental care at specific sites.

- In Colorado, the Partnership grantee the University of Colorado Health Sciences Center significantly increased utilization of oral health services. Only 15 percent of HIV persons in their rural service area had a dental visit in 2002, prior to start of the project, compared to 70 percent in 2006. During this same period, the program's no-show rate at one of its supported clinics declined from 25 percent to 6 percent.
- The University of Medicine and Dentistry at New Jersey increased their utilization of oral health services to 629 patients in 2006, a sizable jump from their original goal of 242.

Client Demographics

Patients served by the Dental Partnership are highly varied by program site, reflecting local epidemics in their areas. Overall, however, the patient population is more likely to be male, between the ages of 25-44, White, and without resources to pay for needed dental care. In greater detail, according to 2006 data:

- Slightly over two-thirds of patients (75.7 percent) were male.
- Half (51.1 percent) were between the ages of 25-44; only 3.4 percent were under 25 years of age.
- When considering racial/ethnic characteristics, 34.2 percent were Black/African-American, 57.5 percent were White, and 19.7 percent were of Hispanic/Latino ethnicity.
- Generally, Partnership clients are without resources to pay for their care. Nearly half (46 percent or 1,564) had no third-party payer coverage or other source of payment for dental care.

Ryan White Community Based Dental Partnerships

- In 2006, there were 22,566 service visits for a range of comprehensive dental care services—an increase from 13,705 in 2004.

Clients Served: Ryan White Community Based Dental Partnership Program, 2004-2006

	2004	2005	2006
Number of HIV Patients	3,235	3,996	4,328
Sex			
Male	2469 (76.3%)	2904 (72.7%)	3276 (75.7%)
Female	760 (23.5%)	1085 (27.2%)	1025 (23.7%)
Transgender/Unknown	6 (.2%)	7 (.1%)	27 (.62%)
Ethnicity			
Hispanic	463 (14.3%)	949 (23.7%)	853 (19.7%)
Non-Hispanic	2772 (85.7%)	3047 (72.3%)	3475 (80.3%)
Race			
White	1549 (47.9%)	2072 (51.9%)	2489 (57.5%)
Black or African-American	1004 (31.0%)	1184 (29.6%)	1478 (34.2%)
Asian	37 (1.1%)	32 (.8%)	35 (.8%)
Other	645 (20.0%)	708 (17.7%)	326 (7.5%)
Age			
<24	102 (3.2%)	282 (7.1%)	147 (3.4%)
25-44	1576 (48.7%)	1966 (49.2%)	2211 (51.1%)
45-64	1206 (37.1%)	1636 (40.1%)	1836 (42.4%)
>65	45 (1.4%)	95 (2.4%)	106 (2.4%)
# of visits for all types of services	13,705	17,599	22,566
Average number of visits per patient per year	4.2	4.4	5.2

Types of Services Provided

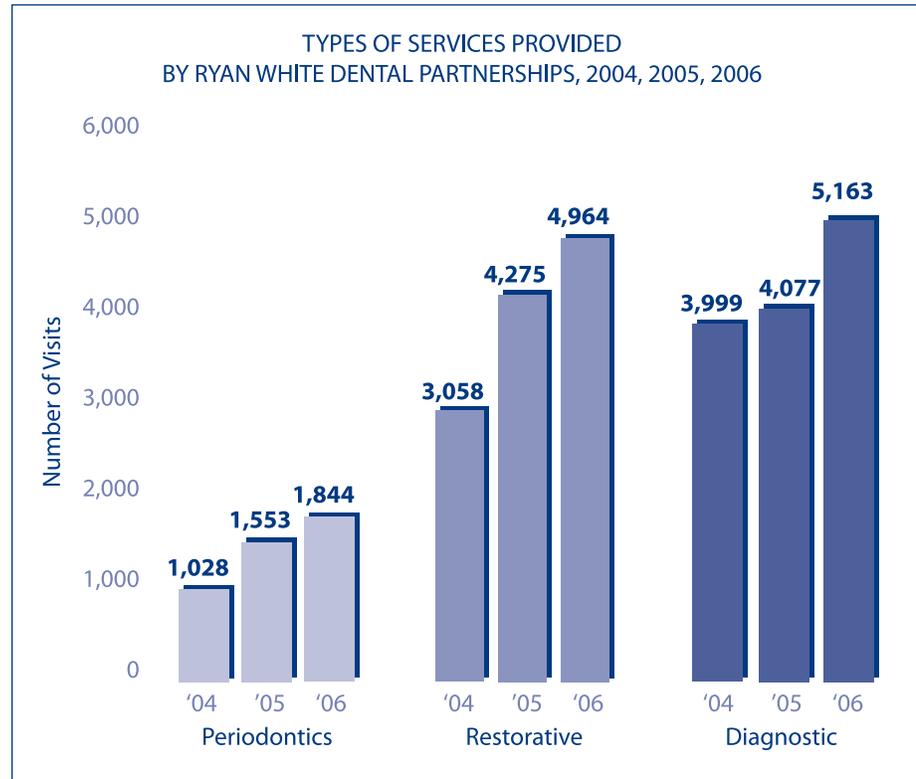
Increases in dental services are also evident when examining the number of visits for all types of dental services as well as specific oral health services. In 2004, there were 13,705 service visits, which increased to 22,566 in 2006. The scope of oral health services provided by Partnership grantees ranges from periodontics, restorative, diagnostic, and other specialized care. Diagnostic services, such as examinations, are the most commonly provided and reflect the program's emphasis on providing standard dental care to clients.

- Diagnostic services increased from 3,999 in 2004 to 5,163 in 2006—a 29 percent increase.
- Restorative services (e.g., fillings) are nearly as commonly provided as are diagnostics. This category increased from 3,058 in 2004 to 4,964 in 2006, which was nearly the volume of services as diagnostics and a 62 percent increase over this time period.

Providers Trained

- Overall, nearly 2,500 providers (e.g., dental students, dental residents) were trained in HIV oral health care from 2004 to 2006.

- Periodontic services (e.g., dental treatment of gums) are provided but at a far lower level—1,028 in 2004, with an increase to 1,844 in 2006—a 79 percent increase.



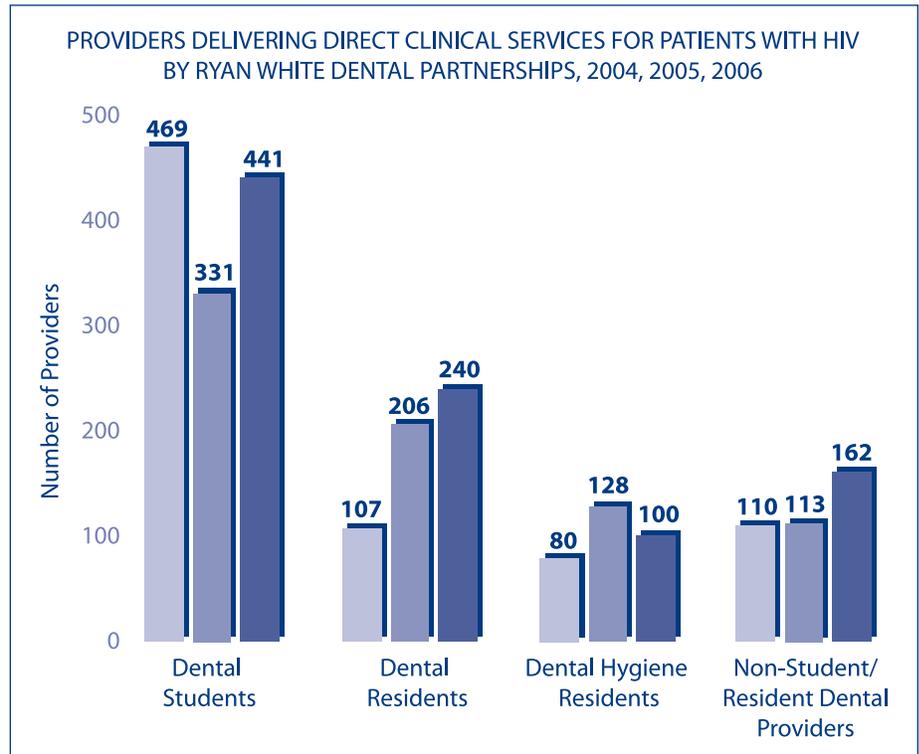
Providers Trained

The number of dental students, residents and other providers trained in Dental Partnership sites has increased dramatically each year since the initiative's startup (see tables, pp. 11-12).

- Overall, nearly 2,500 providers (e.g., dental students, dental residents) were trained in HIV oral health care from 2004 to 2006.
- The number of providers who delivered direct clinical services to patients with HIV increased from 766 in 2004 to 943 in 2006.
- Providers delivered 27,868 hours of direct clinical care for patients with HIV in 2006, an increase from 16,009 in 2004.

Another way to examine services provided is the breakdown in who is providing dental care. The bulk of services, when measured in terms of number of hours in direct clinical care, are provided by dental students and dental residents. In both cases, hours of service have risen dramatically. From 2004 to 2006:

- Dental students increased their number of hours in direct clinical care from 2,067 to 9,536.
- Dental resident hours increased from 5,190 to 9,778.



Networks Created

The 12 Partnership grantees vary in their design, but all have created a network of dental schools, health departments, and community agencies to engage PLWH into dental care and train dental professionals to serve them. Across the 12 sites:

- Around 50 major community agencies are part of networks that operate in 13 States.
- Ten of the 12 projects are local and cover a city, county, or multi-county area. Two, those in Mississippi and Colorado, are Statewide programs.

Partnership grantees use an array of techniques to make their networks of dental care work. Communications. Sharing of data. Coordinated planning. To illustrate:

- The University of Louisville worked with agencies funded under multiple Ryan White Parts. Notably, coordination efforts and awareness raising with other Ryan White programs enabled them to secure funding from their collaborators to help pay for items on a “wish list” of dental needs.

Service Delivery Innovations

- Varied service delivery innovations were developed by Dental Partnerships—like appointment-keeping support and co-location of services—in order to break down barriers to care.

- The Louisiana State University project used an electronic medical records system created under Ryan White Special Projects and National Significance (SPNS) funding to streamline provider access to patient records.
- A Dental Liaison staff position was created at Boston University to facilitate communication and receipt of care. This staff position helps ensure that primary care doctors refer their HIV patients for dental care and facilitate follow-up that patients require. The Liaison also checks to see if dental patients have a primary care physician and make it to their appointments.

Service and Training Strategies

While the above data outline the number of patients served and providers trained, equally compelling are the various strategies and approaches sites have developed for providing services, training providers, and managing their partnerships. They reflect different circumstances, stressors and conditions that unfold daily in clinics and universities funded under the Dental Partnership. The challenges they tackle in delivering oral health services are extensive and include: high no show rates by clients; lack of transportation; difficulty with recruitment and retention of clients; too few trained, or willing, dentists to provide dental care; and limited resources.

Grantees also had to be creative in creating opportunities for resident and student training to accommodate schedules and allow for meaningful patient time while settling organizational differences within schools and/or community agencies. Grantees also needed to maintain standards for high quality oral health care by providing regular comprehensive care and timely follow-up visits, specialized services, all while making accommodations for walk-ins and emergencies.

Service Delivery Innovations

Dental Partnerships deliver oral health care using methods that are commonly found in any dental practice. However, a number of techniques and extra steps are taken to enhance retention in care for PLWH and to otherwise make care delivery more efficient. Examples include:

- **Reducing No-Show Rates Through Special Support and Reinforcement Methods.** See Reducing Patient No-Show Rates for strategies being used.
- **Co-Location of Medical and Dental Services.** Several projects ease access to dental care by co-locating services with medical care, such as Colorado, Mississippi, and Massachusetts.

