

Oral Health (Dental)	Pg
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Local Service Category:	Oral Health Care
Amount Available:	To be determined
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	<p>Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years of age or older must be based on a comprehensive individual treatment plan. Prosthodontics services to people living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.</p> <p>Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV residing in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	<p>Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard oral health education and preventive procedures, including oral hygiene instruction, smoking/tobacco cessation (as indicated), diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Cosmetic dentistry for cosmetic purposes only is prohibited. • Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year. <ul style="list-style-type: none"> • In cases of emergency, the maximum amount may exceed the above cap • In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap. • Dental providers must document <i>via approved waiver</i> the reason for exceeding the yearly maximum amount.
Service Unit Definition(s) (TRG Only):	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication

	<p>(including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines. Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year.
Client Eligibility:	Person living with HIV; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<p>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</p> <p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for patient management and laboratory protocol.</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	<p>Must comply with the Houston EMA/HSDA Standards of Care.</p> <p>The agency must comply with the DSHS Oral Health Care Standards of Care. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

FY 2021 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/11/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/04/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/19/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #2		Date: 04/21/2020
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

2020 Houston EMA Ryan White Part A/MAI Service Definition Oral Health/Rural	
HRSA Service Category Title: RWGA Only	Oral Health
Local Service Category Title:	Oral Health – <u>Rural (North)</u>
Budget Type: RWGA Only	Unit Cost
Budget Requirements or Restrictions: RWGA Only	Not Applicable
HRSA Service Category Definition: RWGA Only	Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): RWGA Only	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root

	<p>canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements:	<p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly.</p> <p>Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: RWGA Only	<p>Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</p> <p>Must comply with the joint Part A/B standards of care where applicable.</p>

FY 2021 RWPC “How to Best Meet the Need” Decision Process

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Recommendations:	Financial Eligibility:	
1.		
2.		
3.		



ORAL HEALTH CARE SERVICES
2019 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with two Subgrantees to provide oral health care services in the Houston HSDA.

INTRODUCTION

Description of Service

Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to individuals living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 3,597 clients who accessed oral healthcare services in the measurement year. The records of 119 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Demographics- Oral Healthcare Services

2018 Annual

Total UDC: 3416

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	89	2.61%
25 - 44 years	1331	38.96%
45 - 64 years	1784	52.22%
65 years or older	212	6.21%
Unknown	0	0.00%
	3416	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	922	26.99%
Male	2494	73.00%
Transgender FTM	1*	0.02%
Transgender MTF	45*	1.31%
Unknown	0	0.00%
	3416	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1493	43.70%
Black	1845	54.01%
Hispanic	1045*	30.59%
Asian	39	1.14%
Hawaiian/Pacific Islander	2	0.05%
Indian/Alaskan Native	14	0.41%
Unknown	23	0.67%
	3416	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 3597

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	101	2.8%
25 - 44 years	1450	40.3%
45 - 64 years	1781	49.5%
65 years or older	265	7.4%
Unknown	0	0.00%
	3597	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	978	27.2%
Male	2619	72.8%
Transgender FTM	2*	0.06%
Transgender MTF	43*	1.2%
Unknown	0	0.00%
	3597	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1591	44.2%
Black	1914	53.2%
Hispanic	1145*	31.8%
Asian	44	1.22%
Hawaiian/Pacific Islander	2	0.06%
Indian/Alaskan Native	15	0.42%
Multi/Unknown	31	0.86%
	3597	100%

From 01/01/19 - 12/31/19



RESULTS OF REVIEW

MEDICAL/DENTAL HISTORY/SCREENING

An initial or updated dental and medical history within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	99.2%	0.8%	-

Periodontal Screening/Examination completed within the measurement year in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	16	8
Clients records that were reviewed.	111	111	119
Rate	86%	14%	6.7%

LIMITED PHYSICAL EXAMINATION

Dental provider obtained an initial baseline blood pressure/pulse reading during the initial limited physical examination and is documented in the client's oral healthcare record. If not obtained, dental provider documented reason.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	99.2%	0.8%	-

ORAL EXAMINATION

Oral examination conducted within the last year is documented in the client's oral healthcare record

