





HIV and Oral Health 2023

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Faculty Disclosure

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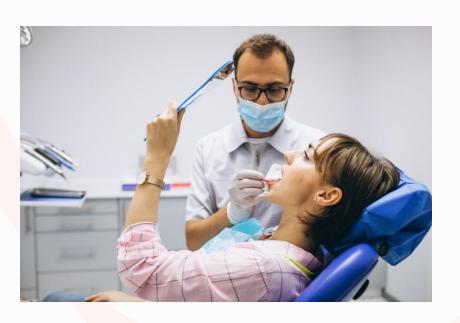


Objectives

- 1. Explain the current discrepancies in oral health care.
- 2. Recognize the most commons comorbidities associated with oral health.
- 3. Describe the difference in HIV outcomes by geographic region and race/ethnicity.
- 4. Describe the frequency of oral lesions and the importance of recognizing oral lesions.
- 5. Explain how interprofessional practice can affect health outcomes.
- List and explain oral health opportunities in interprofessional care.
- Identify methods to screen patients for oral health care.
- 8. Demonstrate the steps in an intraoral extraoral exam.
- 9. Diagnose common oral lesions in patients with HIV.



Educational Need/Practice Gap



Gap = Engaging all patients in oral health care

Need = Improvement in health outcomes for patients engaged in oral health



Oral health: A window to your overall health

Your oral health is more important than you might realize. Learn how the health of your mouth, teeth and gums can affect your general health.

Like other areas of the body, your mouth teems with bacteria — mostly harmless. But your mouth is the entry point to your digestive and respiratory tracts, and some of these bacteria can cause disease.

Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, keep bacteria under control. However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease.



Oral Health Care Access



Less than one half of the population gains access to the oral health care system



Major Oral Health Problems include dental caries, Periodontal Disease and Oral Cancer



Disparities

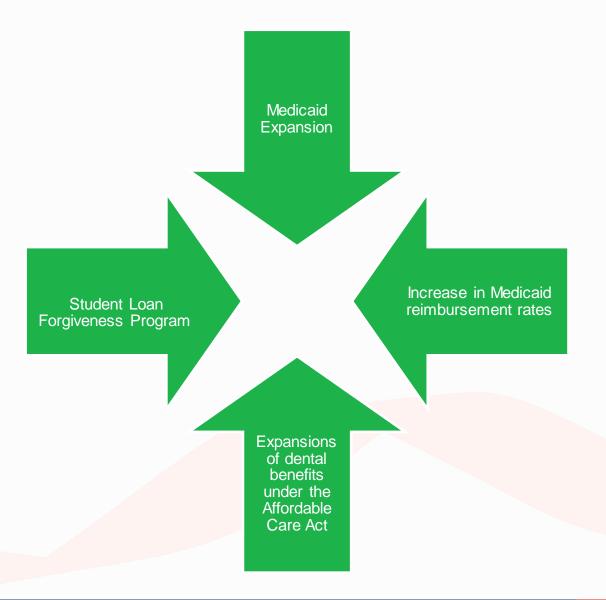


Oral Health Disparities in Adults Aged 65 or Older

- Edentulism (complete tooth loss). Seventeen percent of older adults have lost all their teeth. Low-income older adults, those with less than a high school education, or those who are current smokers are more than 3 times as likely to have lost all of their teeth as adults with higher incomes, more than a high school education, or who have never smoked.
- Disparities in Oral Cancer and Gum Disease
- Adults and oral cancer. Head and neck cancers are more than twice as common among men as women.¹¹ The 5-year survival rate for oral pharyngeal (throat) cancers is lower among Black men (41%) than White men (62%).¹
- Adults and gum (periodontal) disease. Forty-two percent of adults have some form of gum disease. Among adults aged 65 and older, the rate of gum disease increases to 60%.
 - Severe gum disease is most common among adults aged 65 or older, Mexican American and non-Hispanic Black adults, and people who smoke.