- **Dental Hygiene Students to Deliver Basic Dental Care.** In Mississippi, a dental hygiene school's students deliver such basic dental services as teeth cleaning and x-rays, effectively expanding the pool of dental professionals for the community.
- **Peer Advocate Support for Patients.** The Nova Southeastern University Partnership, which operates in Florida and New York, uses four consumer peer advocates to perform roles such as providing information and education (especially on topics like adherence to treatments) and facilitating referrals to care. These peers also help run patient support groups, organize treatment updates for patients, and serve as resources for medical providers.

Reducing Patient No-Show Rates

Patient no-show rates vary considerably across sites and generally have fallen as projects have been implemented. Multiple Dental Partnership programs have realized remarkable improvements in no-show rates. To illustrate:

- Colorado reduced its no-show rate in one of its funded clinics from 20-25 percent to 6 percent by using a “Fast Track” program in which they changed the delivery of services by providing comprehensive oral health care in an intensified way. For example, patients received treatment plans and were scheduled every other week until the plan was complete. Patients receive hygiene treatment four times annually and are kept up to date with treatments they need. The dental staff knows the name of every patient and services are patient-centered. Recently, the team's hygienist “remodeled” one of the operatories by creating a more patient-friendly environment.
- One of New Jersey's many methods to enhance retention in dental care is educational trainings to support groups of people with HIV. At these sessions, staff also set up patient appointments and focus on reducing patient anxiety about coming in for dental care.
- Loma Linda gives dental patients with HIV the option of waiting in a separate and private waiting room, which many patients with HIV opt for, given privacy concerns. Louisiana's Partnership also uses this technique.
- Illinois continues to experience high no-show rates in the range of 30-40 percent but, nonetheless, has used such methods as having dental staff regularly check for potential appointment conflicts with medical care appointments at other health care clinics. Dental appointment staff also confirm telephone numbers and addresses of patients at each visit. Referrals to specialty care at the university are tracked by a paper check-in process that includes notations in charts. Louisiana does much of the same. Their appointment support to address no-shows includes confirmation of contact information, identification of conflicting appointments with other providers, coordination by case managers, and reminder calls and mailings.

Patient Education Innovations

- Patient education focuses on preventive care, smoking cessation, and staying on medication regimens.

Innovations in Patient Education

The most common techniques used to impart dental education to patients include one-on-one discussions during dental appointments covering such like preventive care (e.g. maintaining good oral hygiene and having regular appointments for exam and cleaning) and the importance of adherence to HIV care plans including staying on medication schedules.

- **Smoking Cessation Education.** Smoking cessation education is also fairly common among funded Partnerships. Typically, patients are referred to tobacco cessation programs in operation in the community. One example is found in Louisiana, where patients are asked about tobacco use and are asked if they wish to contact the State's Tobacco Cessation Initiative, where individual and group sessions and medications are provided.
- **Literature.** Printed items used to educate clients are ubiquitous and cover topics like home care instructions for periodontal conditions, dentures and partial dentures, brushing and flossing, treatment descriptions for procedures, and disease-related materials for AIDS and diabetes.
- **Software.** Other methods used include use of the CAESY patient education software by two projects, Boston University and Lutheran Medical Center. CAESY comprises computer based educational models. A director at Lutheran reports that the "bilingual and interactive nature of CAESY system is ideally suited for the patients since it allows users of all literacy levels to participate in the computer educational modules in either English or Spanish."

Making Dental Partnerships Work

Dental Partnerships, as part of their funding requirements, must establish service agreements with community providers in order to bring dental care closer to clients. In turn, dental schools, which are the lead grantee, focus on provider training. They also tend to provide specialty dental care, which generally comprises a small proportion of the dental services provided under these efforts.

Partnerships vary considerably as they reflect the character of service systems in different communities. However, some features are fairly common:

- **Memoranda of Agreement.** Partnerships typically establish formal arrangements to foster effective communications among partners, outline responsibilities of various parties, and establish methods to help guide efficient delivery of HIV oral health services for clients. Memoranda of Agreement are the norm and help ensure that all parties are clear on their responsibilities. These agreements generally cover topics like program operations, planning and monitoring, and evaluation.

Partnership Operations

- Multiple techniques help Partnerships run more effectively, like memoranda of agreement that outline formal duties, establishment of referral networks, and collaborative planning.

- **Referral Networks.** These systems handle such core activities as identifying agencies with HIV-positive clients that they can refer to dental services and tracking clients to ensure they received their services. In limited cases, like the Arizona project by Lutheran Medical Center, appointment-making is centralized among multiple agencies.
- **Collaboration in Planning.** Formalized cooperation occurs in some sites via planning bodies—particularly Ryan White groups. The Louisiana project is notable in that representation on the Governors Commission on HIV/AIDS was a forum for creating a new network of referral sources. This body was also the jumping off point for dental programs involvement in a Statewide quality improvement committee.
- **Strategic Planning.** New Jersey’s project is unique in having devoted attention to development of a long-range strategic response plan for expanding access to dental care. It covers such key areas as customers, financials, internal processes and learning and growth.
- **Communications.** Communications among partners is routine in terms of patient care and involves ongoing phone and email communications. Face-to-face meetings and problem-solving/case sessions are also used, although these are less frequent.
- **Service Settings.** A number of grantees have dental services co-located with other primary care services, such as those in Massachusetts, New York, California, Colorado, and Mississippi. Others, like the Illinois grantee, have dental care at separate but convenient sites. Regardless, mechanisms exist to facilitate seamless receipt of dental and primary care. Examples include well-designed referral and follow-up systems.
- **Experts in HIV Dental Care.** Dental school faculty often have staff positions within community agencies, reinforcing the educational experience for students and, additionally, bolstering the quality of dental care that patients receive.

Involving Consumers

While the Partnership is not prescriptive with respect to mechanisms to use for consumer involvement, all grantees are encouraged to develop appropriate methods, such as advisory board involvement, patient satisfaction surveys, and focus groups to solicit program input from consumers.

- **Satisfaction Surveys.** Loma Linda University actively involves consumers and implements satisfaction surveys and direct day-to-day input to help shape the program and meet the clinical and psycho-social needs of the patients, and facilitates the educational experience of the students. Likewise, a dental site under the Mississippi project conducts random consumer satisfaction surveys.

Involving Consumers & Student Learning

- Consumer input is widely sought via surveys, Community Advisory Boards, and inclusion of consumers in care teams.
- Clinic training rotations for students range from several days to up to 9 months.
- **Consumer Advisory Boards.** Oregon and New York City are among the few projects that use Consumer Advisory Boards. Columbia University in New York City works in partnership with Harlem United and sees the use of a consumer board as integral to the culture of the agency. Their board allows patients to share their feedback and experiences, such as sedation therapy, expanded hours of operations to include evening hours and Saturdays, and in-house oral surgery as ways to expand and improve HU dental care. The ability to create a family-like atmosphere and practice can be attributed, in part, to low staff turn-over and staff-consumer familiarity.
- **Peer Advocates.** Nova Southeastern University has, on average, four patients on staff as peer advocates for other patients. Their roles include providing patient information and education, making referrals, providing support and education about treatment adherence, and fostering retention in care. These peers also actively participate in the development of clinic activities including support groups, treatment updates for patients, and acting as resources for medical providers.

Provider Training/Student Learning

Dental projects have developed various community-based strategies to broaden the pool of dental professionals willing and ready to provide HIV care.

- **On-Site Training.** Rotations at clinic sites are common and vary considerably in their length. Among the longest is New Jersey's University of Medicine and Dentistry of New Jersey, with a 9-month rotation of dental students. The shortest rotation is at Loma Linda University in California—two days training—although they incorporate small group discussions between a patient and a small number of students to help personalize treating patients living with HIV disease. Rotations range from a week to a month across other sites. New York City's project at the Columbia University, College of Dental Medicine has a concentrated area of study requirement for all dental students, which several third year students opted to exercise in the Ryan White clinic setting where they served their rotations. One dental hygiene school in Oregon's Partnership requires students to read an AIDS update newsletter and take a post-test prior to their rotation.
- **Service Learning.** One aspects of on-site training is service learning, which is a teaching approach that emphasizes community service within the dental education curriculum and bolstering that real-life experience within a student's training. Several sites use service-learning experiences that include a reflection component to encourage critical analysis of trainings and the student role as a health professional. Observed the University of Illinois Chicago director: "This community-based service is a new style of dental education.... I feel that these service-learning rotations are a brilliant way to get students to think about their

patients as people. They weren't trained to treat people who were homeless or spoke a different language. It has opened the student's eyes." Illinois even uses a "Significant Moment Report" for students to write a short narrative about the impact of their training. Similarly, Oregon and Columbia University in New York City require students to keep a journal of their experiences.

Nova Southeastern in Ft. Lauderdale uses a similar technique. Formal reflective time (i.e., time to brief, explore the learning experience and debrief) is built into the rotations in the form of daily "lunch and learn" sessions where the day's cases are reviewed and analyzed. Medical, dental, social and behavioral profiles of the patients are analyzed, giving the students an opportunity to listen and learn from the on site behavioral scientists and social workers.

Loma Linda convenes a small group of 5-6 students to engage in a one-on-one discussion with a volunteer patient. The session is prefaced by a one hour of didactic training and then a meeting with the patient for 30-45 minutes. Conversations are free form. Students typically ask whether patients have had difficulty getting good dental care, the effects of the disease and medications, and how patients want to be treated by their dental providers. Said one student: "I was a little nervous at the beginning but not anymore. I feel comfortable and really enjoy providing care to HIV patients."

- **Dental Hygienists.** Sites typically focus training dental students and residents at their affiliated schools. Several—like Oregon and Mississippi—also target dental hygienists in order to expand the pool of dental professionals even more.
- **Other Techniques.** A small number of sites use other specialized learning methods. For example, Columbia University hosts a Web log site that allows students to share experiences as a community of learners. Columbia University also has a series of Dental Competency and Quality Assessment Tools to monitor students and their dental competency in key areas. One of these areas measures competency in delivering oral health care to PLWH.

SECTION III:

Profiles

Arizona to New York

Lutheran Medical Center, Department of Dentistry
Pima County

California

Loma Linda University, School of Dentistry
Riverside/San Bernardino Eligible Metropolitan Area

Colorado

University of Colorado Health Sciences Center, School of Dental Medicine
Denver and Counties Across the State

Florida and New York

Nova Southeastern University, College of Dental Medicine
Broward County, FL and Albany and Ulster Counties, NY

Illinois

University of Illinois at Chicago, College of Dentistry
Cook County

Kentucky

University of Louisville, School of Dentistry
Louisville and Counties Across Kentucky and Southern Indiana

Louisiana

Louisiana State University, School of Dentistry
City of Alexandria and Parishes Around the State

Massachusetts

Boston University, Goldman School of Dental Medicine
Hampden County (Holyoke)

Mississippi

University of Mississippi Medical Center, School of Dentistry
Statewide


New Jersey

University of Medicine and Dentistry of New Jersey - New Jersey Dental School
Southern New Jersey

New York City

Columbia University, College of Dental Medicine
New York City

Oregon

Oregon Health and Science University, School of Dentistry
Portland Eligible Metropolitan Area

ARIZONA TO NEW YORK AND BACK

Lutheran Medical Center, Department of Dentistry

SITES INTEGRATE DENTAL AND PRIMARY CARE

Lutheran Medical Center, located in New York City, works with agencies across the U.S. to place dental residents in underserved communities. In Arizona, Lutheran's Ryan White project has a partnership with El Rio Community Health Center in Tucson. El Rio has Federal Qualified Health Center (FQHC) status and is a major provider of health services in Tucson and other parts of Southern Arizona, serving insured, uninsured and Medicaid-eligible clients. Their 14 clinics provide an array of primary medical care and other services.