	Yes	No	N/A
Number of client records that showed evidence of the measure	116	1	2
Clients records that were reviewed.	117	117	119
Rate	99.1%	0.8%	1.7%

TREATMENT PLAN

Dental treatment plan to include specific diagnostic, preventive, and therapeutic was established or updated within the last year and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	13	2
Clients records that were reviewed.	117	117	119
Rate	88.9%	11.1%	1.7%

Phase 1 treatment plan to include prevention, maintenance and/or elimination of oral pathology resulting from dental caries or periodontal disease was established within one year of initial assessment and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	89	5	25
Clients records that were reviewed.	94	94	119
Rate	94.7%	5.3%	21%

ORAL HEALTH EDUCATION

Oral health education for oral hygiene instruction and smoking cessation (if applicable) conducted within the last year is documented in the patient's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Client records that showed evidence of an intraoral exam.	89	30	-
Clients in oral health services that were reviewed.	119	119	-
Rate	74.8%	25.2%	-

REFERRALS

Oral health care patients who have documented referrals have outcomes and/or follow-up documentation in the client's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	-	1	118
Number of clients records that were reviewed.	1	1	119
Rate	0%	100%	99.1%

MINIMUM DOCUMENTATION/SERVICES

Oral Healthcare patients have evidence that an oral health care record for the patient was established.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	-	1
Number of clients records that were reviewed.	118	-	119
Rate	100%	-	0.8%

Oral health patients with documented evidence that oral health care services provided met the specific limitations or caps as set forth for the dollar amount and any additional limitations as set regionally for type of procedures, or combination of these.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Number of clients records that were reviewed.	119	119	-
Rate	99.1%	0.8%	-

If the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, reason is documented in the patient's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	28	1	90
Number of clients records that were reviewed.	29	29	119
Rate	96.6%	3.4%	75.6%

CONCLUSIONS

The 2019 data shows a continuation of excellent oral healthcare services overall. All but one indicator was well above the established threshold for compliance with applicable guidelines and expectations. Phase 1 treatment plans and completed oral health examinations were well documented. Periodontal screening/ examination did increase from 50% to 86% this year. Oral instruction and smoking cessation is a fairly new data element starting in 2017, it was assessed at a compliance rate of 24% in 2017 (81%, 2018), and continues to show maintained compliance at 74.8% this year.

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Oral Health Care-Rural Target Chart Review FY 2018

Ryan White Part A Quality Management Program–Houston EMA

October 2019

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration Section of Harris County Public Health. During FY 18, a comprehensive review of client dental records was conducted for services provided between 3/1/18 to 2/28/19. This review included one provider of Adult Oral Health Care that received Part A funding for rural-targeted Oral Health Care in the Houston EMA.

The primary purpose of this annual review process is to assess Part A oral health care provided to people living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Health and Human Services Department for oral health care targeting people living with HIV. Therefore, Ryan White Grant Administration has adopted general guidelines from peer-reviewed literature that address oral health care for people living with HIV, as well as literature published by national dental organizations such as the American Dental Association and the Academy of General Dentistry, to measure the quality of Part A funded oral health care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 18 oral health care chart review. Any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research and a series of working meetings between Ryan White Grant Administration. By studying the processes of previous dental record reviews and researching the most recent HIV-related and general oral health practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for oral health care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: basic client information, completeness of the health history, hard & soft tissue examinations, disease prevention, and periodontal examinations.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from HIV-related and general oral health care guidelines available in peer-reviewed literature, and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters

Review Area	Documentation Criteria
Health History	Completeness of Initial Health History: includes but not limited to past medical history, medications, allergies, substance use, HIV MD/primary care status, physician contact info, etc.; Completed updates to the initial health history
Hard/Soft Tissue Exam	Findings—abnormal or normal, diagnoses, treatment plan, treatment plan updates
Disease Prevention	Prophylaxis, oral hygiene instructions
Periodontal screening	Completeness

The Sample Selection Process

The sample population was selected from a pool of 326 unduplicated clients who accessed Part A oral health care between 3/1/18 and 2/28/19. The medical charts of 75 of these clients were used in the review, representing 23% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A oral health care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate a list of client codes to be reviewed. The demographic make-up (race/ethnicity, gender, age) of clients accessing oral health services between 3/1/18 and 2/28/19 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving rural-targeted oral health care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who received rural-targeted oral health care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of people living with HIV. Table 2 compares the review sample population with the Ryan White Part A rural-targeted oral health care population as a whole.

