



Unmet Oral Health Needs of Persons Living With HIV/AIDS in the United States

What Can We Do To Improve Services?

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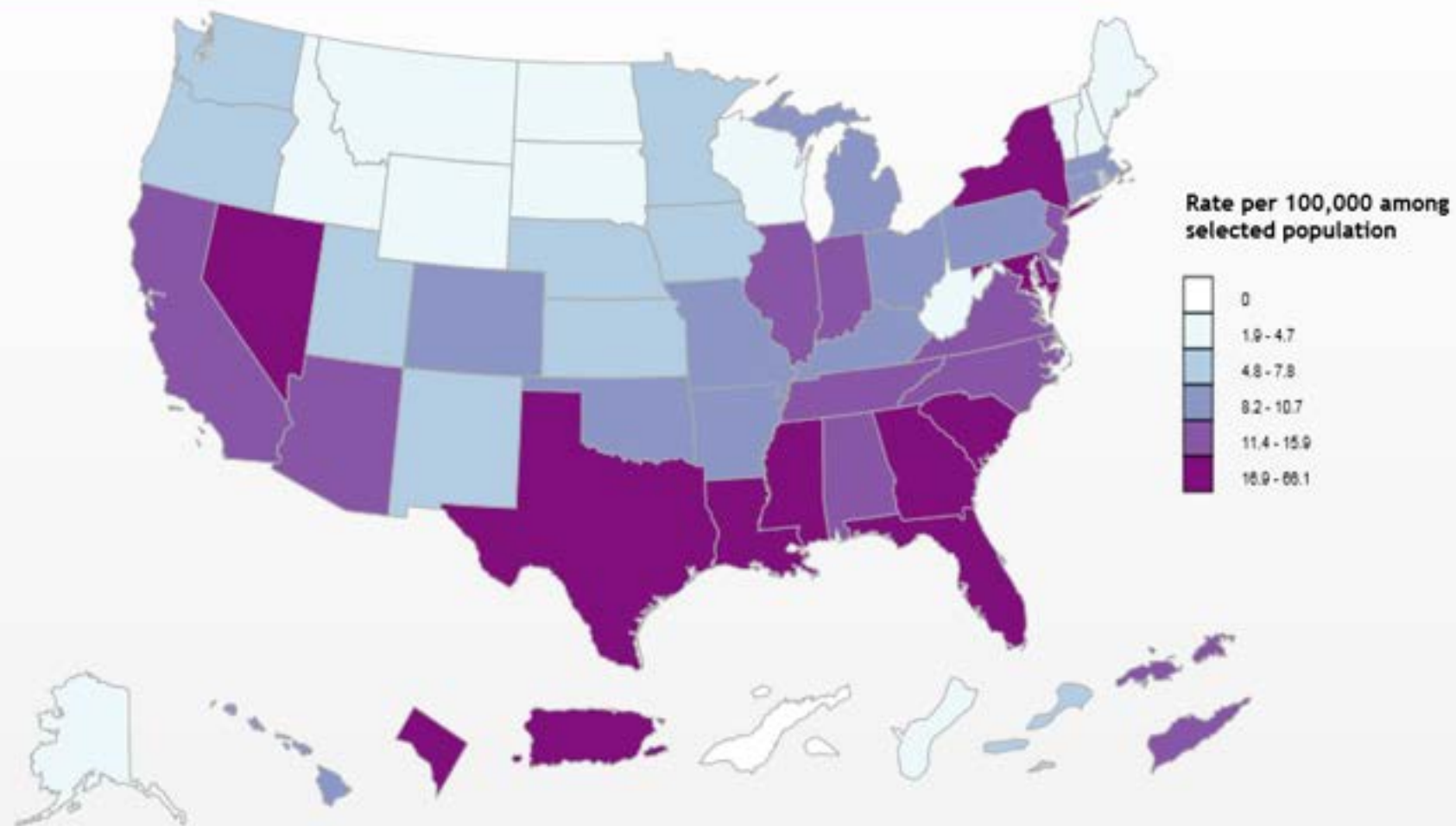