SERVICES:

Centralized Network Links Patients to Services

HIV care at El Rio happens through their Special Immunology Associates clinic, a standalone site with a caseload of 1,400 HIV-infected clients. Patients with HIV needing dental services are referred out to El Rio's dental clinics, which operate at three different and convenient sites. Factors that facilitate delivery of dental services to PLWH include the following:

- **Centralized Appointment System.** Physicians, nurses, and dentists at El Rio use a centralized appointment system to make referrals and do follow-up. The referral authorizes care for patients and contains for the referring provider: name, supervisor, department, degree of urgency, appointment date, authorization, estimated number of visits, and the expiration date of the referral. Information about the provider to whom the patient is being referred includes name, specialty, clinic name, and location. The referral form also contains patient information: name, address, phone, language preference, need for interpreter, insurance, and special needs. Finally, the referral describes needed action and includes attachments such as laboratory values, x-rays or other diagnostic images, and charts/letters.

Features

- **Centralized Appointment System.** This system is used to handle referrals to dental and other services, track receipt of referred services, and assist with long-term monitoring of patients.
- **Web-based Learning Curriculum.** This online tool is part of the formal training for dental school residents about HIV dental care.
- **Patient Satisfaction Survey.** Developed by Lutheran Medical Center/El Rio Community Health Centers, Dental Department/Special Immunology Associates. To obtain a copy, contact Carolyn Gray at grayconsulting@verizon.net.

- **Statewide Referral Network.** Working with the Southern Arizona AIDS Foundation (SAAF), which holds the Statewide contract to manage the Arizona Oral Health Care Services Program, Lutheran Medical Center and El Rio have developed an inter-agency referral system to ensure that HIV-infected persons have access to and use all of the financial resources available to them for oral health care. All eligible El Rio patients are encouraged to enroll in SAAF. By doing so, patients can take advantage of the dental benefits SAAF has arranged with Delta Dental of Arizona. After exhausting the coverage from Delta, the patient has access to the financial benefits available through the Dental Partnership. Patients use the resources from both programs while receiving oral health services at one of the El Rio dental clinics.
- **Shared Vision.** Medical and dental directors of El Rio and their dental department are focused on the care and treatment of HIV-infected persons, consistent with the mission of El Rio to provide ready access to health care for those in need. Both directors have acted on their vision by supporting the implementation of the referral system, sponsoring inter-staff training, and planning special educational programs for HIV-infected clients.
- **Agency Networking.** El Rio collaborates with several community based agencies in Tucson and helps link these clients to dental services by participating in program planning and implementation and participating in leadership roles. Agencies form a tightly knit and supportive community in the city and surrounding county.

Having expanded the number of residents in El Rio, Lutheran's Dental Partnership has achieved strong momentum in establishing a cooperative referral process within El Rio's various services, which comprise the majority of HIV services for the area. In addition, as the Partnership can effectively track patients, they are looking forward to increasing their outreach efforts and enrolling a greater number of patients in the future.

PATIENT EDUCATION AND INVOLVEMENT:

Advisory Board, Focus Groups Among Techniques

Multiple methods are used to involve and educate patients.

- **Patient Advisory Board.** El Rio clients are invited to join the board, which advises providers on program development, client services, and outcomes. Dental Partnership staff members meet occasionally with the board to review the status of the project and gain insights for future efforts.
- **Focus Groups.** In early 2008, consumers participated in the first focus group on oral health services. The group discussed topics such as their patient status at El Rio, the ease of getting dental care, waiting time, staff attitudes, financial

Partners

- Lutheran Medical Center
- El Rio Community Health Centers
- Southern Arizona AIDS Foundation

matters and related issues such as condition of the facilities, confidentiality and likes and dislikes about El Rio. This feedback will be incorporated into future planning.

- **Patient Education.** Multiple patient education methods are used at the El Rio dental clinics, including direct encounters with dental providers and use of various educational materials. The latter include (1) brochures in both English and Spanish, and (2) the Clinically Advanced Education System (CAESY), and a DVD. The latter is viewed on a chair side monitor and provides not only patient education but also describes treatment options, sequencing, post-operative instructions, and treatment alternatives.

PROVIDER TRAINING AND EDUCATION:

One Year Training and Distance-Based Curriculum

Lutheran's dental training targets residents, not dental school students. As of 2008, five residents were enrolled in Lutheran's Advanced Education in General Dentistry Program (AEGD) and receiving hands-on training at the three El Rio dental clinics. The AEGD is a one-year program with an optional second year of training. (Training covers multiple areas in advanced general dentistry and is not just HIV-specific for the year.) All residents become experienced in working with HIV-infected patients. Backing up this clinical training is a distance-based didactic curriculum, used across the nation by Lutheran, which involves four hours of classroom instruction per week via video teleconferencing.

Dentists on staff at El Rio who serve as clinical teachers for the residents are appointed to Lutheran's faculty and require training in the philosophy, policies, and procedures of the AEGD program. Lutheran conducts periodic faculty development workshops that include continuing education sessions on special topics of clinical interest such as care for those who are HIV-infected.

Five residents who have completed their rotations at El Rio Health Center have been subsequently hired there. The technique for recruiting is straightforward as potential hires from among the residents are linked to openings when they occur.

CALIFORNIA

Loma Linda University, School of Dentistry

UNIVERSITY'S ETHIC OF SERVICE EMBRACES HIV DENTAL CARE

Loma Linda University was founded over 100 years ago by missionaries with a zeal for service to the community. Their vision is very much alive in expectations of today's students. Notably, the mission to serve also impacts HIV-positive patients, who are asked to play a role in student training to help personalize living with HIV and de-stigmatize care for infected patients.

SERVICES:

Central Dental Clinic as Focal Point

Loma Linda University is located on the far eastern reaches of the Los Angeles metropolitan area, close to Riverside and San Bernardino. Ryan White-supported dental services are primarily delivered out of the area's large community clinic, called Social Action Community Health System (SACHS), with over 32,000 patient visits annually in their various clinics. SACHS dental clinic serves as the area's central place to obtain routine HIV dental care and is readily accessible via buses that run hourly. SACHS gets client referrals from numerous private providers and Ryan White agencies in the area (including the other community-based partner, the San Bernardino County Department of Public Health). Specialty dental care is provided by the School of Dentistry and comprises just a small part (probably no more than 5 percent) of dental services typically needed by patients with HIV.

The routine at SACHS is for patients to check in for appointments at the main registration area/waiting room. For patients living with HIV, SACHS offers a patient-friendly option of waiting in a separate waiting room. Many patients prefer this choice, particularly those experiencing difficulties.

Features

➤ **Patients Help Personalize and De-stigmatize HIV.**

Students are trained in small groups of 5-6 weekly, with time for a face-to-face interview with a patient who puts a human face on HIV to help break down stigma.

➤ **Memorandum of Agreement (MOA) Put Into Action.**

The MOA guides work among various parties and specifies responsibilities in program operations, evaluation, and future planning. (See the TARGET Center's TA Library for a copy.) Staff spend considerable time implementing tasks outlined in the MOA—scheduling over 150 students for training and scheduling patients for their treatments as well as their participation in student trainings.

PROVIDER EDUCATION AND TRAINING:

Patients and Students Make the Most of Limited Time

Loma Linda dental trainees are drawn from fourth year senior dental students, senior International Dentist Program students, and dental hygiene students. Dental students complete the HIV-oriented training under a broader service-oriented curriculum that requires 120 hours of service-learning during an academic career.

In 2007, 113 senior dental students and international students as well as 43 senior dental hygiene students rotated through the SACHS clinic for 8 hours each for a total of 1,184 hours of education. Dental students assigned to SACHS get good training because their dental clinicians are university faculty members. Faculty members bring the hard-to-replicate touch of deep experience to their training.

Training is only two days long—two four-hour sessions held on two consecutive days. The format reportedly works because the lecture component builds on the materials students received in earlier classes and the mix of standard lectures and handout materials, such as a CD-ROM and monograph describing oral manifestations of HIV infection; role playing to illustrate how a dental provider could respond to different situations; the actual provision of patient treatment; and interviews with patients to put a human face on this stigmatizing disease.

Patient interviews involve discussions between small groups of 5 to 6 students and a volunteer patient. Patients are recruited by SACHS staff from among that day's scheduled patients, although there have been cases when HIV-positive clients volunteered to come in just for the interview.

- On the first day of training, the student group receives one hour of didactic training. A 15-minute video covers psychosocial issues often faced by HIV-positive patients and difficulties people face in obtaining health care services, including dental care.
- Students then meet face-to-face for 30-45 minutes to talk to a patient with HIV. Students are instructed ahead of time not to ask personally intrusive questions.
- Conversations are free form. Patients can discuss whatever they want. Students typically ask patients about any difficulties they encounter getting good dental care, the effects of HIV disease and medications, and how they want to be treated by providers.

Partners

- Loma Linda University,
School of Dentistry
- Social Action Community
Health System
- San Bernardino County
Department of Public Health

Students report that the discussions are frank and emotional and allow patients and students to take discussions out of the textbook and put a human face on the disease. Training reportedly helps students overcome hesitation or nervousness about treating HIV-positive clients.

PATIENT EDUCATION AND INVOLVEMENT:

Materials, Appointment-Based Learning, Feedback

Getting patients informed about their dental care occurs through two channels.

- Dentists and dental students provide education during dental appointments and cover such topics as preventive care, smoking cessation, maintaining a current medical and dental record, and the importance of staying on medication schedules.
- Patient educational materials are provided in English and Spanish and cover home care instructions for periodontal conditions, dentures and partial dentures, brushing and flossing, treatment descriptions for procedures, and disease-related materials for AIDS and diabetes.

Client input is obtained via satisfaction surveys, direct day-to day input from clients to help meet their service needs, and consumer involvement in training sessions.

COLORADO

University of Colorado Health Sciences Center, School of Dental Medicine

REDUCING NO SHOW RATE, CREATING PARTNERSHIPS TO SERVE VAST AREA

There is a lot of wide open space in Colorado. The only practical way to bring oral health care to such a large area is for agencies to work together. To do it well is an altogether separate challenge, one that the University of Colorado and its four agency partners have proof that they know how to tackle. They achieved a major reduction in a dental clinic site's no-show rate from 20-25 percent down to 6 percent over a multi-year period. What made this happen was intensified delivery of dental services, dubbed Fast Track. Its components include:

- **Treatment Plans and Up Front Intensified Care.** Patients receive treatment plans and are scheduled for care every other week until their dental care plan is complete.
- **Regular Care.** Patients get hygiene treatment four times annually and are kept up-to-date with treatments they need.
- **More Personalized Care.** One method is for dental staff to know and use the name of every patient (using first names if appropriate) and to greet patients courteously and with respect. Unsurprisingly, this facilitates patient-provider communication. One partner agency, the Howard Clinic, personalizes care by making the dental clinic more comfortable, which the team's hygienist did by remodeling the operatories to create a "spa-like" environment.
- **Regular Patient Feedback.** Another partner, Pueblo Community Health Center, conducts quarterly patient satisfaction surveys and uses results to improve services for clients.