	Sample		Ryan White Part A EMA	
	Number	Percent	Number	Percent
Race/Ethnicity				
African American	33	44%	143	43.9%
White	39	52%	176	54%
Asian	1	1.3%	3	.9%
Native Hawaiian/Pacific Islander	0	0%	0	0%
American Indian/Alaska Native	1	1.3%	2	.6%
Multi-Race	1	1.3%	2	.6%
	75		326	
Hispanic Status				
Hispanic	17	22.7%	81	25.5%
Non-Hispanic	58	77.3%	245	74.5%
	75		326	
Gender				
Male	52	69.3%	227	69.6%
Female	22	29.3%	97	29.8%
Transgender	1	1.3%	2	.6%
	75		326	
Age				
<=24	4	5.3%	15	4.6%
25 – 34	14	18.7%	63	19.3%
35 – 44	20	26.7%	96	29.5%
45 – 49	12	16%	52	16%
50 – 64	22	29.3%	86	26.4%
65+	3	4%	14	4.3%
	75		326	

Findings

Clinic Visits

Information gathered during the 2018 chart review included the number of visits during the study period. The average number of oral health visits per patient in the sample population was seven.

Health History

A complete and thorough assessment of a client's medical history is essential. Such information, such as current medications or any history of alcoholism for example, offers oral health care providers key information that may determine the appropriateness of prescriptions, oral health treatments and procedures.

Assessment of Medical History

	2016	2017	2018
Primary Care Provider	93%	100%	97%
Medical/Dental Health History*	87%	95%	100%
Medical History 6 month Update	100%	100%	96%

*HIV/AIDS Bureau (HAB) Performance Measures

Health Assessments

	2016	2017	2018
Vital Signs	95%	99%	100%
CBC documented	78%	97%	92%
Antibiotic Prophylaxis Given if Indicated			0% (0/1)

Prevention and Detection of Oral Disease

Maintaining good oral health is vital to the overall quality of life for people living with HIV because the condition of one's oral health often plays a major role in how well patients are able to manage their HIV disease. Poor oral health due to a lack of dental care may lead to the onset and progression of oral manifestations of HIV disease, which makes maintaining proper diet and nutrition or adherence to antiretroviral therapy very difficult to achieve. Furthermore, poor oral health places additional burden on an already compromised immune system.

	2016	2017	2018
Oral Health Education*	88%	99%	99%
Hard Tissue Exam	88%	88%	96%
Soft Tissue Exam	86%	88%	96%
Periodontal screening*	84%	81%	97%
X-rays present	91%	92%	99%
Treatment plan*	94%	99%	99%

*HIV/AIDS Bureau (HAB) Performance Measures

Treatment Plan Status

	2018
Treatment plan complete	34%
Dental procedures done, additional procedures needed	45%
No dental procedures needed	10%
No dental procedures done	10%

Conclusions

Overall, oral health care services continues its trend of high quality care. The Houston EMA oral health care program has established a strong foundation for preventative care and we expect continued high levels of care for Houston EMA clients in future.

Appendix A – Resources

Dental Alliance for AIDS/HIV Care. (2000). *Principles of Oral Health Management for the HIV/AIDS Patient*. Retrieved from:

http://aidsetc.org/sites/default/files/resources_files/Princ_Oral_Health_HIV.pdf.

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<http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>.

Mountain Plains AIDS Education and Training Center. (2013). Oral Health Care for the HIV-infected Patient. Retrieved from: <http://aidsetc.org/resource/oral-health-care-hiv-infected-patient>.

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U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau Special Projects of National Significance Program. (2013). *Training Manual: Creating Innovative Oral Health Care Programs*. Retrieved from: <http://hab.hrsa.gov/deliverhivaidscares/2014guide.pdf>.