The Epidemic



HIV/AIDS Epidemic in United States

- First case reported in U.S. in June 1981
- Today, more than 1.2 million Americans live with HIV infection, and more than 700,000 people with AIDS have died
- In 2015, 40,040 new HIV cases were reported and case rate declined 19% between 2005 and 2014
- Yet, CDC estimates 1 in 8 Americans are unknowingly infected
- Most new cases (67%) are due to male to male sexual conduct
- Heterosexual transmission accounts for 24% of new cases



Note: HIV data for the year 2015 are preliminary and based on 6 months reporting delay. Therefore, trend data should only be viewed through the year 2014 to allow sufficient time (at least 12 months) for reporting of case information to accurately assess trends.



Top Ten States Areas for New Cases/100,000, 2015

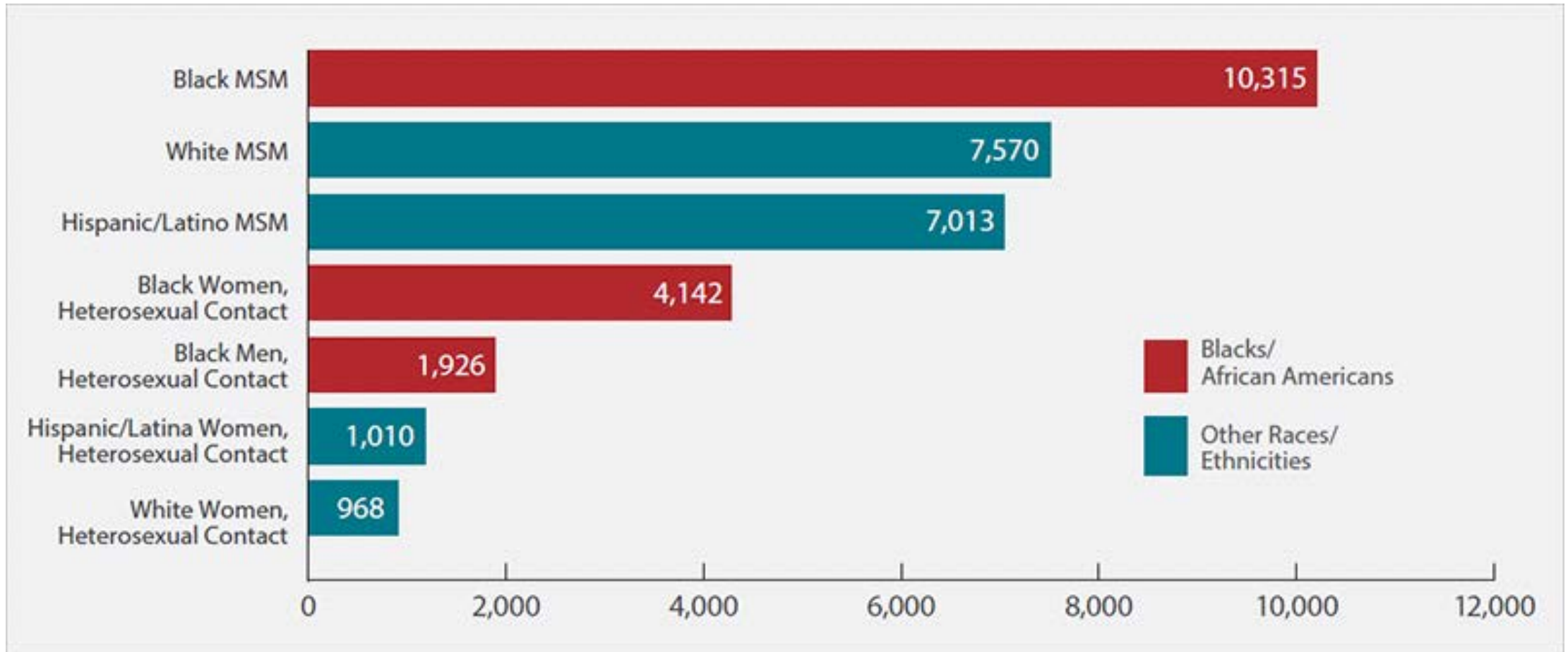


• District of Columbia	66.1
• Louisiana	29.2
• Georgia	28.3
• Florida	27.9
• Maryland	26.7
• Mississippi	20.6
• Texas	20.1
• Nevada	20.1
• New York	18.6
• Puerto Rico	17.1