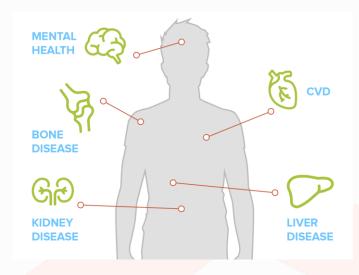
Solutions





Common Comorbidities in Patients with Poor Oral Health Care

- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes

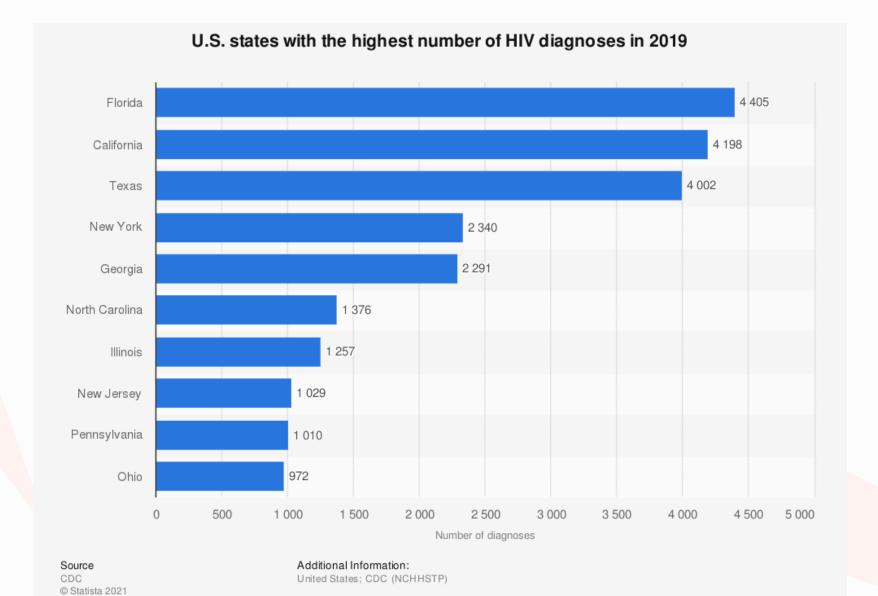




HIV Where are we?









Midwest 13% (4,118)

Northeast 14% (4,262)

West 21% (6,305)

HIV Diagnoses by Region, 2020

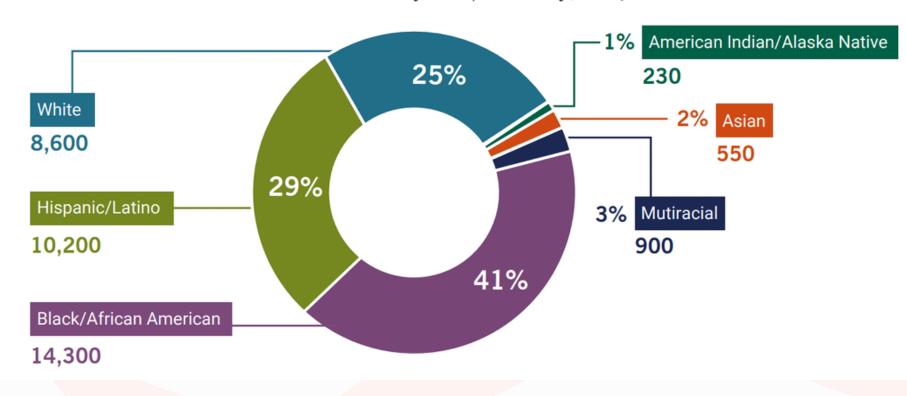
Dependent Areas

> 1% (289)

South 51% (15,661)



HIV incidence by race/ethnicity, 2019





For every 100 people with diagnosed HIV in the Northeast: •••••• ••••••• •••••• received were •••••• some retained were virally HIV care suppressed** in care‡ •••••• For every 100 people with diagnosed HIV in the Midwest: •••••• ••••••• •••••• received were •••••• •••••• •••••• •••••• •••••• retained were virally •••••• •••••• ••••••• HIV care[†] ••••••• suppressed** in care For every 100 people with diagnosed HIV in the South: 000000000 ••••••• •••••• •••••• •••••• ••••••• •••••• ••••••• •••••• received •••••••• ••••••• •••••• were virally some retained •••••• ••••••• HIV care •••••• in care‡ suppressed** For every 100 people with diagnosed HIV in the West: •••••• •••••• 000000000 •••••• 000000000 •••••• •••••• •••••• ••••• received •••• were •••••• ••••••• •••••• •••••• retained were virally some •••••• •••••• •••••• HIV care in care[‡] suppressed**

For comparison, for every **100 people overall** with diagnosed HIV, **74 received some care**, **51 were retained in care**, and **65 were virally suppressed**.