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FY 2018 PERFORMANCE MEASURES HIGHLIGHTS
RYAN WHITE GRANT ADMINISTRATION
HARRIS COUNTY PUBLIC HEALTH (HCPH)

TABLE OF CONTENTS

Summary Reports for all Services

Oral Health Care1

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Ryan White Part A
HIV Performance Measures
FY 2018 Report

Oral Health Care
All Providers

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of oral health clients will have a dental health history (initial or updated) at least once in the measurement year	87%	95%
100% of oral health clients will have a medical health history (initial or updated) at least once in the measurement year	87%	95%
90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year	94%	99%
85% of oral health clients will receive oral health education at least once in the measurement year	88%	99%
90% of oral health clients will have a periodontal screen or examination at least once in the measurement year	84%	81%
60% oral health clients will have a Phase 1 treatment plan that is completed within 12 months	27%	27%

* To review the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ryan White HIV/AIDS Program

Oral Health Data Report

2017

The *Ryan White HIV/AIDS Program Oral Health Data Report* is published by the Division of Policy and Data, HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Rockville, Maryland.

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Information about the Ryan White HIV/AIDS Program: hab.hrsa.gov

Educational and technical assistance materials about HIV infection and the Ryan White HIV/AIDS Program: targetHIV.org

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COMMENTARY

ORAL HEALTH CARE AND THE RYAN WHITE HIV/AIDS PROGRAM

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides direct health care and support services for over half a million people with HIV—more than 50% of all people with diagnosed HIV in the United States [1]. The RWHAP is administered by the U.S. Department of Health and Human Services (HHS), HRSA HIV/AIDS Bureau (HAB). In 1990, Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized four times: in 1996, 2000, 2006, and, most recently, 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The RWHAP funds cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people with HIV. The RWHAP is critical to ensuring that individuals with HIV are linked to and retained in care, are able to adhere to medication regimens, and remain virally suppressed. These goals are crucial not only to ensuring optimal HIV health outcomes among people with HIV, but also to preventing further transmission of the virus and, ultimately, ending the HIV epidemic.

While good oral health is important for all people, it is especially important for people with HIV. The American Dental Association recommends that oral health care be a part of all clinical care plans for people with HIV. Inadequate oral health care can predispose people with HIV to certain oral health problems, such as dental caries, oral lesions, and periodontal disease. These oral health problems may be further exacerbated by HIV treatments that worsen conditions like dry mouth. Immunocompromised individuals also are more likely to be impacted by bacterial infections that begin in the mouth, meaning that periodontal disease is more likely to cause systemic infections in people with HIV. A large proportion of people with HIV have unmet dental care needs that may be attributed to barriers related to cost, access to dental care, logistical issues, indifference to dental care, or fear of dental care.

To work toward addressing these large unmet dental care needs, the HRSA RWHAP supports the provision of oral health services for low-income people with HIV through a variety of mechanisms with multiple access points. These mechanisms support both the direct provision of oral health services and the training of oral health providers in how to care for people with HIV, resulting in a comprehensive approach to oral health care for people with HIV.

This report is the inaugural publication of data from RWHAP oral health programs, including RWHAP Parts A–D oral health services, the RWHAP Part F Dental Programs (the Dental Reimbursement Program and the Community-Based Dental Partnership Program), and the RWHAP Part F AIDS Education and Training Center training events on oral health care (Figure 1).

	RWHAP Parts A–D Oral Health Services	Dental Reimbursement Program (DRP)	Community-Based Dental Partnership Program (CBDPP)	AIDS Education and Training Center (AETC) Oral Health Trainings
Recipients	Cities, states, and community-based organizations	Dental education programs and institutions		Regional and National Training Centers
Purpose	Direct provision of oral health services to people with HIV	Direct provision of oral health services to people with HIV and training of oral health providers to treat people with HIV		Training providers on oral health and HIV care for people with HIV
Funding Type	Grant award	Reimbursement	Grant award	Grant award
Data Source	RWHAP Services Report (RSR)	Dental Services Report (DSR)		AETC Data System
Years Included in Report	January 2010–December 2017	July 2003–June 2017	January 2004–December 2017	July 2010–August 2015

Figure 1. Mechanisms of oral health care provision within the RWHAP

This report contains three sections, organized by the three data sources:

I. RWHAP Services Report (pages 3–21; Tables 1–4)

The RWHAP Services Report (RSR) contains client-level data on demographic characteristics of and services delivered to low-income people with HIV through RWHAP Parts A–D. This report specifically focuses on the delivery of oral health services to RWHAP clients. In 2017, 486 RWHAP-funded providers delivered oral health care services to 86,676 clients.