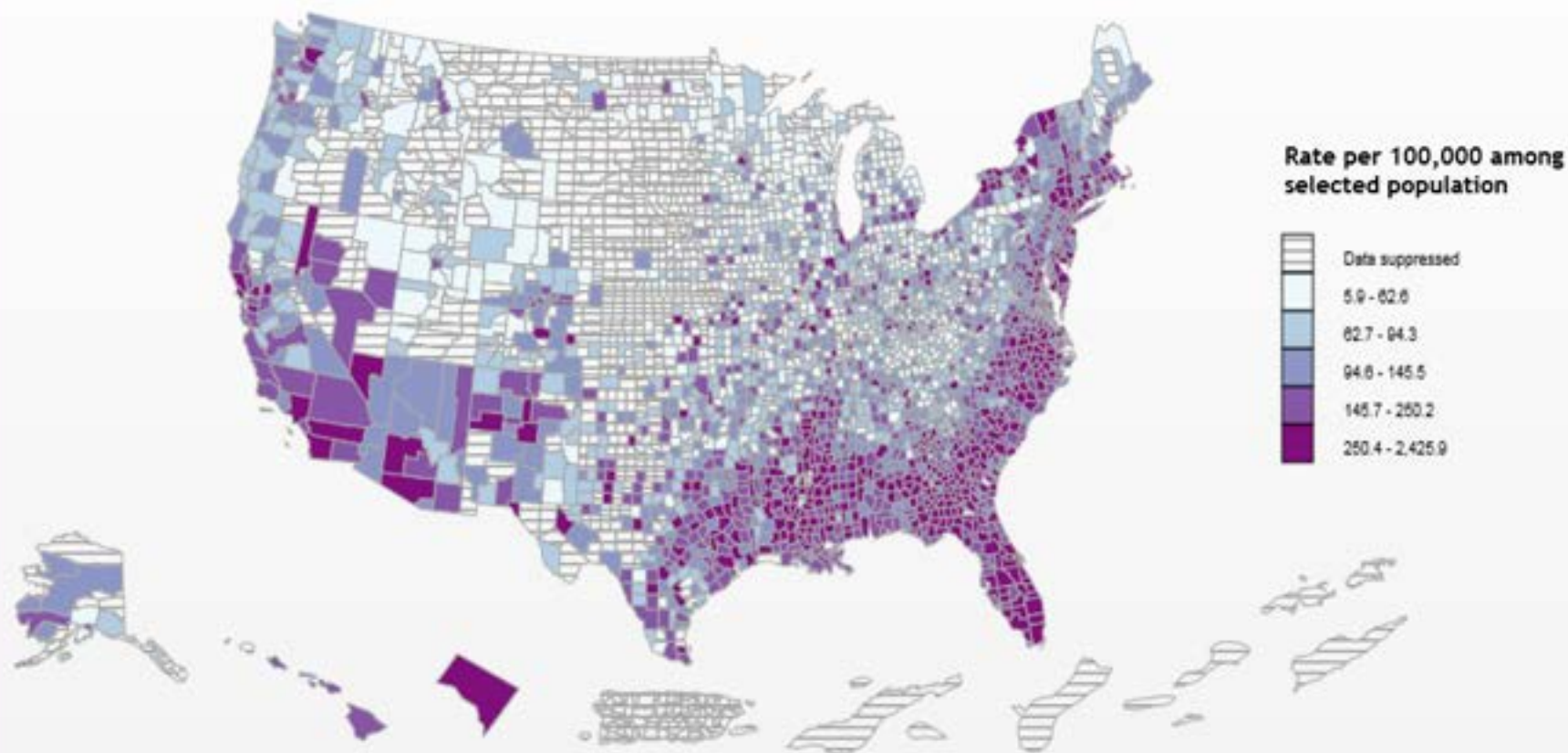
HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015