Features

- **Fast Track Method to Reduce No-Shows.** The no-show rate at a dental clinic decreased from 25 percent to 6 percent over 2 years as a result of intensified services and extra personalized care.
- **New Dentist Hire.** A graduate from the School of Dentistry who participated in the Dental Partnership was placed at a community-based clinic.
- **Partnerships.** Partnerships were fostered between Ryan White and Robert Wood Johnson programs to provide more comprehensive care, facilitate referrals, promote cross-training and communication between physician and dental providers, and enhance use of fiscal resources across Ryan White programs in the State.

SERVICES:

Network Handles Regular/Specialty Care

The University of Colorado Health Sciences Center manages a Statewide consortium that delivers HIV dental care across the State via four community partner agencies. Making such a large collaboration work requires ongoing communication among the community-based partners, the AIDS Education and Training Center (AETC), and the University. Geographic distances between partners require heavy reliance on e-mail and phone communications, but members also meet face-to-face for regular meetings, topical conferences, and problem-solving sessions.

Dental services are co-located with medical care at some sites. Regardless, regular meetings occur at each site and include medical, dental and other health care disciplines to discuss patient care and collaborative efforts. In 2006, 458 unduplicated clients were seen for dental services—an increase of 16 percent from the prior year.

Each community agency has its own medical referral system, which helps decrease time needed to access specialty care. The university handles specialty dental cases. The regional AETC can act as a referral source and consultation service for any of the community-based partners.

Colorado Uses Multiple Techniques to Get Patients into Dental Care

- The Howard Dental Center uses word of mouth outreach, direct referral from medical providers, and direct advertising in fliers/newspapers. However, attracting patients is not a challenge as many clients are close to their clinic location. Howard also has very few no-shows, which is thought to be attributable to patient appreciation of services given the patient friendly environment they have created. On a practical level, it is widely known among patients that getting another appointment any time soon if one is missed is not easy at this popular clinic.
- At the remote Marillac Clinic, located on the western slope of the Colorado Rocky Mountains, efforts to facilitate patient scheduling and appointment keeping include transportation vouchers and even overnight accommodations for those who travel the greatest distances.

Partners

- University of Colorado, School of Dental Medicine
- Marillac Clinic
- Pueblo Community Health Center
- Longmont Dental Clinic
- Howard Dental Center

The School of Dental Medicine works to recruit dentists to treat at clinic sites through training of licensed clinicians (dentists, hygienists) under Dental Mini-Sabbaticals (preceptorships) offered by faculty from the university. The area's AETC works with them on this effort and to assure that continuing education regarding HIV/AIDS is available at little or no cost to the attendees.

PROVIDER EDUCATION AND TRAINING: Array of Techniques Used

Colorado's School of Dental Medicine has extensive student training in place and is also part of the nationwide Robert Wood Johnson Foundation dental initiative that also provides students with a community-based learning experience as part of their goal to expand the oral health workforce for rural areas. The area's AETC adds to the mix of training via continuing education programs to dental societies and dental study clubs.

Student training at the University takes place through month-long rotations at community dental sites. Features include:

- Exposure to how medical care is provided to PLWH via HIV specific lectures and case-based discussions and competency examinations. Students review medical histories of patients at training sites, perform head and neck examinations on patients, and receive immediate feedback (from faculty and patients) on how the examinations were performed.
- Oral Medicine and Oral Diagnosis Competencies (case presentations and case-based exercises) are required before graduation. One part requires each student to work in partnership with a patient to complete a medical consultation.
- Clinic rotations for select students take place 9-12 months per year and attempt to match students with programs at community-based centers. This frequency allows more time for rotations and rotation slots.
- Distance learning methodologies/technologies are used to simulcast Grand Rounds from the university's main campus to community sites.
- Students can access a file cabinet of current articles from the dental and medical literature during any down-time they may have.
- Students are encouraged to prepare a short and simple slide presentation on a particular topic of interest or a patient they treated while at the Howard Clinic in downtown Denver. Part of the presentation includes feedback about their rotational experience.

FLORIDA AND NEW YORK

Nova Southeastern University, College of Dental Medicine

ADAPTING TO CHANGE TO INTEGRATE DENTAL CARE WITH MEDICAL SERVICES

The need for change, and flexibility brought these two geographically removed sites together—one in Florida, the other in New York State. The latter, Albany Medical Center, faced a mini-crisis when its dental residency program closed. While continuing to provide HIV medical care under Ryan White funding from multiple Parts and other sources, they needed a place to locate their Ryan White-funded dental training. An opportunity arose in, southern Florida, at Nova Southeastern University.

Today, Ryan White supported student dental training takes place solely in Florida, while dental services continue at both sites—in both cases, integrated within primary care settings.

- In Florida, the dental clinic is within an agency called Care Resource, which delivers primary medical care, case management and support services to PLWH.
- At the Albany site, dental care is co-located on the same floor as the HIV medical clinic and serves clients in the area as well as a vast rural area of upstate New York.

PATIENT EDUCATION AND INVOLVEMENT:

Consumer Advisory Board, Peer Advocates

Multiple strategies are used in this project to involve patients in their care. Notably in New York, a long-standing Consumer Advisory Board remains active as a venue for garnering patients' input on their care, from medical to dental. The group is reflective of the patient population. Members are involved in the design, administration, and analysis/reporting of patient satisfaction surveys. These surveys are distributed to patients annually. The results are used for the purposes of program design and evaluation.

Features

- **Peer Advocates.** Use of peer advocates to assist with patient care delivery.
- **Cross-State Collaboration.** Agencies in New York and Florida worked together to make a significant change in the Federal grant to move services given closure of the dental program at the original grantee site.

Consumers are also involved in care delivery as they are hired as peer advocates for other patients. On average, there are four peer advocates. Peer advocates are trained to provide patient support such as knowing about what local services are available and understanding the dynamics of the helping relationship. Their roles include providing patient information and education, making referrals, providing support and education about treatment adherence, and fostering retention in care. These peers also help run patient support groups, organize treatment updates for patients, and act as resources for medical providers.

Beyond patient involvement, Florida and New York ensure that patients are educated about dental care. Methods include patient educational materials available in both English and Spanish, such as: monographs on diabetes, children's dental health and additional information about methamphetamine use and oral health. Oral health assessment and education is documented in dental charts of patients so staff can ensure that this crucial task is completed as a routine of the care they provide.

PROVIDER EDUCATION AND TRAINING:

Ample Reflective Time

Nova Southeastern University conducts weekly student rotations at a recently constructed 2-chair dental clinic in Ft. Lauderdale. Students learn about HIV primary care concurrently with dental care because services are co-located. Training occurs in large part through consultations and case reviews with seasoned dental faculty working on-site. These staffers have over 10 years experience in treating HIV patients in multidisciplinary HIV dedicated health centers.

Formal reflective time (i.e., time to brief, explore the learning experience and debrief) is built into the rotations in the form of daily “lunch and learn” sessions where the day's cases are reviewed and analyzed. Medical, dental, social and behavioral profiles of the patients are analyzed, giving the students an opportunity to listen and learn from the on site behavioral scientists and social workers. Thus, each patient's background is explored in detail and the discussions center not simply on their medical conditions, but also on the social and behavioral aspects of each patient's profile, allowing for an improved approach to care.

A better informed clinician emerges to treat these patients by being more aware of the body, mind and emotions that accompany each mouth that they heal. This approach aims at eliminating prejudices and misconceptions that students carry from their previous private experiences and sensitizes them to aspects of care that they might otherwise have not received in their general basic dental training, which traditionally might focus solely on oral care.

Partners

- Albany Medical Center
- Nova Southeastern University
- Care Resource

Patients not only take pleasure and pride in becoming an integral part of the training of a new generation of dentists, but also feel the reassurance and the comfort of the detailed attention they receive. This attention becomes obvious to them when observing the learning interactions between students and faculty, and the patients in turn often volunteer more information about their medical health, their dental fears, and their own misconceptions about dentists and dental care that they carry from their past experiences.

Ultimately the goal is to bring together patients and dental providers for more effective health partnerships through closer communication and better understanding. By keeping patients in the safety of their own medical care environment and introducing dental students into this multidisciplinary team, a level of reciprocated comfort and trust is achieved that goes far beyond that which is more the norm in a dental school.

ILLINOIS

University of Illinois at Chicago, College of Dentistry

CLOSE PARTNERSHIP, CONTINUOUS FEEDBACK

An affiliation is like dating, but a partnership is like marriage. That's how the dental project team at the University of Illinois sums up their Ryan White dental partnership with Heartland Health Outreach. The point, of course, is not about who has to cook dinner or clean the dishes. It's about the level of effort it takes to make things work.

This marriage involves two very substantial service agencies. The University of Illinois at Chicago College of Dentistry is the State's largest provider of dental care to PLWH. Their HIV/AIDS dental practice started in 1989 with 60 patients and now has over 2,600. The community partner, Heartland Health Outreach, is a multi-site human service agency that got its start in 1888. This close partnership works because of joint involvement in multiple activities (see Features).

The following methods facilitate the University of Illinois' partnership with Heartland Health Outreach:

- **Budgeting.** Each partner provides input on budget issues, aiding buy-in to the overall project as all partners have a financial stake and obligation in the Partnership's ongoing success. This also helps ensure that plans that are proposed are actually doable.
- **Community Outreach.** The university urges community-based preceptors to represent the project at local and national meetings.
- **Regular Meetings.** Monthly meetings are held at various partner facilities to discuss program status (especially with regard to students, patients, and preceptors). By rotating locations and lead roles, there is a lessened perception of one partner as the lead agency.
- **Emails.** Communication is ongoing via email and typically covers budgets, student scheduling, and other issues that come up at talk-back sessions (e.g., how to handle needle-stick reimbursement).

Features

Methods facilitating the University of Illinois' partnership with Heartland Health Outreach include:

- Budgeting
- Community Outreach
- Regular Meetings
- Emails
- Medical and Dental Providers Share, Collaborate and Provide Clinical Information
- Memoranda of Agreement
- Scheduling

- **Medical and Dental Providers Share, Collaborate and Provide Clinical Information.** This is accomplished via telephone, letters, and consult requests that specify medical information needed by the medical provider or the dentist.
- **Memoranda of Agreement.** This document helps clarify partners' understanding of the bylaws and responsibilities of each entity.
- **Scheduling.** Student scheduling ensures that students are scheduled when they are needed and available (e.g., not during spring break). It also ensures that preceptors are available to supervise students during these times (i.e. not during staff meetings).

SERVICES:

Steps Taken to Address No Shows

Three dental clinics provide care to patients with HIV in the Illinois program (two dental clinics at the community partner site and one HIV-specific clinic at the university). Sites can provide dental care on an emergency walk-in basis; regular patients are seen within 24 hours.

The current broken appointment rate is quite high, 30-40 percent, at the two community dental clinics. Typical reasons given for no-shows are weather. Steps taken in response include:

- The appointment staff regularly checks for potential conflicts with medical care appointments at other health care clinics. This is done by simply calling providers listed on dental patient charts to check on appointment times. The providers at the medical agencies share the same parent organization, and patients give consent for this cross-checking before entering into the health-delivery system.
- Dental appointment staff members confirm telephone numbers and addresses of patients at each visit.
- Patients with specialty care needs in periodontics, orthodontics, endodontics and oral surgery are referred to the university dental clinic. These referrals are tracked by a paper check-in process that includes notations in charts.