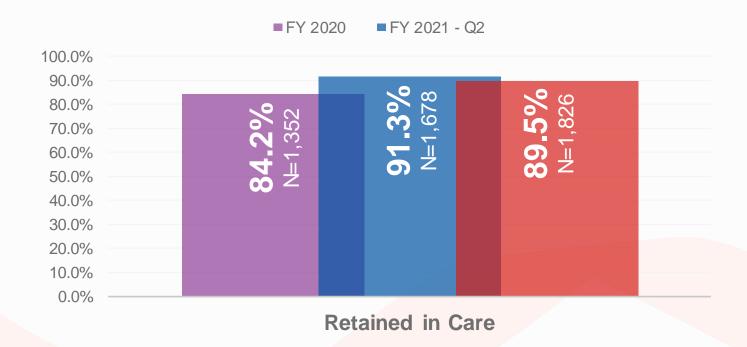


Retention in Care and Viral Suppression

ORAL HEALTH HIV CARE CONTINUUM

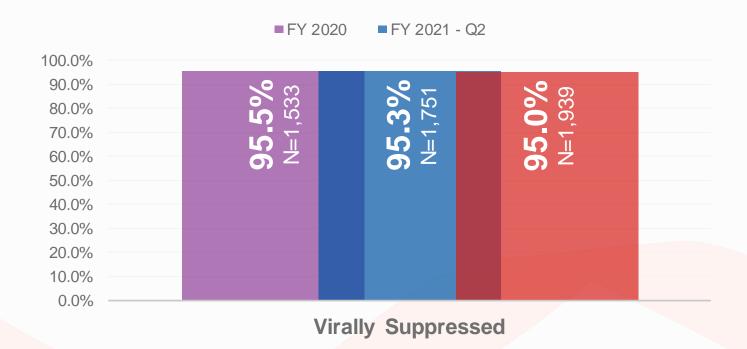


Retained in Care





Virally Suppressed





Oral Health and HIV

- 32-46 percent of PWH will have at least one major HIVrelated oral health problem.
- 58-68 percent PWH do not receive regular health care.
- Barriers PWH face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.
- Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PWH susceptible to progression of their disease.⁴
- HIV medications have side effects such as dry mouth, which predisposes PWH to dental decay, periodontal disease, and fungal infections.

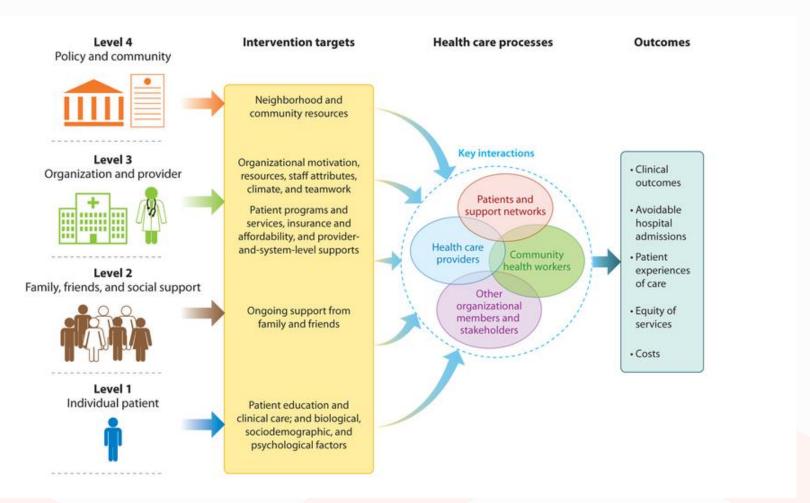


ORAL MANIFESTATIONS OF HIV

Significance of Oral Manifestations

- First sign of clinical disease
- Signify disease progression
- Signify possible ART failure
- Effects on medication adherence and nutrition





This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities (115). Figure adapted from Reference 115 with permission.