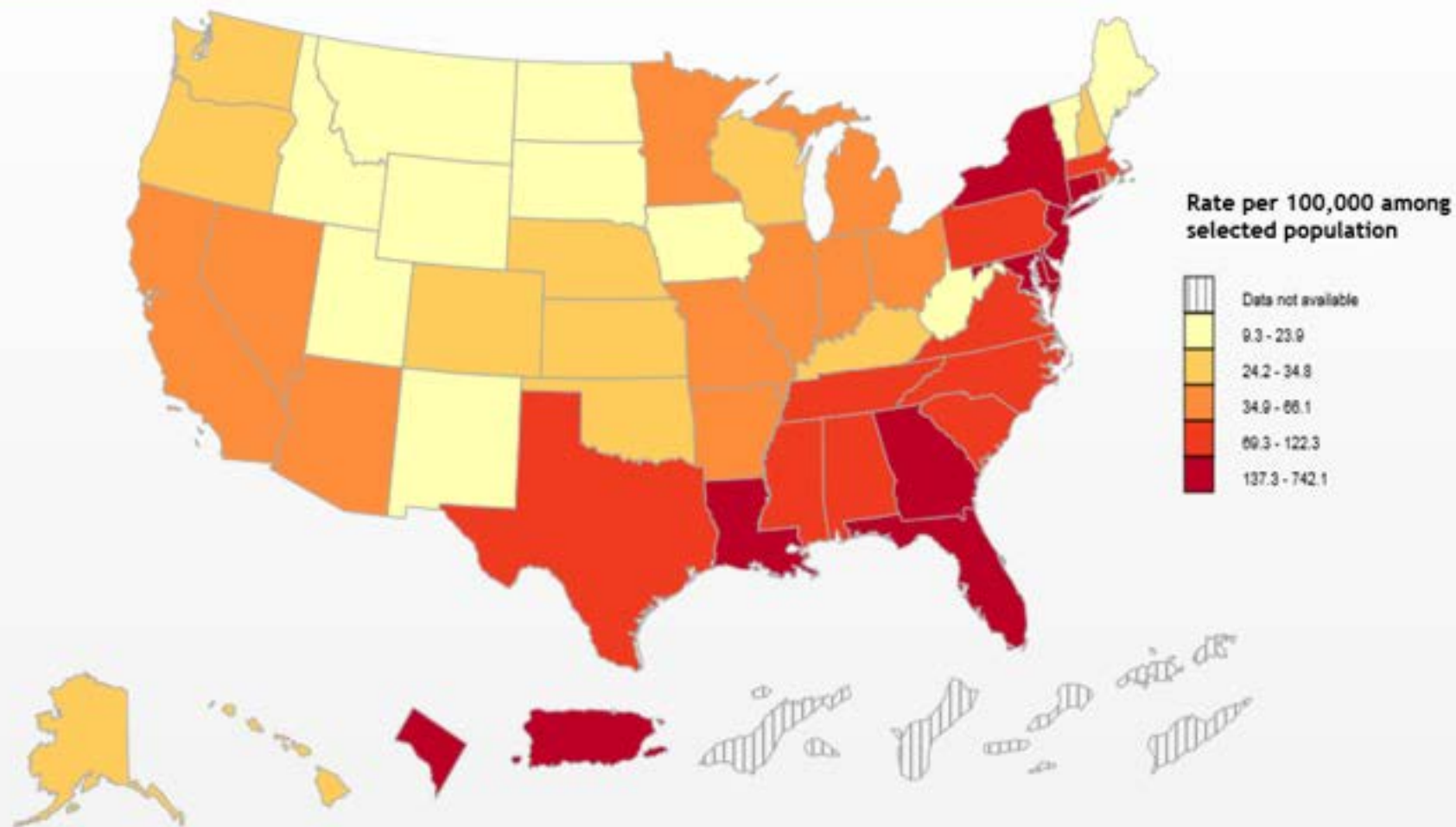


The **South** accounts for **50%** of all HIV infections in the United States

Public health systems are unable to overcome persistent socio-ecological challenges which creates a negative synergy



Note: Prevalence data prior to 2010 are based on residence at diagnosis; prevalence data from 2010 to present are based on most recent known address.