PROVIDER EDUCATION AND TRAINING:

Rotation Time Expanded

Students used to be on-site at the Heartland community site for just one week—not nearly enough time to gain an appreciation of community dentistry and the rapid pace of seeing varied clients with many needs. The rotation was expanded

Partners

- University of Illinois at Chicago
College of Dentistry
- Heartland Health Outreach

to 20 days to provide students with a richer learning experience and more comfort treating PLWH. Student training includes the following:

- Students receive formal instruction and supervised clinic experience in: (1) HIV medical risk assessment including taking records and interpreting a medical history and physical evaluation as performed by a physician; (2) understanding the indications of and interpretation of laboratory studies, and (3) understanding the relationship of oral health care and HIV disease.
- Students engage in structured reflection activities, using a service-learning methodology. Students are asked to undertake a critical analysis about their experience working with HIV positive patients by completing a “Significant Moment Report” that poses three questions about an incident (of the students’ choosing) that happened during the clerkship. The intent is to turn conflicts into learning opportunities. (See the TARGET Center’s TA Library for a copy of this form.)
- Students are directed to examine a key policy issue they have identified and describe their experience in advocating for change.
- Students and residents engage in monthly “talk-back” sessions to share feedback on experiences.

Recruitment and Retention of Clients

The University of Illinois serves as a resource to other health care providers in the community regarding HIV related oral health. This is done via presentations to dentists in such settings as the AIDS Educational and Training Center (AETC) Dental Study Club and the university’s UIC Extramural Site Conference. Up to eight of these presentations are held each year and are conducted by the community clinic’s dental director, principle investigator, and/or ATEC-sponsored speakers. Additionally, university dentists are available to community dentists for regular consults about their private patients.

KENTUCKY

University of Louisville, School of Dentistry

WORKING TOGETHER TO ACCESS RESOURCES, BRIDGE LIMITED SERVICES

The University of Louisville's School of Dentistry is serving both urban and rural areas under its Ryan White Dental Partnership. That's a matter of being pulled in two directions, geographically speaking. The biggest factor that helps is their ability to access funds from multiple sources. The University of Louisville worked with agencies funded under multiple Ryan White Parts, securing funding to help pay for items on a "wish list" of dental needs. Additionally, the university collaborated with the Louisville Part C grantee to expand access to dental specialty care provided by private practitioners.

As for their rural service area, which includes over 30 counties covering the western and southern regions of the State, they do some rather straightforward things that really work: lots of driving, outreach to get stigma-averse clients interested in coming in for care, the provision of gas vouchers and volunteer drivers (provided by Part B care coordinators), and collaboration with partner agencies to share in the workload and even cut down on distance barriers.

The University also managed to open a permanent oral health clinic in western Kentucky, adding to their urban site in Louisville, overcoming a lack of space, loss of a lease due to razing of the office building, and a major flood.

SERVICES:

Leveraging Resources

Accessing funds from multiple Ryan White Parts has been the University of Louisville's greatest success. What made this possible? Long-standing relationships with various grantees and cultivation of those connections, as follows:

- The dental school is at the table—literally. Their project director was appointed to the Governor's statewide HIV/AIDS advisory body, the Kentucky HIV/AIDS Planning and Advisory Council. Dental issues are more visible before consumers and providers as a result.

Features

- **Mobilized Funds.** By working with multiple Ryan White grantees, the University secured funding to fill a “wish list” of dental needs.
- **Created a Network of Agency Supporters.** Educating agencies about dental care issues created a referral network for clients and a cadre of advocates for better dental care.
- **Expanded Clinic Sites.** The University built a rural site, augmenting services provided in their urban clinic site in Louisville,
- **Addressed Transportation Barriers.** The University helped rural clients get to care by collaborating with Part B care coordinators, who distributed gas vouchers and secured volunteer drivers.

- The dental school’s project director and all members of the dental program cultivate relationships by calling agencies and key staff to inform them about dental needs. Each member of the dental team also works with other agencies to help ensure that clients get their needs met.
- Agencies in the area know about dental care needs because needs assessment data, specifically, the Kentucky HIV/AIDS Statewide Coordinated Statement of Need, document dental services as one of the most common unmet needs for PLWH in the State.

Having these relationships in place made a difference when additional one-time funding became available to devote to gaps in oral HIV care. Partner agencies thought of the University’s dental services and helped to fulfill a “wish list” of how funds could be used to expand dental services and purchase durable dental equipment (two dental chairs) to expand capacity to deliver dental services. The University of Louisville recommends having such a list at the ready for those who may ask what needs exist and how help can be provided.

SERVICES:

Coordinating Agencies, Managing Referrals

How many agencies does it take to serve 58 counties in Kentucky and southern Indiana, with an estimated 1,700 clients in need of HIV-related dental care? The numbers are not magic, but what works in this region are two community-based dental-providing entities. Each clinic has its own intake procedures and also takes HIV client referrals from four Ryan White agencies and private physicians in the area. With such a mix of agencies, communication is essential and especially so since there are two systems for delivery of dental care—the University and the county. Mechanisms that work best include:

- Semi-annual meetings, covering issues related to access and quality of care, such as review of problems that create barriers to efficient intake and access. One such problem was coordinating various pieces of information needed from the patient, care coordinator, and medical provider. In response, the project created a streamlined form and a process whereby the care coordinator gathers needed information in one place and then sends it to the dental clinic in advance of the initial dental appointment. Each dental clinic is able to use the data accordingly during their intake process. As a result, treatment planning and any emergency dental treatment can be initiated at the first appointment.
- Email and phone communications among dentists and other staff (e.g., case managers who do follow-up to ensure that appointments are kept with dentists and primary care clinicians).

Partners

- University of Louisville, School of Dentistry
- Family Health Centers
- WINGS Ryan White Program Parts C and D
- Matthew 25 Ryan White Program Parts B and C

Communication is not just about getting dental care. It is also about the dental provider's role in helping retain clients in medical care. Again, there is not a magic answer, although some steps have worked well, including:

- Collection of medical information from the primary care provider before the first appointment as a way to check in on the new client's connection to care.
- Regular phone and letter consultations to collect medical information that is needed in the course of providing dental care, such as changes in medications or lab values. The need for information provides a secondary opportunity to do a check-in on the dental patient's primary care status.
- Communication with care coordinators, medical providers, and clients to provide feedback on an individual's oral health status and how an individual's systemic health can be enhanced by good oral health.

SERVICES:

Keeping Clients Engaged in Care

Multiple methods are used by the University to keep clients coming back for dental care.

- **Patient-Centered Care.** The University asks patients to help make decisions about the care they are receiving by explaining procedures and options and asking for feedback or even asking if clients have questions about their care.
- **Support from Care Coordinators and Medical Providers.** Dental care conferences with medical, dental, and social services staff take into consideration an array of potential needs to create a patient-centered plan to overcome barriers to remaining in care. For example, a dental treatment plan takes into consideration the medical status of the patient, transportation or childcare needs, and the complexity of dental treatment needed and anxiety associated with dental care.
- **Consumer Feedback.** Patients have the chance to provide feedback via community forums, through consumer groups at partner agencies and the dental clinics. The feedback provides the basis for continuous quality improvement initiatives aimed at improving access and retention in care. Patients also provide individual feedback by patient surveys that are available onsite at the dental clinics. Surveys may be dropped into a secure box or mailed.

LOUISIANA

Louisiana State University, School of Dentistry

OVERCOMING A HURRICANE

A dedicated staff, enthusiastic students, and a client population anxious for services are certainly crucial—and probably underappreciated—elements for success in a clinic. Each is reportedly in place at Louisiana’s Ryan White-funded outpatient clinic-centered dental project. But these factors are just part of the story that makes this program work—really, to persevere—in the face of many challenges.

Think Hurricane Katrina to get a sense for what Louisiana State University’s (LSU) dental project faced in getting back up and running. The Dental School was seriously damaged and evacuated to Baton Rouge, 80 miles north of New Orleans. The General Practice residency program lost its home base of Charity Hospital in New Orleans, forcing a move from their 26 chair clinic to one chair in a MASH tent in a parking lot and, in a later upgrade, of sorts, to a six chair “clinic” in an abandoned department store. They survived and are serving a rural eight parish region of Northern Louisiana.

Despite dealing with all these challenges, the Dental Partnership not only continued but the no-show rate has declined dramatically—from 51 percent in early 2006 to about 17 percent in late 2007. A number of techniques were used to great effect: confirmation of contact information, identification of conflicting appointments with other providers, coordination by case managers, and reminder calls and mailings.

Among the factors that helped LSU re-establish and improve services were the many partner agencies that helped bring dental services to the area’s clients and increased visibility about the Dental Partnership through representation on the Louisiana Governors Commission on HIV/AIDS. This helped with disseminating information about the Partnership’s Ryan White dental services, greater agency involvement in service delivery and referrals via various Ryan White consortia throughout the State, and an increased role for the Partnership as a source of expertise, such as involvement in a Statewide Continuous Quality Improvement committee.

Features

- **Sharing Medical Charts Electronically.** An electronic medical records system was developed under HRSA SPNS funding to ease provider access to client information.
- **Representation on the Louisiana Governors Commission on HIV/AIDS.** Involvement raised the Partnership's visibility as an expert and service partner.
- **Hiring a Program Coordinator.** This staffer has experience working with the area's clients and agencies.
- **Reducing No-Shows.** Various techniques lowered the no-show rate: confirmation of contact information, identification of conflicting appointments with other providers, coordination by case managers, and reminder calls and mailings.

Also helpful was the hiring of a program coordinator with a strong history working with the area's client population and service agencies.

SERVICES:

Networking, Addressing No-Shows

In the LSU Dental Partnership, extensive communications help facilitate delivery of care and referral of patients to other services. Their referral system works in both directions, in getting clients to both dental care and medical care. Communication methods sound routine but they work and include phone, letters/consult requests outlining medical information needed from medical providers, and sharing of clinical information. Most notably, providers share medical charts via electronic medical records, which are accessed via the Statewide CLIQ and Lab Tracker data systems.

The electronic medical records system was developed under funding from Ryan White's SPNS, or Special Projects of National Significance—specifically, a funding initiative on health information technology. This system allows the dental clinic to print out a patient's most recent medical progress notes, medications, and diagnosis codes and have them ready for dental residents to consult prior to treatment.

The focus on electronic records has been particularly helpful following the evacuation of patients from southern Louisiana to the central part of the State. All patients presenting to the dental clinic have their latest medical progress notes, medications, and diagnosis codes printed out for dental residents to consult prior to treatment.

The program promotes its services by communicating with HIV medical providers co-located in their building. Increasing efforts are underway to broaden outreach in the community via presentations to outside dentists on HIV oral health care that help frame the program as a resource to other health care providers in the community.

Outreach is also conducted to inform clients about services. The Partnership is now represented at testing and counseling events and has participated in three health fairs since 2006. The project coordinator developed a health fair in June 2008 where Jeannie White (mother of Ryan White) spoke. In 2007-2008, outreach to Latinos, adolescents and local drug rehabilitation programs was implemented.

Partners

- Louisiana State University
School of Dentistry
- Tulane University CD4 Clinic
- Central Louisiana AIDS
Support Services
- Central Louisiana Area Health
and Education Center

For current clients, a number of appointment support efforts are in place to address no-shows:

- The staff regularly checks for conflicts with appointments at other health care clinics and confirms telephone numbers and addresses at each visit. The appointments are coordinated with medical care providers.
- Appointments for dental services can be made by other agencies as part of the referral process.
- Appointments are coordinated through case managers. Patients also discuss their next appointment with the scheduler after completing their current dental appointments.
- Patients are called/mailed reminders during the month of their recall date. Appointment failure is tracked in the program's database. The most common reason for broken appointments is "low dental IQ," in the words of the project, which is seen in a common belief among patients that they do not need to come to their next appointment if they have no acute complaints.

