

## HIV/AIDS DENTAL PROGRAMS

**F**unds from all grant programs of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act can support the provision of dental and oral health services for HIV-positive individuals. Two programs, however, focus on funding oral health care for people with HIV: the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP). Funding of services and of education and training for oral health providers are key program elements. Eligible applicants for both programs include institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation (e.g., dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs). In FY 2006, appropriations for CARE Act dental programs totaled \$13.1 million.

### DENTAL REIMBURSEMENT PROGRAM

The DRP, first funded in 1991, assists institutions with accredited dental or dental hygiene education programs by defraying their unreimbursed costs associated with providing oral health care to people with HIV. Institutions that participate in the DRP report that unreimbursed costs of care continue to rise. DRP awards covered 56 percent of reported unreimbursed costs in FY 2005.

Important program components include the following activities:

- Broadening access to oral health care for people with HIV
- Providing dental and dental hygiene students and postdoctoral dental residents with training in the management of oral health care for patients with HIV
- Supporting the training of the next generations of oral health providers to enable them to manage the oral health needs of immunocompromised populations.

Some innovative programs receiving DRP funds feature the following components:

- Dental clinics located in close proximity to infectious disease clinics
- Services targeting specific underserved populations, such as children or the elderly
- Outreach and service delivery using mobile clinics to serve hard-to-reach populations
- Use of technology such as telemedicine/teledentistry, distance learning, and videoconferencing to connect affiliated sites of care and training
- Access to oral medicine and dental specialists and availability of urgent as well as after-hours care.

CARE Act programs work with cities, States, and local community-based organizations to provide services to more than 500,000 individuals each year who do not have sufficient health care coverage or financial resources for coping with HIV disease. The majority of CARE Act funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training, and research on innovative models of care. The CARE Act, which was first authorized in 1990, is currently funded at \$2.06 billion.

#### DRP Statistics, FY 2005

- Funds were awarded to 66 institutions in 24 States, the District of Columbia, and Puerto Rico.
- The DRP served 31,000 clients.
  - 64% were male; 36% were female.
  - 52% were age 25 to 44.
  - 6.4% were <25 years old.
  - 44% were Black/African-American, and 40% were White.
  - 30% were of Hispanic/Latino(a) ethnicity.
- 14,584, or 47%, had no third-party payor coverage or other source of payment for dental care.
- Approximately 7,500 students and residents gained clinical experience providing more than 238,000 hours of clinical care to HIV-positive patients.



## COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

The CBDPP was first funded in FY 2002 to increase access to oral health care services for HIV-positive individuals while providing education and clinical training for dental care providers, especially those located in community-based settings. To achieve its goals, the CBDPP works through multipartner collaborations between dental and dental hygiene education programs and community-based dentists and dental clinics. Community-based program partners and consumers help design programs and assess their impact. Twelve partnerships are currently supported by funds from this grant program.

All CBDPPs have three primary components: oral health service delivery; dental and dental hygiene provider education and clinical training; and program assessment. Specific program elements include the following activities:

### 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; 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; demonstration that these funds are resulting in direct benefit to patients, including the availability of services not previously available or accessible.

## CBDPP Statistics

- In FY 2005, funds were awarded to 12 partnership programs in 12 States.
- In Calendar Year 2004, care was provided to more than 3400 individuals.
  - 76% were male; 24% were female.
  - 49% were age 25 to 44.
  - 3% were <25 years old.
  - 31% were Black/African-American, and 48% were White.
  - 14% were of Hispanic/Latino ethnicity.
  - 1,564, or 46%, had no third-party payor coverage or other source of payment for dental care.
- Nearly 800 students and residents gained clinical experience providing more than 21,000 hours of clinical care to HIV-positive patients in community settings.