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The Federal Response



Translational Science (2009)



- CDC study - <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2130723>
 - 91.5% of new HIV infections in 2009 were attributed to people who were not in medical care
 - Less than 6% could be attributed to people who were in care and taking antiretroviral medications
 - **A GAME CHANGER** - 9 in 10 new infections could be averted through early diagnosis and initiation of HIV treatment



HIV/AIDS National Strategy (2010)



NATIONAL HIV/AIDS STRATEGY for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



- The Strategy has four primary goals:
 - Reduce new HIV infections
 - Increase access to care and optimize health outcomes for people living with HIV (PLWH)
 - Reduce HIV-related health disparities and health inequities
 - Achieve a more coordinated national response to the HIV epidemic



Game Changer - Treatment as Prevention

- In 2011 a landmark study (HPTN 052) showed early initiation of antiretroviral treatment in people living with HIV with a CD4 count between 350 and 550, reduced HIV transmission to HIV-negative partners by 96%
- Increased HIV testing and initiation of HIV treatment could decrease community viral load and reduce transmission

Cohen, M.S. et al (2011) 'Prevention of HIV-1 Infection with Early Antiretroviral Therapy' The New England Journal of Medicine 365(5):493-505



Game Changer - Pre-Exposure Prophylaxis

- In 2014, PROUD study reported daily use of Truvada (antiretroviral drug) protected HIV-negative people from HIV before potential exposure
- State are asked to promote Preexposure Prophylaxis (PrEP) programs

McCormack, S., et al (2014) 'Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial' *The Lancet* 387(10013): 53-60



Federal Action Priorities (2017)

- Increase HIV testing (rapid HIV testing and 4th gen. tech.)
- Prescribe Pre-Exposure Prophylaxis (PrEP)
- Reduce transmission via condoms and syringe programs
- Intensify “Data 2 Care” - Use surveillance data to get people in care and increase viral suppression



HIV TREATMENT WORKS
LIVE A LONGER, HEALTHIER LIFE

GET IN CARE
FIND THE RIGHT HEALTH CARE PROVIDERS. THEY CAN MAKE ALL THE DIFFERENCE AND HELP YOU STAY INFORMED ABOUT YOUR HIV CARE AND GET CONNECTED TO OTHER SERVICES.

STAY IN CARE
MAKE HIV CARE AND TREATMENT A PART OF YOUR DAILY ROUTINE. GET TO APPOINTMENTS AND TAKE YOUR MEDICINES AS DIRECTED. IT WILL KEEP YOU HEALTHIER, LONGER.

LIVE WELL
TAKE CARE OF YOUR HEALTH. EXERCISE, EAT RIGHT, AND ASK FOR SUPPORT WHEN YOU NEED IT.

HIV DOES NOT DEFINE YOU
TALK TO YOUR HEALTH CARE PROVIDER ABOUT ANY CHALLENGES YOU MAY HAVE. WORK TOGETHER TO MANAGE YOUR TREATMENT PLAN.

CrescentCare
PREPARED
A 90+% effective guide to staying HIV free!

WHAT IS PREP?
PrEP, or pre-exposure prophylaxis, is a prescription pill that is over 90% effective at preventing HIV infection if taken every day.

HOW TO START PREP
Your medical provider will run a series of STD tests and a liver test. If he or she determines PrEP is right for you, you will be given a prescription. Take one pill a day and visit your medical provider regularly for check-ups.

WHY TAKE PREP?
Studies show that PrEP is over 90% effective and reduces risk of infection. PrEP is covered by most insurance programs.