II. RWHAP Part F Dental Services Report (pages 22–34; Tables 5–8)

The Dental Services Report (DSR) contains aggregate information on the Dental Reimbursement Program (DRP) and Community-Based Dental Partnership Program (CBDPP), which support both the direct provision of oral health services and training of oral health providers via dental education programs and institutions.

From July 2016 through June 2017, the 51 dental programs that received reimbursement funding through the DRP trained 11,473 dental providers and delivered oral health services to 27,847 clients. In 2017, the 12 dental programs that were funded by the CBDPP trained 3,768 dental providers and delivered oral health services to 4,855 clients.

III. RWHAP Part F AIDS Education and Training Center Data System (pages 35–42; Tables 9–12)

The AIDS Education and Training Centers (AETCs) deliver training to the HIV clinical workforce. This report focuses on AETC trainings on the topic of oral health care. From July 2014 through August 2015, 1,078 trainings addressed oral health care topics, reaching 8,556 trainees.

Readers are encouraged to carefully read the technical notes for each section, all table titles, and all footnotes to ensure a complete understanding of the data.

RWHAP PARTS A–D ORAL HEALTH SERVICES

The RWHAP has four statutorily defined Parts that provide direct funding for medical and support services, including oral health services.

- **RWHAP Part A** provides funding to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV epidemic to support HIV care and treatment services.
- **RWHAP Part B** provides funding to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six U.S. Pacific jurisdictions to support HIV care and treatment services.
- **RWHAP Part C** provides funding to local community-based organizations, community health centers, health departments, academic medical centers, and hospitals in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to support comprehensive primary health care and support services in an outpatient setting for low-income people with HIV.
- **RWHAP Part D** provides funding to local community-based organizations, community health centers, health departments, academic medical centers, and hospitals in 39 states and Puerto Rico to support family-centered HIV primary care and support services for low-income women, infants, children, and youth with HIV and their affected family members.

Together, the RWHAP Parts provide the public health infrastructure needed to ensure access to a wide range of core medical services, including oral health care [2]. As defined by the RWHAP, oral health care services include outpatient diagnostic, preventive, and therapeutic services delivered by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

HIGHLIGHTS OF ANALYSES

Providers Sites Delivering Oral Health Services

Approximately 500 RWHAP provider sites deliver oral health services. In 2017, 486 RWHAP provider sites delivered oral health services, a slight decrease from the 512 RWHAP provider sites that delivered oral health services in 2012 (Table 1).

More than half of provider sites delivering oral health services are community-based settings. Among provider sites that delivered oral health services, 30.5% were publicly funded community health centers, and 25.5% were other community-based service organizations. Hospital or university-based clinics accounted for 19.3% of provider sites delivering oral health services, while health departments accounted for 18.7% (Table 2).

Nearly all provider sites deliver at least one RWHAP service in addition to oral health services. Among provider sites that delivered oral health services, 92.4% also delivered another RWHAP service, and 80.9% delivered outpatient ambulatory health services (Table 2). More than one-quarter (29.0%) of provider sites received Section 330 funding, which supports HRSA-funded Federally Qualified Health Centers.

Among provider sites that deliver oral health services, approximately 60 percent deliver those services to 100 or fewer clients. In 2017, among provider sites that delivered oral health services, 59.7% delivered those services to 100 or fewer clients, 20.2% delivered those services to 101–250 clients, 10.7% delivered those services to 251–500 clients, and 9.5% delivered those services to more than 500 clients. If the provider site delivers other service categories, the overall number of clients served by the provider site may be higher (Table 2).

