Protecting Oral Health in the HIV/AIDS Community: Academic Dental Institutions and the Ryan White Program
ADEA Leading Conversations Webinar Series

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#RyanWhiteDental
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Webinar Expert

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Director, Oral Health Center of Grady’s Infectious Disease Program

Founder and President, HIVdent
Advance Release of ADEA Policy Center White Paper
Three primary goals for the NHAS:

- Reducing HIV incidence
- Increasing access to care and optimizing health outcomes
- Reducing HIV-related health disparities

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In the U.S. more than **1.1 MILLION** people have HIV and more than **200,000** don’t know it.
Every 9½ minutes, someone in the U.S. is infected with HIV
Estimates of New HIV Infections in the United States for the Most-Affected Subpopulations, 2010

Persons Living with Diagnosed or Undiagnosed HIV Infection - HIV Care Continuum Outcomes, 2011

National HIV Surveillance System: Estimated number of persons aged ≥13 years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of the specified year. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.

Medical Monitoring Project: Estimated number of persons aged ≥18 years who received HIV medical care during January to April of the specified year, were prescribed ART, or whose most recent VL in the previous year was undetectable or <200 copies/mL—United States and Puerto Rico.
What percent of people living with HIV/AIDS will experience at least one major HIV-related oral health problem?

- 20%
- 46%
- 83%
Oral Lesions in HIV Infection

- Common and easily evaluated
- Indicate early HIV infection
- Merit treatment
- Prominent features of progression
  - Used in staging systems
- May predict progression independent of CD4 count
- Correlate with HIV viral load
- Reduced and change with ARV tx
For persons living with HIV disease not yet on therapy, the presence of certain oral manifestations may signal progression of disease.


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Oral Manifestations of HIV/AIDS
Dental Examinations are an Untapped Opportunity

2005 National Health Interview Survey


- An estimated 3.6 million Americans report that they are at significant HIV risk yet have never been tested.

- Three quarters of these people have seen a dental health care worker within the past 2 years. These dental visits represent missed opportunities for HIV screening!
A study conducted at the New York University School of Dentistry revealed that 74% of those approached would accept HIV screening if it were offered as a part of their dental visit.

ALTHOUGH THE SAME BARRIERS TO ACCESS ORAL HEALTH EXIST, PEOPLE LIVING WITH HIV/AIDS FACE UNIQUE CHALLENGES, FOR A VARIETY OF REASONS.
Oral Healthcare Access Barriers

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

1995: US death rate decreased 67%
2012: US death rate decreased 83%
HIV/AIDS is no Longer a Death Sentence

But there still isn’t a cure
How many are participating in today’s webinar?

#RyanWhiteDental
Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
Ryan White HIV/AIDS Program

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<th>Program Areas</th>
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<td>Part F</td>
<td>• Dental, AETCs, SPNS</td>
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Core Services:
- Primary Care
- Medications
- Oral Health Care
- Mental Health Care
- Substance Abuse Services
- Medical Case Management & Treatment Adherence Counseling
536,219 Ryan White Clients Served in 2012

- Majority are below 100% FPL
- 1 out of 4 are uninsured
- 32% are insured by Medicaid
- 47% are Blacks/African Americans
Ryan White HIV/AIDS Dental Programs

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

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

- Increasing access to dental care.
- Increasing awareness of the importance of oral health care for people with HIV.
- Training dental students, dental hygiene students and dental residents to properly care for and treat the unique needs and conditions of HIV/AIDS individuals.
- Coordinating with other Ryan White HIV/AIDS programs.
Dental Reimbursement Program (DRP)

- First funded in 1994.
- Assists accredited dental or dental hygiene education programs by defraying their unreimbursed costs associated with providing oral health care to people with HIV.
- DRP grantees report that unreimbursed costs of care continue to rise.
DRP grantees were reimbursed ____% of their reported non-reimbursed costs incurred in providing care for patients with HIV/AIDS.

- 26.10%
- 46.70%
- 68.40%
In 2013, Dental Reimbursement Program grantees, such as academic dental institutions, were awarded only **26.10%** of their non-reimbursed costs resulting in a total of $32,387,629 in non-reimbursed costs.
56 applicants eligible for funding. Award recipients located in 22 states plus the District of Columbia. 
Grantees trained over 11,700 dental students, postdoctoral dental residents, and dental hygiene students, providing oral health services to over 39,810 HIV positive patients.
Community Based Dental Partnership Program (CBDPP)

- Increases access in community-based settings
- Designed to address community needs
- Forms collaborative partnerships
CBDPP
(In 2011 alone)

- 12 grantees received funding.
- Grantees located in 11 states.
- Grantees trained nearly 3,000 dental students, postdoctoral dental residents, and dental hygiene students in HIV oral health care, providing oral health services to over 5,800 HIV positive patients.
## Ryan White HIV/AIDS Funding

<table>
<thead>
<tr>
<th></th>
<th>FY12 Final</th>
<th>FY13 Final</th>
<th>FY14 Enacted</th>
<th>FY15 Enacted</th>
<th>FY16 President Request</th>
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<tbody>
<tr>
<td><strong>Ryan White Program Total</strong></td>
<td>$2.392 b ($55.0m)</td>
<td>$2.249 b (-$143.4m)</td>
<td>$2.319 b (+70.1m)</td>
<td>$2.319 b (+0.0m)</td>
<td>$2,323 b (+4.0m)</td>
<td>$2.455b (+136.0m)</td>
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<tr>
<td><strong>Part F: Dental</strong></td>
<td>$13.5m (+$0.0m)</td>
<td>$12.7m (-$2.1m)</td>
<td>$13.1m (+0.4m)</td>
<td>$13.1m (+0.0m)</td>
<td>$13.1 m (+0.0m)</td>
<td><strong>$18.0 m (+4.9m)</strong></td>
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While good oral health is important to the well-being of all population groups, it is especially critical for PLWHA. Inadequate oral health care can undermine HIV treatment and diminish quality of life, yet many individuals living with HIV are not receiving the necessary oral health care that would optimize their treatment.

-Former Surgeon General
Regina M. Benjamin, MD
Rates of Persons Aged 18–64 Years Living with a Diagnosis of HIV Infection, 2008

Data Source: National HIV Surveillance System
Source: Centers for Disease Control and Prevention (CDC)
Protecting Oral Health in the HIV/AIDS Community: Academic Dental Institutions and the Ryan White Program
Understanding the History and Securing the Future of Ryan White Dental Safety Net Programs

Introduction

In 1990, Illinois teenager Ryan White succumbed to the six-year battle with HIV/AIDS. After contracting the virus through a blood transfusion when he was only 13, White was expelled from middle school when local students and their parents rallied against his attendance. As a legal battle ensued, White became a national spokesperson for HIV/AIDS, advocating for health care services and research for people living with HIV/AIDS (PLWHA). He expanded the public’s understanding of HIV/AIDS, shifting away from the perception that the disease only affected the male homosexual community. The nonwhite White created was.

Act of 2009, commonly referred to as the Ryan White HIV/AIDS Program, are considered in the midst of health care reform, the importance of oral health for the comprehensive treatment and care of the HIV/AIDS population cannot be overlooked. As reported, 66% of PLWHA will experience at least one major HIV-related oral health problem, and many opportunistic infections that can threaten the immune systems of PLWHA are orally based. Still, according to various studies, between 58-64% of PLWHA do not receive regular dental care. The Ryan White HIV/AIDS Program, in support of dental services, the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership...
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Thank you for joining the conversation!