The eight parishes included in this initiative cover 7,000 square miles, making transportation pivotal to the success of the program. Vouchers for gas are provided to all patients with access to a car. For patients living within Rapides Parish, the only parish with public transportation, bus coupons are available.

Broken appointments can result in treatment being primarily episodic and problem oriented. At a consumer meeting, clients said they were unaware they were getting appointment cards. The cards/letters say "GPR" appointment, not "dental appointment," which many clients did not recognize as a dental appointment. Clients also reported allegiance to the ancillary staff but not to the dentist as they rarely see the same provider more than once. The dramatic decrease in no-show rates during 2007 is attributed to having only one dental resident in the clinic, allowing for the development of better rapport between client and provider.

PATIENT EDUCATION AND INVOLVEMENT:

Focus Groups, Smoking Cessation

In Louisiana, patients have expressed appreciation for the privacy they get from being able to go upstairs to the dental clinic to check-in, thus bypassing the first floor check-in used by other patients.

LSU has faced some difficulty raising awareness about the importance of non-urgent oral health care. Strategies to increase utilization have included:

- Raising community awareness of oral health care through patient education methods such as oral health instruction, nutritional counseling, risk minimization and prevention.
- Oral health information sheets and brochures that are provided to patients.
- A smoking cessation program. All patients presenting for care in the dental clinic are asked about tobacco use and smokers are provided with smoking cessation literature. In addition smokers are asked if they wish to access the State Tobacco Cessation Initiative, where further education (individual and group sessions) and medications are provided.

Provider Recruitment and Retention

Multiple efforts are made to involve more dentists in HIV care:

- The program coordinator and case manager participated in a summer service learning institute sponsored by Community Campus Partnerships for Health, the Ryan White TA provider for Dental Partnerships.
- The program's principal investigator and hygienist are involved in delivering continued education courses to dental, medical, and allied health care providers. Community dental providers are provided an annual update of HIV and infectious diseases in the dental office, in conjunction with the Central Louisiana Dental Association. In addition, local providers who express interest in treating patients from this project receive more in-depth information (e.g., evaluating the HIV patient in the dental office, local counseling and testing resources, post exposure prophylaxis).
- Community dentists providing care to patients are provided with an "in house" education that targets the whole office. Feedback from these seminars has helped improve lines of communication between the Partnership site and private offices as well as greater understanding of the HIV-positive client by the entire dental staff.
- Education to local medical providers occurs twice yearly at lunch time seminars and includes topics on oral manifestations of HIV and treating dental emergencies in the medical office.

MASSACHUSETTS

Boston University, Goldman School of Dental Medicine

URBAN COMMUNITY HEALTH CENTER ENHANCES HIV DENTAL CARE

Holyoke, Massachusetts in western Massachusetts has the State's highest rate of increase in HIV transmission cases, when measured in terms of cases that occurred from within the local area. Since cases predominate from within the area's low income communities, it made sense to deliver dental services at the area's major provider of primary care: the Holyoke Health Center, the largest federally-qualified health center (FQHC) in the region. For over 10 years, Holyoke Health Center has received Ryan White Part C funds for primary and specialty care HIV services. Holyoke also operates a state-of-the-art HIV dental clinic.

Holyoke Health Center works with the lead agency in this Partnership, Boston University's dental school, which has a strong track record in training students through community-based dental education across the State.

SERVICES:

Dental Liaison Enhances System of Care

Holyoke Health Center serves an urban, impoverished and largely Hispanic/ Puerto Rican population and provides an array of primary care services out of a large health center site located in a refurbished downtown building complex. All project staff members are bilingual in English and Spanish and live in the community. Because of Ryan White funded dental care, many patients are getting their first-ever opportunity to have oral health integrated within their overall HIV and primary care. That translates into improved coordination of services, integrated care and improved outcomes. This is complemented by more immediate physician-to-dentist consultations on lab values and drug contraindications as well as case management support to help patients stay in care across various disciplines in the center.

Primary and specialty dental care is provided on-site at Holyoke Health Center.

Features

- **Student Training With Public Health Focus.** Students shadow an Infectious Disease specialist, assist with both primary and specialty dental services, and complete a public health project.
- **Integration of Medical and Dental Care Within a Community Health Center.** Combining primary care and dental care provides opportunities for interdisciplinary clinician consultation and improved patient retention in care.
- **Improving Patient Outcomes Via a Dental Liaison.** A Dental Liaison helps address appointment no-shows by follow-up with patients and coordination of providers.

The dental school/Holyoke partnership is solidified via a formal Memorandum of Agreement. It articulates: identified responsibilities, vision and mission, as well as each partner's role in achieving the program goals, the relationship between various departments and programs, and lines of communication between the partners. The latter is in the form of phone and email contact between the Ryan White project director at Boston University and Holyoke staff and team meetings, which occur about once per month.

Connections to care have been further bolstered through the establishment of a Dental Liaison position. Based at the Holyoke dental clinic, she is the point of contact for all HIV Team members, dental staff and sites throughout the Western Massachusetts Partnership area. The Dental Liaison ensures that primary care doctors refer their HIV patients for dental care through outreach and ongoing education.

Holyoke is not without its challenges in delivering oral services. The missed appointment rate is around 45 percent for new HIV-infected patients and 25-30 percent for other dental patients. Although it is challenging at times to begin care, once patients have started, the program has a completion of treatment rate of nearly 100 percent. The most common factors contributing to missed appointments by the HIV oral health program's patients are illness, incarceration, homelessness, and substance addiction relapse. Steps to reduce broken appointments include reducing wait time for appointments, counseling of repeat no-shows, and reminder calls and cards. Additional techniques include enhanced integration of the HIV Team to make care more seamless and establishment of a personal relationship between the Dental Liaison and clients.

PATIENT EDUCATION AND INVOLVEMENT:

Technology, Satisfaction Surveys

Patient education occurs via dialogue between patients and providers and focuses on improving attitudes about oral health care. Technology plays a large supporting role in Holyoke's patient education. CAESY software is used, which can be programmed in response to specific patient needs (e.g., oral hygiene instruction). Flat screen monitors are located in all dental operatories along with patient handouts. The software allows patients to access educational materials of their choosing while waiting for providers.

Oral health pamphlets and posters are provided to patients and cover such topics as the importance of oral health care for those infected with HIV, what to expect during an oral health exam, and the importance of follow-up care.

Partners

- Boston University Goldman School of Dental Medicine
- Holyoke Health Center

And what do patients think? Patient satisfaction surveys report that the care they receive is excellent and their improved oral health has dramatically improved their lives. Anecdotal observations add some understanding to these numbers. Said one patient: “They take care of my fear.” Another indicated: “They re-check the meds I am taking.” While patients indicate some challenges, such as transportation time and lack of student providers during the summer, there is interest in a Consumer Advisory Panel to provide input to clinic operations as well as a willingness to guide the clinic with outreach efforts.

PROVIDER EDUCATION AND TRAINING:

University Committed to Community Outreach

Boston University’s School of Dental Medicine is the source of student training and education for Holyoke and 24 other sites across the State. Their commitment to community-based health is evident. Several high-level community outreach positions exist at the school, providing voices of leadership that help promote the university’s 50-plus community-based programs, including Ryan White dental services.

Dental students complete a 10-week rotation at Holyoke and live in the area in the University’s apartment complex. Training includes the following:

- Students review three CDs on oral health management of HIV-infected patients and then shadow an Infectious Disease specialist one morning.
- This experience is then translated into clinical care delivery, under the direction of the Holyoke staff dentist, who holds a faculty appointment at the University. While most dental care is primary oral health, students also provide specialty services under the direction of an oral surgeon, periodontist, and endodontist.

In addition to the clinical experience, students must complete a public health project that addresses a need of the HIV community served by Holyoke. At the end of their rotation, the students write a report, including a reflection of their experience in conducting the public health project. Some examples of student projects include: creation and implementation of a patient satisfaction survey, and creation of a slide-based patient educational presentation regarding the importance of oral health for individuals with HIV that can be used chair side in the primary care clinic or with the patient’s HIV case manager. Both tools have been used to improve integration of HIV primary and dental care.

MISSISSIPPI

University of Mississippi Medical Center, School of Dentistry

INTEGRATING DENTAL/MEDICAL CARE, EXPANDING CARE VIA HYGIENE PROGRAM

One way to mainstream dental care into a community setting is to co-locate services. Under the University of Mississippi Medical Center's School of Dentistry project, regular dental care is provided at a multi-service AIDS service site. University-based clinicians are there to handle the tough cases and provide training. In addition, a school of dental hygiene helps deliver basic care and also trains dental hygiene students in providing care to HIV-positive clients. This single site is not the only place for HIV dental care, however, as services are promoted with agencies and providers at other sites across the State.

SERVICES:

Co-Location, Dental Hygienists Do Basic Care

A large volume of HIV dental care in Mississippi's community dental project is delivered at an AIDS service site called Crossroads Care Services, which was established by the State health department as a multidisciplinary HIV care clinic that serves clients enrolled in Mississippi's Ryan White AIDS Drug Assistance Program. As of late 2006, 1,051 HIV-infected patients were enrolled. They get care from a well-staffed medical facility that offers an outpatient pharmacy, HIV testing facility, phlebotomy laboratory and—of course—dental care. Off-hours and emergency cases are handled by residents being trained by the university, which maintains a 12-chair dental department on-site.

Features

- **Dental Hygienists Handle Routine Care.** Community college dental hygiene programs and students handle routine oral health care.
- **Agency Networking.** Extensive networking with other Ryan White Parts resulted in an expanded referral network.
- **Co-Location of Services.** Co-location of medical and dental services enhances delivery of an array of HIV services.

Crossroads has a three-chair dental clinic and, in 2006-07, provided services to 200 unduplicated clients, with 650 patients visits in the past 12 month period—a 40 percent increase from 2005. The Crossroads Dental Department provides comprehensive dental care including diagnostic, preventive, and surgical services to name a few. Collaboration is hard to avoid when services are next door to each other, which is the case at Crossroads. Medical and dental departments are not only in the same office but also share a common waiting/reception area and clerical staff. Referrals and communication between the medical and dental clinicians is literally as easy as a walk down the hall. An added benefit is that co-location offers patient privacy and ready access to other services.

While Crossroads provides a large amount of HIV oral care in Mississippi, lots of advocacy takes place to urge a network of agencies and providers across the State, which receive over \$4 million annually in Ryan White funds, to expand their dental care to PLWH. The Dental Partnership's clinic director does lots of networking with private dentists, medical providers including specialists, and does training in liaison with the local AETC. As a result, a strong network of providers attentive to HIV dental and medical care needs has been created. Providers network on an ongoing basis by emails and scheduled meetings with the director.

The latest partner to be added to this network is an area community college and their hygiene program. As of this writing another dental hygiene program has been added as a partner. They are offering such basic services as teeth cleanings and x-rays. Patients needing more specialized care are referred out. This referral process happens by informing area health department clinics, district social workers and area infectious disease clinics about the services being provided at the local hygiene program. A referral sheet is given to the hygiene program from the referring clinic to assist with the initial contact of the patient.