Ryan White HIV/AIDS Program Clients Receiving Oral Health Services

The RWHAP serves approximately 90,000 clients receiving oral health services each year. From 2010 through 2017, nearly 20% of RWHAP clients received oral health services through the RWHAP (Table 1). In 2017, 86,676 clients received oral health services from RWHAP-funded providers (Table 1). Among all clients receiving oral health services in 2017, 95.8% (83,068) were people with HIV (Table 1; Table 3b).

RWHAP clients receiving oral health services are similar to the overall RWHAP client population (Table 3c).

- **RWHAP clients receiving oral health services are aging.** In 2017, people aged 50 years and older accounted for 53.0% of all RWHAP clients receiving oral health services, an increase from 44.5% of clients in 2013 (Table 3a).
- **More than two-thirds of RWHAP clients receiving oral health services are from racial/ethnic minority populations.** In 2017, 42.3% of RWHAP clients receiving oral health services self-identified as black/African American, 25.4% Hispanic/Latino, and less than 2% each as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, or persons of multiple races (Table 3a). Whites accounted for 29.6% of RWHAP clients receiving oral health services. The percentage distribution has remained consistent since 2013 and is consistent with the percentage distribution of the overall RWHAP client population (Table 3a; Table 3c).
- **The majority of RWHAP clients receiving oral health services are male.** In 2017, 73.8% of RWHAP clients receiving oral health services were male, 24.8% were female, and 1.5% were transgender (Table 3a). The percentage distribution has remained consistent since 2013 and is consistent with the distribution of the overall RWHAP client population (Table 3a; Table 3c).
- **More than half of RWHAP clients receiving oral health services are living at or below 100% of the federal poverty level (FPL).** In 2017, 58.9% of RWHAP clients receiving oral health services were living at or below 100% FPL (Table 3a), a slight decrease since 2013 (63.7%). The percentage distribution for RWHAP clients receiving oral health services is similar to that of the overall RWHAP client population (Table 3c).
- **Nearly 80% of RWHAP clients receiving oral health services have some form of health care coverage.** Among RWHAP clients receiving oral health services in 2017, 24.5% were covered by Medicaid, 13.4% were covered by Medicare, and 12.8% had multiple forms of coverage (Table 3a). A lower percentage of RWHAP clients receiving oral health services were covered by Medicaid (24.5%) than the overall RWHAP client population (32.6%; Table 3c).
- **Approximately 7% of RWHAP clients receiving oral health services have temporary housing, and 4% have unstable housing (Table 3a).** The percentage of RWHAP clients receiving oral health services with temporary housing decreased from 11.6% in 2013 to 6.6% in 2017. The percentage of RWHAP clients receiving oral health services with unstable housing increased from 3.1% in 2013 to a high of 4.3% in 2015, before dropping to 3.7% in 2016.

Clients receiving RWHAP Parts A–D-funded oral health services are in nearly all states. Clients received RWHAP Part A–D services in 46 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The jurisdictions with the highest number of RWHAP clients receiving oral health services through the RWHAP were generally states with the highest number of people with HIV: Florida (12,476 clients), California (9,550 clients), and Texas (8,791 clients; Table 4).

TECHNICAL NOTES

RWHAP SERVICES REPORT DATA

This section of the report includes data reported to the RWHAP Services Report (RSR) for clients served by the RWHAP Parts A–D who received oral health services and providers who received funding for oral health services during calendar years 2010 through 2017. RSR data do not include information about the AIDS Drug Assistance Program (ADAP), the DRP, or the CBDPP. Clients also may have received ADAP or DRP/CBDPP services. Beginning with the 2015 calendar year data collection period, recipients and subrecipients reported data for all clients who met the recipient’s eligibility requirements for RWHAP participation (varies by recipient and is based on such criteria as HIV status, income, and residency) and received at least one of the core medical or support services for which the recipient or subrecipient received RWHAP funding, regardless of the actual funding used to pay for the services (i.e., some services may have been paid for by sources other than RWHAP).