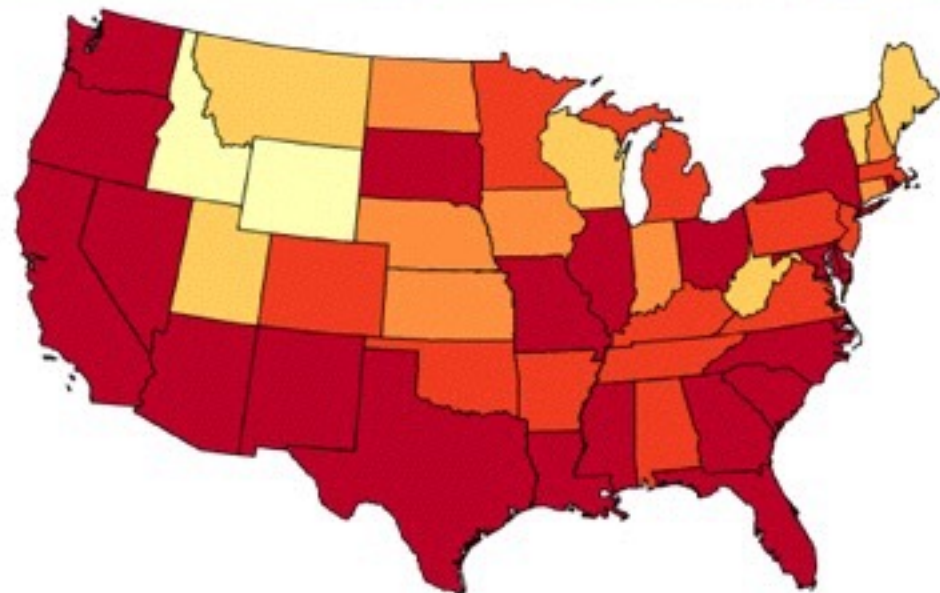
SEND US YOUR QUESTIONS!
If you have questions, you can text, call or email. We're happy to help.

Text 504-777-5181
CrescentCare PrEP Hotline
504-293-6842
Email us: prep@ccc.crescentcarehealth.org



Primary and Secondary Syphilis (2014)

All races/ethnicities | Both sexes | Change over time (2000-2014) | All age groups | By State

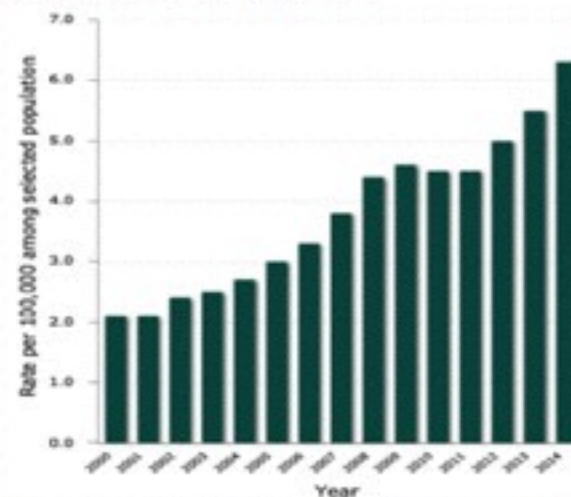


Rate per 100,000 among selected population



Legend classified using quantiles according to 2000-2014 data.

National Data By Year



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Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.



Data Source: The Atlas presents chlamydia, gonorrhea, congenital syphilis, and primary & secondary syphilis case report data for 2000 to 2014 and early latent syphilis case report data for 2003-2014. Data consist of case count or rate per 100,000 by disease, year of diagnosis, reporting area (state or territory), age group, race/ethnicity, and sex. For more information, see: [Interpreting STD Surveillance Data](#).

Notes:

Cases of a given STD refer to confirmed diagnoses during a given time period. **Rates** per 100,000 population were calculated for each STD using U.S. Census Bureau population estimates. Race/ethnicity data are provided for states reporting in 1997 Office of Management and Budget (OMB) race standards. Race/ethnicity trend data are provided for states reporting in the 1997 OMB standard for at least 5 years. Natality data from the National Center for Health Statistics are used to calculate congenital syphilis rates. **Cell suppression:** CDC follows the 1996 CSTE data re-release rules for STD data. For state-level analysis, data are suppressed when the numerator for a given state is 3 or less. When suppressed, data are only available as state totals and no demographic data are shown. For more info, see: [Interpreting STD Surveillance Data](#). **Suggested citation:** [NCHHSTP Atlas](#). Accessed on 02/03/2016.





Where is Oral Health in the Federal Response?

