

ORAL HEALTH AND HIV

ORAL HEALTH PROBLEMS ARE COMMON AMONG PEOPLE LIVING WITH HIV/AIDS

People living with HIV/AIDS (PLWHA) experience a high incidence of common oral health problems (e.g., dental decay/cavities, gingivitis) as well as other oral health problems that are directly related to HIV infection. Between 32 and 46 percent of PLWHA will have at least one major HIV-related oral health problem—bacterial, viral, and fungal infections as well as cancer and ulcers—in the course of their disease. In addition:

-  Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PLWHA susceptible to progression of their disease.
-  HIV medications have side effects such as dry mouth, which predisposes PLWHA to dental decay, periodontal disease, and fungal infections.
-  Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWHA with severely compromised immune systems.
-  A history of chronic periodontal disease can disrupt diabetic control and lead to a significant increase in the risk of delivering preterm low-birthweight babies.
-  Poor oral health can adversely affect quality of life and limit career opportunities and social contact as result of facial appearance and odor.

MANY PLWHA LACK ORAL HEALTH CARE

For many years, PLWHA have reported high rates of unmet oral health care needs and low utilization of oral health services. When paired with weakened immune systems, lack of dental care puts many PLWHA at high risk for oral diseases and compromised well-being.

FAST FACTS

-  Thirty-two to 46 percent of PLWHA will have at least one HIV-related oral health problem in the course of their disease.
-  Fifty-eight to 64 percent of PLWHA do not receive regular dental care, according to various studies.
-  Barriers PLWHA face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.
-  Oral health professionals can help in early diagnosis of HIV infection.
-  Oral health professionals can work with clients to engage them in regular HIV primary medical care and address issues such as nutrition.

RYAN WHITE DENTAL PROGRAMS

<http://hab.hrsa.gov/abouthab/partfdental.html>

Contact your Project Officer or

Mahyar Mofidi, DMD, PhD
Chief Dental Officer
HRSA HIV/AIDS Bureau
(301) 443-2075

MMofidi@hrsa.gov

HAB's Oral Health Performance Measures

<http://hab.hrsa.gov/deliverhivaids/habperformmeasures.html>

-  Dental and medical history
-  Dental treatment plan
-  Oral health education
-  Periodontal screening or examination
-  Phase I treatment plan completion (prevention, maintenance, elimination of oral health disease)

Healthy People 2020 Oral Health Objectives

<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>



- ❖ The HIV Cost and Services Utilization Study (HCSUS) found that 58 percent of PLWHA did not receive regular dental care. More recent studies covering specific U.S. regions have reported similar findings. A study in North Carolina, for example, found that 64 percent of PLWHA had unmet dental needs.
- ❖ PLWHA have more unmet oral health care needs than does the general population. PLWHA also have more unmet oral health care needs than unmet medical needs.
- ❖ Certain groups of PLWHA, such as people of color (especially women and those without dental insurance) are less likely to receive oral health care than others living with HIV.

PLWHA FACE MANY BARRIERS TO ORAL HEALTH CARE

Major factors contributing to unmet oral health needs include the following:

- ❖ Lack of dental insurance
- ❖ Limited financial resources
- ❖ Shortage of dentists trained or willing to treat PLWHA
- ❖ Shrinking adult dental Medicaid services
- ❖ Patient fear of and discomfort with dentists
- ❖ Perceived stigma within health care systems
- ❖ Lack of awareness of the importance of oral health.

DENTAL PROFESSIONALS CAN ENHANCE HIV/AIDS CARE

- ❖ Dentists can control or eliminate a local infection to avoid adverse consequences such as systemic infections, eliminate pain and discomfort, and restore oral health functions.
- ❖ Oral lesions can be the first overt clinical features of HIV infection; therefore, dental professionals are well positioned to help with early detection and referral. Early detection can improve prognosis and reduce transmission, because infected PLWHA may not know their HIV status.

“YOU CANNOT BE HEALTHY WITHOUT ORAL HEALTH.”

***Oral Health in America:
A Report of the Surgeon General***

- ❖ Encounters in oral health care provide opportunities to prevent disease and address lifestyle behavior practices, such as oral hygiene, smoking cessation assistance, and nutrition counseling.
- ❖ A visit to the dentist may be a health care milestone for PLWHA. The dental professional can address oral health concerns and play a role in helping engage or reintroduce patients into the health care system and coordinate their care with other primary care providers.

HOW GRANTEES CAN IMPROVE ORAL HEALTH SERVICES FOR PLWHA

Following are some questions grantees should consider when assessing their oral health services and the kinds of support they may need to successfully meet clients' oral health care needs.

Oral Health Services Availability

- ❖ What is currently in place?
 - What resources are being put toward oral health?
 - Are PLWHA in the community receiving routine oral health services through your site? Emergency dental care?
 - How are you prioritizing the allocation of funds for oral health services?
 - Are efforts being made and agreements in place with private dentists to treat referred patients at reduced fees? How about with community health centers? Are there referral mechanisms between general dental providers and dental specialists?
- ❖ What else can be done to expand services?

