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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National Oral Health Conference
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

<table>
<thead>
<tr>
<th>State</th>
<th>Cases/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>66.1</td>
</tr>
<tr>
<td>Louisiana</td>
<td>29.2</td>
</tr>
<tr>
<td>Georgia</td>
<td>28.3</td>
</tr>
<tr>
<td>Florida</td>
<td>27.9</td>
</tr>
<tr>
<td>Maryland</td>
<td>26.7</td>
</tr>
<tr>
<td>Mississippi</td>
<td>20.6</td>
</tr>
<tr>
<td>Texas</td>
<td>20.1</td>
</tr>
<tr>
<td>Nevada</td>
<td>20.1</td>
</tr>
<tr>
<td>New York</td>
<td>18.6</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>17.1</td>
</tr>
</tbody>
</table>
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.
AIDS prevalence | 2014 | All races/ethnicities | Female | Ages 13 years and older | All transmission categories | US Map-State Level

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.

Rate per 100,000 among selected population

- Data not available
- 0.3 - 23.9
- 24.2 - 34.8
- 34.9 - 55.1
- 65.3 - 122.3
- 137.3 - 742.1

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
The Federal Response
Translational Science (2009)

- CDC study - [http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2130723](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
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
• 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

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.

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

2017 National Oral Health Conference
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**
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) that 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) Program
  - 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](https://hab.hrsa.gov/data)
<table>
<thead>
<tr>
<th>Core Medical Service</th>
<th>Number of Clients</th>
<th>Percent of All Clients</th>
<th>Median Visits Per Client</th>
<th>Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Ambulatory Care</td>
<td>307,200</td>
<td>60.0</td>
<td>3.0</td>
<td>1,421,609</td>
</tr>
<tr>
<td>Medical Case Management</td>
<td>285,531</td>
<td>55.7</td>
<td>5.0</td>
<td>2,796,012</td>
</tr>
<tr>
<td>Oral Health Care</td>
<td>92,418</td>
<td>18.0</td>
<td>2.0</td>
<td>275,185</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>69,325</td>
<td>13.5</td>
<td>2.0</td>
<td>372,866</td>
</tr>
<tr>
<td>Medical Nutrition Therapy</td>
<td>43,032</td>
<td>8.4</td>
<td>1.0</td>
<td>103,714</td>
</tr>
<tr>
<td>Outpatient Substance Abuse Treatment</td>
<td>18,690</td>
<td>3.6</td>
<td>2.0</td>
<td>218,073</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>20,267</td>
<td>4.0</td>
<td>2.0</td>
<td>84,710</td>
</tr>
<tr>
<td>Home &amp; Community-based Services</td>
<td>1,614</td>
<td>&lt; 1</td>
<td>5.0</td>
<td>31,061</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>659</td>
<td>&lt; 1</td>
<td>3.0</td>
<td>6,818</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>116</td>
<td>&lt; 1</td>
<td>15.0</td>
<td>5,948</td>
</tr>
</tbody>
</table>

Clients may receive more than one service. Only the top ten Core Medical Services for the United States are shown.
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
<table>
<thead>
<tr>
<th>Services Received, 2014</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Case Management Services</td>
<td>59%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>58%</td>
</tr>
<tr>
<td>HIV Prevention Counseling</td>
<td>48%</td>
</tr>
<tr>
<td>Public Benefits (SSI; SSDI)</td>
<td>45%</td>
</tr>
<tr>
<td>Eye or Vision Care</td>
<td>44%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unmet Needs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Care</td>
<td>24%</td>
</tr>
<tr>
<td>Eye or Vision Care</td>
<td>21%</td>
</tr>
<tr>
<td>Public Benefits</td>
<td>10%</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>9%</td>
</tr>
<tr>
<td>Shelter or Housing</td>
<td>9%</td>
</tr>
<tr>
<td>Meals or Food</td>
<td>8%</td>
</tr>
</tbody>
</table>

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

2017 National Oral Health Conference
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
Did jurisdictions identify unmet dental need?

What activities did they propose to address gaps and barriers to dental care?
The Answer is Next

Questions?