CDC considers Oral Health Care an **ancillary service** for PLWHA

HRSA considers Oral Health Care a **core service**



Ryan White CARE Act Supports Dental Care

- In 1990, Congress passed the **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act**, the largest federal program focused exclusively on HIV/AIDS care and support services
- **Part A** provides funding to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) have reported at least 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.
- **Part B** provides funding to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and 5 U.S. Pacific Territories



Ryan White Program (HRSA)

- **Part C** provides funding to local community-based organizations, community health centers, health departments, and hospitals in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands
- **Part D** provides funding to support HIV medical services and support services for women, infants, children, and youth (WICY) living with HIV in 42 states



Ryan White Program (HRSA)

- **Part F** provides funds for a variety of programs:
 - **Special Projects of National Significance (SPNS)** Program
 - **AIDS Education and Training Center (AETC)** Programs
 - **Dental Programs** provide funding for oral health care for PLWH and supports training for dental and dental hygiene providers.
 - **Minority AIDS Initiative** provides funding to evaluate and address the disproportionate impact of HIV on African Americans and other minorities.



Ryan White Program Dental Care Utilization

- Part F includes **Dental Reimbursement Program** and **Community Based Dental Partnerships**
- In 2010, all Ryan White funded recipients/subrecipients were required to report client-level data to the Health Resources and Services Administration (HRSA) using CAREWare
- **Ryan White Services Report** (or RSR) refers to all RWHAP client-level data and describes services delivered to eligible clients
- <https://hab.hrsa.gov/data>



Ryan White HIV/AIDS Program Clients Receiving a Core Medical Service in the United States in 2014 by Service Type