Integration With Primary Care

- ❖ Are there referral mechanisms between medical and dental providers?
- ❖ Do dental providers collaborate with the primary medical care providers to obtain information on the medication regimen, immune status, and health of their patients?
- ❖ Are dental and primary care services co-located?
- ❖ Are dental and medical records electronically linked?
- ❖ Do primary care providers perform oral health care services such as oral health screening, oral health education, and referrals?

Quality Management

- ❖ Is oral health part of an overall clinical quality management plan?
- ❖ Which of the HAB oral health performance measures are being monitored?

RYAN WHITE HIV/AIDS PROGRAM ORAL HEALTH SERVICES

- ❖ Oral health programs are supported in all Parts (Parts A-D, F) of the Ryan White HIV/AIDS Program. Oral health care is one of multiple eligible services and is a legislative priority for funding under a group of “core” primary medical services for Parts A, B, and C.
- ❖ In 2010, nearly \$80 million was spent on oral health within all Ryan White HIV/AIDS Program Parts; more than 141,000 duplicated clients received oral health care services.

ORAL HEALTH RESOURCES

- ❖ *Ryan White AIDS Education and Training Centers (AETCs)*, which are funded through Part F, train clinicians and service providers, including dental providers, on HIV and oral health. Between FY 2008 and FY 2009, 4,834 dental providers received education and training through the AETCs. For more information on AETCs visit, <http://hab.hrsa.gov/abouthab/partfeducation.html>, and to peruse resources on oral health visit, www.aidsetc.org/aidsetc?page=home-search&post=1&SearchEntry=dental.

- ❖ *Oral health screening in the primary medical care setting* was a Webinar that took place on December 13, 2011 targeting Ryan White medical providers. Archived web-cast of the Webinar is available at www.iasusa.org/oral_webinar/index.html.

- ❖ *The Dental Reimbursement Program* defrays a portion of the uncompensated costs that are incurred by institutions with accredited dental education programs that provide oral health care to PLWHA. In FY 2010, institutions receiving awards were located in 20 States and the District of Columbia and trained more than 12,600 dental students, postdoctoral dental residents, and dental hygiene students, who together provided oral health services to more than 35,600 PLWHA. Total funding was \$9.2 million. For more information on the Dental Reimbursement Program visit, <http://hab.hrsa.gov/abouthab/partfdental.html>.

- ❖ *The Community-Based Dental Partnership Program (CBDPP)* links oral health services delivery with education and hands-on training of future dental professionals through academic-community partnerships. Twelve grantees nationwide have partnered with more than 50 major community agencies operating in 13 States. In FY 2010, CBDPP grantees trained more than 3,200 dental students, postdoctoral dental residents, and dental hygiene students, who together provided services to more than 5,800 HIV-positive patients. Total funding was \$3.7 million. For more information on the CBDPP visit, <http://hab.hrsa.gov/abouthab/partfdental.html>.

- ❖ *The Special Projects of National Significance (SPNS) Program* includes within its portfolio the Oral Health Care Initiative, which was created in response to the rising unmet oral health care needs of PLWHA. Launched in 2006, the purpose of this 5-year project is to develop innovative, replicable, and sustainable delivery systems to provide oral health care to PLWHA in urban and rural settings. Nearly 2,500 clients have received oral health services. Total funding was \$6.5 million. For more information on this SPNS initiative visit, <http://hab.hrsa.gov/abouthab/special/oralhealth.html>.

- The HIV/AIDS Bureau's TARGET Center site also includes numerous technical assistance documents on oral health. To view these visit, www.careacttarget.org and search the TA library for keyword "dental."
- Highlighting ways to increase oral health care access was a *HRSA CAREAction* newsletter. To read the newsletter visit, www.hab.hrsa.gov/newspublications/careactionnewsletter/june2008.pdf.
- Learn about inception of the Part F dental programs at the HIV/AIDS Bureau's Living History Website, <http://hab.hrsa.gov/livinghistory/programs/Part-F-pg3.htm>.
- HIVdent has up to date treatment information and shares expertise in development, training, integration, and evaluation of oral health services for PLWHA. To peruse this resource visit, www.hivdent.org.
- *The New York State Department of Health AIDS Institute* has a number of educational resources dedicated to oral health care. To learn more visit <http://www.health.ny.gov/diseases/aids/about/hlthcare.htm#ohc>
- HRSA has additional resources to promote oral health including health centers, which in 2010, served more than 3.75 million patients for dental services. For more information on these centers and their locations visit, <http://bphc.hrsa.gov>.
- HRSA's Bureau of Health Professions has a number of workforce grants focused on oral health delivery. One in particular is the State Oral Health Workforce program. More information can be found here, <http://bhpr.hrsa.gov/grants/dentistry/index.html>.
- HRSA has devoted an entire Webpage on oral health (including HIV and oral health) and its importance in an effective public health strategy underscoring the importance of access and entry into these services. To read the page visit, www.hrsa.gov/publichealth/clinical/oralhealth/.

This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). Listing these resources is not an endorsement by HHS or HRSA.