After removing personally identifying information, recipients and subrecipients submit data to HRSA HAB. RSR data are reported by RWHAP grant recipients and subrecipients in 50 states, the District of Columbia, and three territories: Guam, Puerto Rico, and the U.S. Virgin Islands. Five of the six U.S. Pacific jurisdictions (i.e., excludes Guam) do not submit client-level data. Only jurisdictions that provided oral health services are included in this section of the report.

RSR data include de-identified client-level information about people who received services from a RWHAP-funded provider. RWHAP clients include people with HIV, as well as people who are affected by HIV (e.g., families of people with HIV served by the RWHAP). The families of people with HIV are able to receive certain services through the RWHAP Part D program. The data presented in Table 3a, Table 3c, and Table 4 include all RWHAP clients, regardless of HIV serostatus; Table 3b includes only people with HIV.

Presentation of Data

The data in this report include information received by HRSA HAB for clients served during specified calendar years (refer to table titles). Data are organized into four sections:

- Table 1: overview of clients receiving oral health services and providers, 2010–2017
- Table 2: numbers and percentages of RWHAP provider sites that delivered oral health services, presented by selected characteristics, 2013–2017
- Tables 3a–3c: numbers and percentages of clients receiving oral health services served by the RWHAP (non-ADAP), presented by selected demographic stratifications, 2013–2017
- Table 4: numbers and percentages of clients receiving oral health services served by the RWHAP (non-ADAP), presented by state, 2013–2017

Tables 3–4 display subtotals for each subpopulation, as well as the overall total. Subtotals are displayed to reflect the denominator used for the percentage calculation of each subpopulation. Due to missing data, the values in each column may not sum to the column total.

Age Group

RWHAP grant recipients and subrecipients report client birth year. This information is then used to calculate the client’s age during the designated year as a discrete variable. For tables displaying age groups, client ages were categorized to align with the Centers for Disease Control and Prevention (CDC) National HIV Surveillance System (NHSS) age group delineations: <13 years (if applicable), 13–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, and ≥65 years.

Race/Ethnicity

Recipients and subrecipients report race/ethnicity information for RWHAP clients according to Office of Management and Budget standards. Race and ethnicity are submitted as separate variables and combined for analysis. The race/ethnicity variable is categorized as American Indian or Alaska Native, Asian, black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, white, and multiple races (two or more categories of race reported).

In this report, clients categorized by race were not Hispanic or Latino; the number of clients reported in each race category may, however, include clients whose ethnicity was not reported.

RWHAP grant recipients and subrecipients are expected to make every effort to obtain and report race and ethnicity, based on each client's self-report. Self-identification is the preferred means of obtaining this information.

Gender

Gender designations in this report are male, female, or transgender. Transgender is an umbrella term used to identify persons whose sex assigned at birth does not match their current gender identity or expression. Transgender clients are subsequently classified as male-to-female (MTF), female-to-male (FTM), or transgender unknown (may include transgender people who do not identify with the transgender variable options). Gender-related data are based on client self-report.

From 2010 through 2013, RSR variables for gender included *current gender*, with the options of male, female, and transgender, and a subsequent variable for *transgender identity* (this variable captured the options of FTM, MTF, or transgender unknown). In 2014, HRSA HAB began requiring that gender be reported using a two-step method: *sex assigned at birth* (male or female) was added and the *current gender* variable was replaced with *current gender identity* (male, female, transgender); the *transgender identity* variable remained intact.

Gender data displayed for 2013–2014 reflect only the *current gender* and *transgender identity* variables. The additional information available from *sex assigned at birth* was not incorporated for 2014 analyses in order for HRSA HAB to evaluate the quality of the data for that variable and to determine the methodology for data analysis. The 2015–2017 data included in this report use the two-step method for determining gender identity, which takes into account *sex assigned at birth*, *current gender identity*, and *transgender identity*.

Transmission Risk Category

Transmission risk category is the term for the classification that summarizes a client's possible HIV risk factors; the summary classification results from selecting, from a presumed hierarchical order of probability, the single risk factor most likely to have been responsible for transmission.

For tables displaying data for all clients served by RWHAP, transmission risk category data include clients with HIV and those who have unknown HIV serostatus (i.e., children with indeterminate serostatus and other clients with transmission risk factors for HIV but missing HIV serostatus data).