Interprofessional Practice

Recommendations for an Interprofessional Practice Model

- Apply oral health core clinical competencies within primary care practices to increase oral health care access for safety net populations in the United States.
- 2. Develop infrastructure that is interoperable and accessible across clinical settings and enhances adoption of the oral health core clinical competencies. The defined, essential elements of the oral health core clinical competencies should be used to inform decision making and measure health outcomes.
- Modify payment policies to efficiently address the costs of implementing oral health competencies and provide incentives to health care systems and practitioners.
- 4. Execute programs to develop and evaluate implementation strategies of the oral health core clinical competencies into primary care practice.





Strategies for Integrating Oral Health and Primary Care

Oral Health Care Opportunities

Unique Relationship

Frequency of Visits

Integration of Oral Health and Oral Health

Bi-directional referrals

Educational Opportunities



Expected Outcome

 Engage all patients in oral heath care and include referral and follow-up



How to Screen for Oral Health Issues

- 1. When is the last time you saw a dentist and was it for routine or emergency care?
- 2. Do you have any pain, swelling, sores, swelling, lesions, bleeding, pus, or any problems in your mouth currently? How long have they been present?
- 3. Have you had a fever?

Swelling, Fever, Pus or Bleeding, and Pain that keeps that patient up at night are all indications for immediate dental care.



How to Screen for Oral Health Issues

Extraoral and Intraoral Examination

By: The West Los Angeles College of Dental Hygiene https://youtu.be/78r3d4qa9A0



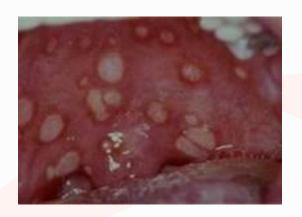




Candidiasis

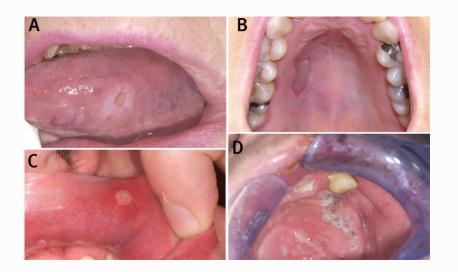


Oral Hairy Leukoplakia



Herpetic Lesions







Aphthous Ulcers

Kaposi's Sarcoma





HPV (Human Papilloma Virus)



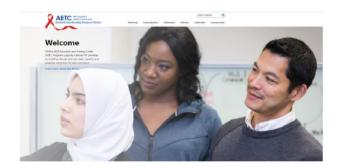
National Coordinating Resource Center

The AETC NCRC website aidsetc.org includes:

- Free virtual library with training and technical assistance materials
- Program directory for AETC Program
- Calendar of AETC trainings and other events
- Online learning and training tools

The AETC NCRC Social Media Channels:

- Free <u>Facebook</u>, <u>Twitter</u>, <u>YouTube</u>, <u>LinkedIn</u>, and <u>Pinterest</u>
- HIV Care Tools mobile app coming soon!











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Southeast AETC Oral Health Training & Resource Center

Innovative Training and Resources to Close The Gap Between Overall Health and Oral Health

The SE AETC recognizes that HIV care is complex and challenging. Oral health providers, primary care providers, and other health professionals especially in rural communities affected by HIV – often lack the resources to close the gap between overall health and oral health. The SE AETC offers innovative training and information to close this gap and improve health outcomes and quality of life for patients.

Learn More

Contact Us/Request Dental Technical Assistance

https://www.seaetc.com/oral-health-and-resources-training-center/





AETC Program National Centers and National HIV Curriculum

- National Coordinating Resource Center serves as the central web based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: https://aidsetc.org
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc.ucsf.edu
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web-based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu



Q&A

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THANK YOU FOR YOUR ATTENDING!