PATIENT EDUCATION AND INVOLVEMENT:

One-On-One, Satisfaction Surveys

Patient education at this Mississippi dental project takes place informally at each dental visit and involves one-on-one (patient to doctor/assistant) discussion of oral health in relation to total health. Discussion, flip-charts, videos and brochures are used to cover topics like periodontal disease, brushing and flossing. Tobacco cessation and how it can improve oral health is also covered, with referrals made to a dedicated tobacco cessation program housed on-site at Crossroads.

Patient satisfaction at Crossroads is measured via random consumer satisfaction surveys and is reportedly high. There is general satisfaction with wait times to get appointments and to get in to see dental providers once on-site. Notably, a good

Partners

- University of Mississippi
Medical Center's School of
Dentistry
- Crossroads Care Services
- Northeast Mississippi
Community College
Hygiene Program
- Pearl River Community College
Hygiene Program
- Delta AETC

number of patients displaced from Louisiana due to Hurricane Katrina have been getting dental care in Mississippi. Some are staying in the area, perhaps in part due to the services they are receiving.

While this Dental Partnership does not have a formal Consumer Advisory Board, the dentist actively involves consumers in program activities by informing each patient of the clinic's plans and eliciting their suggestions during appointments. Feedback is positive and patients voice an interest in becoming more active in the recruitment of patients and in the developing quality improvement aspect.

Provider Education and Recruitment

Efforts to re-energize the manpower ready and able to take on HIV dental care are undertaken through the School of Dentistry's dental education program curriculum. It provides second year students with HIV education, while third and fourth year students have an opportunity to be trained in the care of HIV-infected patients through a 6 ½ day elective rotation at Crossroads. In 2006, two senior students took the elective rotation and two students spent 2 weeks of training as volunteers during their vacation time. Student surveys indicate 100 percent student satisfaction with their experience at Crossroads while on rotation.

Results from a pre/post rotation questionnaire assessing knowledge and confidence about treating HIV-positive individuals suggest that most students do have a pre-conceived stereotype of HIV infection and those who are infected (homelessness, education, illness). After rotations, students show a tremendous improvement with their confidence and competence in regards to the dental treatment of HIV persons, and regularly state that they learned so much from the experience and no longer have reservations about treating patients with HIV.

Private dentists have the opportunity to spend anywhere from a half to a full day at the Crossroads clinic observing and treating HIV patients. This training opportunity has been taken advantage of by 15 dentists (those in private practice and those within the State prison system). Training occurs under the direction of the clinic's dental director and is co-sponsored with the Delta AETC.

NEW JERSEY

University of Medicine and Dentistry of New Jersey - New Jersey Dental School

CRAFTING A NETWORK OF DENTAL CARE IN THE SOUTHERN COUNTIES

Community-based dental services for underserved and uninsured residents have been in place in New Jersey since 1989, long before Ryan White oral health funding came along. That's quite a foundation to build upon, which New Jersey did in creating the first-ever HIV-specific dental services for patients living in a 7-county area in Southern New Jersey that includes multiple areas with high HIV caseloads—two of which qualify as AIDS epicenters.

As with other grantees, the connection to the university dental school—the only such school in the State—elevated the quality of dental training as well as employment opportunities for students to keep working in HIV care and other community areas upon graduation.

SERVICES:

Community-Based Partnerships

Ryan White funding enabled the University of Medicine and Dentistry of New Jersey-New Jersey Dental School to create a network of HIV dental care for Southern New Jersey. The network includes:

- **University.** Components include skilled dental faculty and staff, a student population primed for clinic rotations, and a specialty dental clinic.
- **Community Dental Clinics.** Three community dental clinics deliver the bulk of dental care and are located in Galloway, Northfield and Somerdale. Dental assistants conduct outreach one-day per week with primary care sites in order to inform them about the availability of dental services so that clinics know where to refer clients for dental care. Dental clinics also communicate regularly with primary care providers in working with dental patients, such as accessing medical information that dental providers need in conducting oral health procedures, like current laboratory test values. Each dental clinic also works closely with the university's dental clinic in securing students to conduct on-site work as part of their training rotations. Collaboration is also conducted in linking clients to specialty oral health services available via the university site.

Features

- **Student Training.** Extensive 9-month rotation training is used, under a community-focused curriculum.
- **Strategic Response Plan.** The plan outlines a vision and work plan for expanding access to dental care. It identifies desired outcomes in such areas as customers, financials, internal processes, and learning and growth.
- **Referral Network.** An enhanced referral network realized a 179 percent increase in referrals with a nearly 70 percent kept-appointment rate.
- **Ryan White Program Grant Administration Manual.** This document is used by the grantee to monitor quality, identify leadership and accountability mechanisms, and develop data and measurable outcomes to measure progress.

➤ **Referral Partners.** Fourteen agencies that deliver primary medical care are partners in that they refer their patients to clinics to receive dental services. Staff of these agencies (both medical staff and case managers) receives education from university dentists or dental assistants on oral health issues. Education covers HIV/AIDS and oral health considerations as well as information on navigating the health care system in order to facilitate patient access to oral health services.

Agency relationships under the Ryan White dental project are clearly delineated in letters of agreement, which cover the role of the agency and the University.

The project has performed well as the number of referrals from primary care to dental care increased 179 percent during 2006. A number of factors made this happen.

- **Coordination of Referrals, Appointments, and Transportation.** One agency, Access One, provides an array of medical and support services, and thus plays a special role in coordinating appointments and maximizing good network relationships with other partner sites. All dental referrals are processed by Access One, which then makes appointments at the dental clinic sites. Travel to dental clinics is difficult in this area, so bus tokens for transportation are available through Access One.
- **Outreach by Dental Assistants.** Dental assistants play a particularly positive role in increasing the number of referrals by attending patient education workshops, conveying the importance of oral health to patients, and answering their questions and concerns, such as dental phobia. During patient workshops, dental assistants work with patients to schedule appointments and encourage patients to attend appointments. Dental assistants visit an early intervention program and AIDS service organization a half a day a week.

Outreach information covers the basics of good oral health and also provides clients with information on how to access services. A standard outreach package of information is used to enhance both the consistency and quality of outreach work.

PROVIDER EDUCATION AND TRAINING:

Intense Rotations Among Many Features

New Jersey's student training includes 9-month rotations for students at community clinic sites—the longest rotation of any Ryan White community dental project. Many of the dentists at the community sites are full-time faculty. In addition to providing a high level of training, faculty members are also involved in direct patient care. Dental student training in HIV care occurs under the university's broader Community Oriented Dental Education program.

Partners

- UMDNJ-New Jersey Dental School
- Access One
- AETC of New York/ New Jersey Region

The training experience at the New Jersey dental school includes several parts but not limited to:

- A continuing dental education lecture series includes a seminar on cultural competency. The project director observed: “Through one of our cultural competency trainings, for example, we were able to work with a student who had very defined notions of people who were homosexuals since his religion and background had told him it was wrong,” reported York. “Communicating and talking about these issues allowed him to examine biases so that his treatment of those living with HIV would not be compromised.”
- A new feature as of 2007 is an externship program for dental students to participate in during summer break. As of early 2008, there were three undergraduate dental student participants.
- In July 2008 a new program was added to the dental school’s curriculum, all fourth year students will receive a training experience that includes a two-week rotation at community clinic sites.

PROVIDER RECRUITMENT AND RETENTION:

Faculty and Students Targeted

Multiple efforts are conducted by New Jersey to recruit and retain dental staff based in community clinics that target underserved populations, including those living with HIV. They are targeted to both faculty and dental students.

- The university’s extramural dental education program trains 11 senior dental students per year. They spend 28 hours per week during the 30-week senior year in direct client care in a community-based dental clinic. The training occurs at designated Ryan White funded sites, and provides students with an opportunity to be educated in an excellent facility, under the direction of experienced and respected dentists who are recognized as experts in the field of oral health care for HIV positive clients.
- In July 2006, a faculty/provider recruitment program was launched to encourage students to seek employment with the university upon graduation. To date, the dental school has secured four 2007 graduates to work in the University’s community-based sites and two additional graduates to serve as faculty in the clinics.

The university-based project team has a “big picture” approach to carrying out a recruitment plan for their workforce. Their guide is the Strategic Response Plan—specifically, to enhance dentists’ commitment and engagement and develop adaptive and diverse leaders. The plan outlines some important considerations when recruiting dentists, such as what salaries and other incentives can be offered to get them to accept employment and to stay over time.

NEW YORK CITY

Columbia University, College of Dental Medicine

HARLEM PROJECT DELIVERS DENTAL CARE IN HIV/AIDS CLINIC

Two strong institutions with a tremendous amount of buy-in define this Ryan White dental partnership between Columbia University and an AIDS service agency called Harlem United Community AIDS Center. Harlem United Community AIDS Center delivers an array of “one-stop shop” primary care services exclusively for PLWH, including routine dental care. Columbia’s College of Dental Medicine administers the grant and devotes considerable attention to the learning experience for dental students and Advanced Education in General Dentistry Program (AEGD) that fellows get while at Harlem United. Columbia also delivers specialty and surgical dental care to PLWH and has developed competency standards to measure provider readiness to provide high quality dental care to PLWH.

Mechanisms that help the Columbia-Harlem partnership work smoothly include:

- Formal documentation of the partnership through a sub-contract that specifies responsibilities, financial arrangements, and shared commitment to project goals.
- Formal communications among partners through bi-weekly meetings convened by the project director. Meetings track progress in reaching project goals and objectives, address issues as they arise, and inform participants in areas such as competencies and service learning.
- Tracking of progress through monthly reports on clinical and trainee performance.
- Partner involvement in the planning and development of the project proposal and work plan, which enhances buy-in.

Features

➤ **Dental Competency and Quality Assessment Tools.**

The “Competencies Project” measures and monitors dental competency and includes a set of competency statements relevant to providing high quality oral health care to people living with HIV/AIDS. Each competency is expressed as a statement with corresponding sub-competencies. In turn, statements are tied to cognitive, affective and behavioral learning objectives and linked to a final set of learning objectives to fellow-defined service objectives.

- A **Web blog** site has been developed to allow participants of the rotations to share their experiences with each other. The goal is to foster a community of learners.

SERVICES:

One-Stop Shop and Ample Communication

Harlem United was founded in 1988 to serve hard-to-reach HIV clients with multiple health problems who are living in two poor underserved inner-city communities, including Harlem and the South Bronx. Beyond medical care, services include housing, substance abuse, mental health, and many other areas, providing patients with the full gamut of care. In 2006, Harlem United provided services to 2,430 unduplicated clients of which 450 received dental care—a 27 percent increase from the prior year.

Dental care is well-integrated with other care at Harlem United, in part, because they are in the same building but only a floor away. Other facilitators of collaboration:

- Clinical directors of the medical and dental departments share philosophies about patient care (i.e. treating the total health of the patient).
- Multispecialty clinical care planning committees meet weekly to address treatment planning and coordination across multiple services. Dental trainees participate in these personalized care sessions.
- Directors communicate informally on a daily basis, and more formally through regular meetings with other staff at Harlem (e.g., case managers, therapists).

PROVIDER EDUCATION AND TRAINING:

An Enhanced Identity as a Caring Professional

Prior to sending students on rotations at Harlem, Columbia uses a didactic curriculum that reviews dental management and treatment of the HIV-positive person. It can be used both as a guide for an experienced clinician or as a primer for a novice. Rotations for residents entail two days a week for a semester or more at Harlem’s dental department, while pre-doctoral dental students participate in clinical care during variable-length short-term rotations of 7 to 50 hours through their elective “Community Dentistry Area of Concentration.”