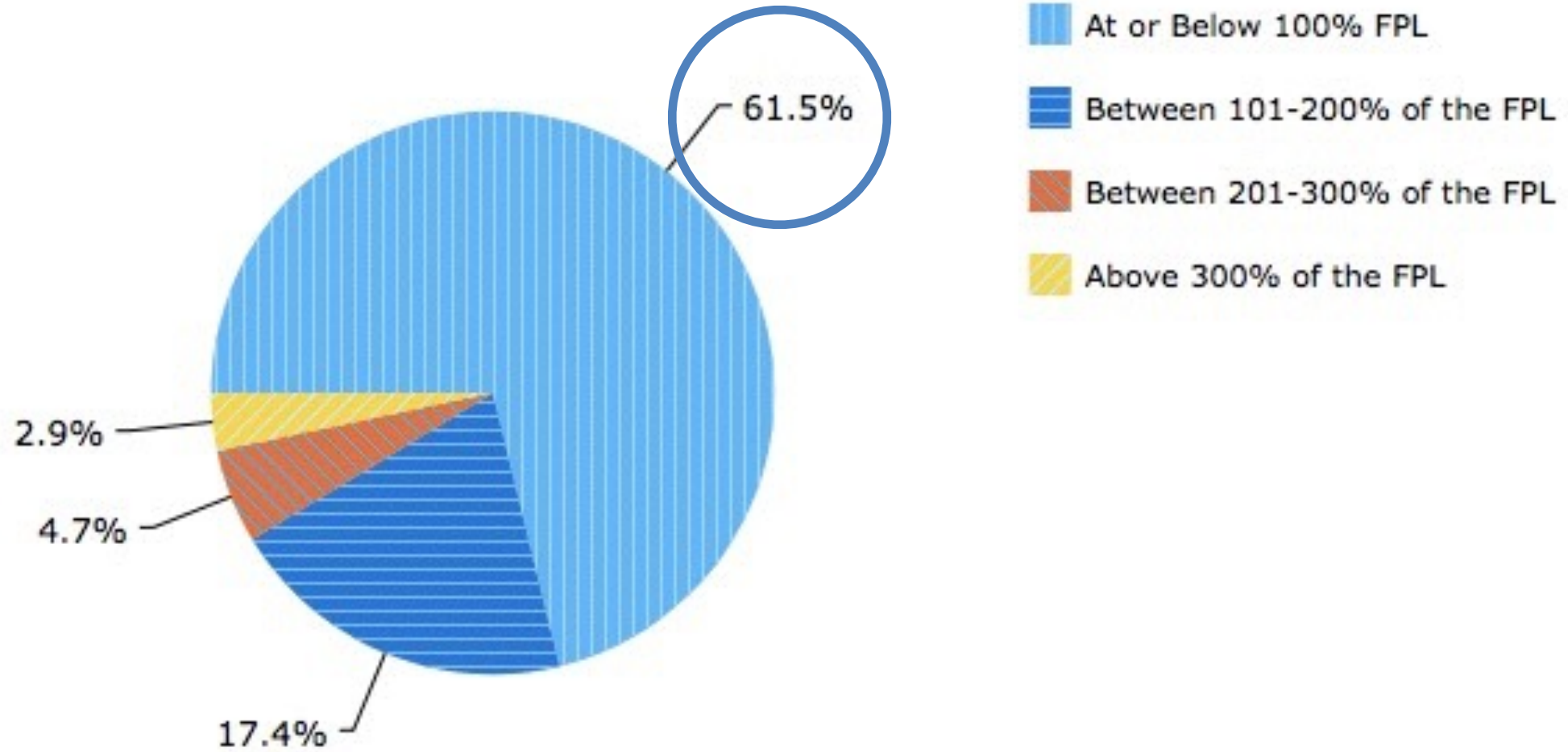


Core Medical Service	Number of Clients	Percent of All Clients	Median Visits Per Client	Total Visits
Outpatient Ambulatory Care	307,200	60.0	3.0	1,421,609
Medical Case Management	285,531	55.7	5.0	2,796,012
Oral Health Care	92,418	18.0	2.0	275,185
Mental Health Services	69,325	13.5	2.0	372,866
Medical Nutrition Therapy	43,032	8.4	1.0	103,714
Outpatient Substance Abuse Treatment	18,690	3.6	2.0	218,073
Early Intervention Services	20,267	4.0	2.0	84,710
Home & Community-based Services	1,614	< 1	5.0	31,061
Home Health Care	659	< 1	3.0	6,818
Hospice Care	116	< 1	15.0	5,948

Clients may receive more than one service. Only the top ten Core Medical Services for the United States are shown.



Ryan White HIV/AIDS Program Oral Health Programs Clients in the United States in 2014 by Household Income as a Percentage of the Federal Poverty Level (FPL)





Medical Monitoring Project - CDC

- MMP is a surveillance system to learn more about the experiences and needs of people who are living with HIV
- From 2005-2014, MMP sampled persons from HIV care facilities
- Starting in 2015, sampling uses state surveillance data which includes out of care





Met and Unmet Service Needs, MMP



2014 Cycle (June 2014–May 2015) (N= 5,154)

Services Received, 2014	Percentage
HIV Case Management Services	59%
Dental Care	58%
HIV Prevention Counseling	48%
Public Benefits (SSI; SSDI)	45%
Eye or Vision Care	44%

Unmet Needs	Percentage
Dental Care	24%
Eye or Vision Care	21%
Public Benefits	10%
Transportation Assistance	9%
Shelter or Housing	9%
Meals or Food	8%



How do I identify unmet dental needs in my state/area?



Integrated Jurisdictional HIV Plans, 2016

- NHAS encouraged the Federal government to support States to implement **integrated planning according to CDC and HRSA** guidance; comprehensive HIV prevention plans that are **inclusive of all funding resources**.
- Jurisdictions must submit a **Integrated HIV Prevention and Care Plan**, including the **Statewide Coordinated Statement of Need (SCSN)**, a legislative requirement for the Ryan White HIV/AIDS Program



Integrated Jurisdictional HIV Plans, 2016

- Plans must describe the process used to identify HIV prevention and care service needs
 - The HIV prevention and care service **needs** of persons at risk for HIV and PLWH
 - The service **gaps** (i.e., prevention, care and treatment, and necessary support services)
 - The **barriers** to HIV prevention and care services
- Plans were due to **both HRSA and CDC** by September 30

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2017





Did jurisdictions identify unmet dental need?

What activities did they propose to address gaps and barriers to dental care?



The Answer is Next

Questions?