Once on-site, Columbia takes steps to ensure that rotations at Harlem United have a real impact on trainees. It’s called a strong service learning component and is put into practice using multiple techniques:

- The dental director at Harlem United carves out time at the end of each clinical day to spend time with AEGD fellows and students on rotation to discuss their experiences for the day and provide a forum for direct feedback from them. These reflection sessions are structured through a series of trigger questions that address trainees’ expectations and experiences, attitudes

Partners

- Columbia University, College of Dental Medicine
- Harlem United Community AIDS Center

and values, and understanding of their patients' social, behavioral, and environmental conditions.

- A web blog site has been developed to allow participants of the rotations to share their experiences with each other. The goal is to foster a community of learners.

During academic year 2007-2008, training involved exposure experiences for 13 undergraduate students of whom seven had intensive clinical rotations and 22 AEGD fellows of which five had intensive experiences. Several third-year undergraduate students have requested to return to Harlem United during their fourth-year of school to fulfill their "Area of Concentration Project"—a graduation requirement for students to spend four semesters exploring a concentrated area of study.

PATIENT EDUCATION AND INVOLVEMENT:

Feedback Sought—and Incorporated

A family-like atmosphere is reported to exist at Harlem United, in part because of low staff turnover and the high level of familiarity between staff and clients. In addition, Harlem takes the extra step to secure formal and informal feedback via patient surveys, focus groups, a bi-weekly oral health education group session ("Healthy Smile Dental Group"), a Client Advisory Board, and institution-wide client meetings. In turn, efforts are made to fulfill consumer-recommended service enhancements such as sedation therapy, expanded hours of operations to include evening hours and Saturdays, and in-house oral surgery that expands dental care available on site at Harlem.

Patient education activities include a day program, one of many at Harlem, known as the "Healthy Smile Dental Group." This group focuses on the importance of oral health through oral hygiene instruction and education dental care services at Harlem. Patient education is also incorporated into each client's visit to the dental department as well as visits to the medical department, where educational materials are available in both English and Spanish languages.

OREGON

Oregon Health and Science University, School of Dentistry

BUILDING ON LONG HISTORY OF DENTAL CARE FOR THE POOR

Ryan White funding for oral health at the Russell Street Clinic builds on their 33-year history of providing dental services and student training to poor clients in Portland, Oregon and seven surrounding counties. Oregon Health and Science University established Russell Street's dental activities decades ago in order to provide a community learning experience for dental and dental hygiene students. Russell Street also has a long-standing relationship with the county's HIV program to deliver dental care for HIV positive clients.

When HIV came along, Russell Street added PLWH to its vulnerable patient population to provide dental care in part through what was then called Ryan White Title III (now, Part C) funding via the county. Dental care services are integrated but not co-located with medical services. Specialty care is also provided at Russell, while the university handles cases requiring hospital-based oral surgery.

Partnerships are a core success of this project, including collaboration with Part B and Part C networks.

- The Russell Street Clinic partners with multiple local agencies, which refer clients for dental care. While many medical care providers are aware of Russell's services—something that Russell Street was able to make happen through networking and outreach—their two main referral sources are Cascades AIDS Project, the largest provider of HIV support services in Oregon, and the health department (both agencies provide case management services to dental clients). The networking of these partners occurs through routine email and phone communication and an annual meeting among institutional principals.
- Likewise, Partnerships with the university and other health professions schools are in place for drawing students to complete community rotations at the clinic. Faculty and institutional appointments are in place for individuals involved in the Ryan White dental program.

Features

- **Consumer Involvement.** A Consumer Advisory Board garners patient input into clinic operations.
- **Dental Hygiene Student Training.** Training is provided to dental hygiene students along with dental students and residents. Each dental hygiene student rotates through the Clinic for one or two days. One dental hygiene school requires students to keep a journal of their experiences at the clinic.

- Necessary clinical information is routinely shared between medical and dental providers including direct communication by telephone as well as letters and consultations. Laboratory studies, medication regimens and medical clearances are obtained as necessary from the primary care medical provider prior to dental care. Referral mechanisms integrate oral health care, HIV medical management, and social and support services. A key factor in the success is that three of the Russell Street Clinic’s providers have been with the program since virtually the inception of the HIV epidemic, while the providers at the Part C clinic have also been extraordinarily stable, so that the relationship between providers is very long-standing, and there is an enormous amount of both trust and respect between organizations.

“Prevention is key,” reports the project director. “This might include fluoride treatments to address lack of salivation in patients with HIV, so that patients don’t get in a cycle of decay and losing teeth, at which point the dental practice must address restoring the teeth that are there.” With prevention a key practice, smoking cessation counseling is included as part of patient care. Patients also get a brochure on HIV and smoking.

The broken appointment rate at Russell is approximately 25 percent for HIV-infected patients, due in part to patient illness and homelessness.

Case managers at Cascade AIDS Project are used to identifying hard-to-reach clientele and linking them to primary care as well as dental care, which is why Russell works in partnership with Cascade to do patient outreach with such groups as Latinos and the recently incarcerated. Efforts to reach the African American community target a community faith-based organization. Otherwise, outreach is primarily through word-of-mouth and relationships built through agencies funded by Ryan White programs. The dental program also serves as a resource to other health care providers in the community regarding HIV-related oral health by making presentations at local and State dental meetings.

While no passes are available for bus transportation to clinic visits, patients can request medical transportation and some case workers in the area occasionally pay for taxi services for clients. Otherwise, patients arrive using their own vehicles or request a ride from their friends or family.

PATIENT EDUCATION AND INVOLVEMENT:

Consumer Board Feedback, Education During Services

The Russell Street Clinic operates a Consumer Advisory Board for consumers to provide feedback in order to help improve health care services being delivered. “It’s important to address patient needs as the patient describes them,” reports the project director.”

Partners

- Oregon Health and Science University School of Dentistry
- Russell Street Clinic
- Cascades AIDS Project

Most patient education occurs during the delivery of dental services. Additionally, the reception area has several mounted posters and materials in both English and Spanish containing information on the importance of oral health care for those with HIV, and a brochure entitled “HIV Infection and Oral Health” has been developed that discusses the need for regular dental care, how to perform an oral self examination, oral manifestations of HIV infection and where to go to access dental care.

PROVIDER TRAINING, RECRUITMENT, AND RETENTION: Dentists and Dental Hygienists

The Oregon Ryan White project hosted 72 dental students, 60 dental hygiene students and six residents in 2006. They come from the university’s dental school as well as area dental hygiene schools.

Dental students receive training regarding care of HIV-positive patients as part of their undergraduate curriculum in oral surgery, oral pathology and community dentistry. The dental director of Russell Street Clinic provides a portion of the didactic information. Similar to the dental students, residents complete an end of year evaluation of the rotation.

In turn, the training provided to dental hygiene students is as follows:

- Students receive training regarding care of HIV-positive patients as part of their dental hygiene curriculum in classes such as oral pathology and theory classes. Immediately prior to their second year, when the rotation to Russell Street Clinic occurs, the program director presents two to four hours of training on the management of HIV-positive patients. In addition, efforts towards cultural competency are initiated through information shared by a consumer with the various classes.
- One dental hygiene school requires students to read the AIDS Update Newsletter and take a post-test prior to their rotation.
- Once the students present to the Clinic, the staff dental hygienist provides a one-hour review of important concepts and reviews the charts for the day, emphasizing specific details relevant for particular patients.

Each dental hygiene student rotates through the Clinic for a one or two day clinical experience during their second year of training. One dental hygiene school requires students keep a journal of their experiences at the Clinic.



SECTION IV:

Tools from the Dental Partnership

Below is a listing of select tools and resources developed by Dental Partnership grantees to enhance their service delivery activities and enhance administration of their Ryan White-funded dental programs. These resources may be of interest to other programs seeking to develop and/or expand their work in HIV dental care. In some cases, materials can be modified for use in other areas, such as operation of collaborative endeavors and training of providers in disciplines besides dental care. Examples presented below cover patient care delivery, training of students, and operation of collaborative activities among agencies.

To access these materials, visit the TARGET Center TA Library at careacttarget.org. Items can be obtained by searching for the items, by name or by typing in the search words “oral” or “dental.”

Memorandum of Understanding

Document stipulates roles of various parties in service delivery, training, and participation in a collaborative project.

Loma Linda University School of Dentistry

Significant Moment Report

Student training tool for students to write a short narrative on the impact of the training and what it provided them with.

University of Illinois at Chicago, College of Dentistry

Dental Patient Satisfaction Focus Group Protocol, February 2008

Protocol for conducting focus group to gain client feedback about dental services in such areas as ease of getting care, staff, and financial matters.

New York/Arizona Lutheran Medical Center

Dental Patient Satisfaction Survey

Questionnaire for patients to obtain client feedback on services provided.

New York/Arizona Lutheran Medical Center

Dental Referral Form

Access One, Inc. Under Dental Partnership for

University of Medicine and Dentistry of New Jersey - New Jersey Dental School


Dental Record Review

University of Medicine and Dentistry of New Jersey - New Jersey Dental School

Dental Strategic Plan (Outline)

Detailed plan for organizing dental services for a region or State, contains sections on such topics as data reporting, managing services (e.g., referrals), quality improvement, consumer involvement, client advocacy (e.g., privacy and confidentiality issues), and educational programs for students.

University of Medicine and Dentistry of New Jersey - New Jersey Dental School

SECTION V:

Appendices

CONTACT INFORMATION

Ryan White Community Based Dental Partnership Program

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PROGRAM DESIGN REQUIREMENTS

Community Based Dental Partnership Program

The Community Based Dental Partnership Program’s goal is “to increase access to quality oral health care for people with HIV in areas that remain underserved, especially in communities without dental education programs, and to increase the number of dental providers capable of managing the oral health needs of patients with HIV, through collaborative community-based partnerships.”

Dental Partnerships must include the core components listed below. The intent of these requirements is to ensure that services are delivered in a community setting, that dental students are adequately trained, and that the effectiveness and impact of the Dental Partnerships are assessed.

Oral Health Service Delivery

- ▶ Collaboration among dental or dental hygiene education programs and community-based oral health providers and partner agencies to deliver oral health care for patients with HIV in community settings, especially in unserved and underserved rural and urban areas.
- ▶ Linking patients to HIV services and coordination with other HIV service providers to ensure a continuum of care.

Provider Education and Clinical Training

- Provision of hands-on training experiences for dental and dental hygiene students and dental residents and incorporation of HIV management and community-based service-learning experiences into the dental education curriculum
- Supervision of students and residents by community-based dentists who may serve as adjunct faculty and provide an understanding of the oral health needs of HIV-positive populations
- Giving students and residents a public health perspective and social context for health care along with a greater cultural understanding of the health needs of vulnerable populations.

Program Assessment

- Assessment of the partnership's effectiveness in meeting the oral health needs of HIV-positive individuals in the community
- Assessment of the partnership's effectiveness in training students and residents to manage the oral health care for people with HIV
- Assessment of the program to document the impact on the lives of HIV-positive people and demonstration that these funds are resulting in direct benefit to patients, including the availability of services not previously available or accessible.

The Dental Partnership grantees work collaboratively with community-based dental providers (such as community-based organizations or agencies that currently provide or plan to provide oral health services, or private practice dental providers) to address the unmet oral health needs of vulnerable populations with HIV. The documentation of unmet HIV oral health needs or underserved HIV positive populations is based upon data submitted within the grantee's application that describes need as presented by Planning Council Needs Assessments, local and CDC epidemiologic data, availability of current HIV health care including oral health services, and description of proposed population and community.

Community-Based Dental Partners Program Contact Information

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