Transmission risk categories are presented separately by gender (i.e., male, female, transgender).

- For male clients, transmission risk categories are male-to-male sexual contact, injection drug use, male-to-male sexual contact and injection drug use, heterosexual contact, perinatal infection, and other.
- For female clients, transmission risk categories are heterosexual contact, injection drug use, perinatal infection, and other.

- For transgender clients, transmission risk categories have been modified to be more reflective of the transgender experience of transmission risk, while continuing to follow a relative hierarchy of likelihood for transmission. That is, transmission risk category data for transgender clients are presented as sexual contact, injection drug use, sexual contact and injection drug use, perinatal infection, and other.

The definitions of transmission risk categories are adapted from CDC's NHSS definitions for transmission categories [3]. Clients with more than one reported risk factor are classified in the transmission risk category listed first in the hierarchy. The only exceptions are (1) men who had sexual contact with other men and who injected drugs and (2) perinatal infection; these groups make up separate transmission risk categories. The risk categories are defined, in order of the hierarchy, as follows:

- *Male-to-male sexual contact*: Male clients who report sexual contact with other men (i.e., homosexual contact) and males who report sexual contact with both men and women (i.e., bisexual contact).
- *Injection drug use*: Clients who report use of drugs intravenously or through skin-popping.
- *Male-to-male sexual contact and injection drug use*: Male clients who report sexual contact with other men, or sexual contact with both men and women, and report the use of drugs intravenously or through skin-popping.
- *Heterosexual contact*: Clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., a person who injects drugs).
- *Perinatal infection*: This category is exclusively for infants and children with infection attributed to perinatal transmission/mother-to-child transmission. This category includes clients born after 1980 with HIV and whose infection is attributed to perinatal transmission, as well as infants with indeterminate serostatus.
- *Other*: Clients who report transmission from the receipt of transfusion of blood, blood components, or tissue; clients who report hemophilia/coagulation disorder. Beginning with 2014 data collection, unknown risk factor was no longer included in the classification of other transmission risk, nor was it collected as a separate category for the RSR. All analyses in this report have been adjusted for consistency from 2013 through 2017 to only include blood transfusion or hemophilia/coagulation disorder.

For transgender clients, the following transmission risk category hierarchy is used:

- *Sexual contact*: Transgender clients who report any sexual transmission risk.
- *Injection drug use*: Transgender clients who report use of drugs intravenously or through skin-popping.
- *Sexual contact and injection drug use*: Transgender clients who report sexual contact and report the use of drugs intravenously or through skin-popping.
- *Perinatal infection*: as above.
- *Other*: as above.

It is important to note that data by transmission risk category presented in this report are based on the self-reported risk factor *most likely to have been responsible for the original transmission of HIV*; data may not be reflective of current behavior (e.g., injection drug use).

Poverty Level

Poverty level characterizes the client's income as a percentage of the FPL at the end of the reporting period [4,5]. For 2012 and 2013, poverty levels were categorized as 0–100% FPL, 101–200% FPL, 201–300% FPL, and >300% FPL. For 2014 through 2017, poverty levels were categorized as 0–100% FPL, 101–138% FPL, 139–250% FPL, 251–400% FPL, and >400% FPL.

Health Care Coverage

RWHAP grant recipients and subrecipients report all sources of health care coverage that each client had for any part of the reporting period. These data are further categorized for analysis. In 2013, health care coverage was categorized as private only, Medicare only, Medicaid only, other public, other private, no coverage (uninsured), and multiple coverages.

The categorization schema was changed in the 2014 RSR to include a more granular classification of health care coverage. For 2014 through 2017, health care coverage was categorized as private employer, private individual, Medicare, Medicaid, Medicare and Medicaid (dual eligibility), Veterans Administration, Indian Health Service, other plan, no coverage, and multiple coverages. The Medicaid classification also includes the Children's Health Insurance Program (CHIP) and other public state health care coverage programs.

Housing Status

The housing status variable captures the client's housing status at the end of the reporting period and is categorized as stable permanent housing, temporary housing, or unstable housing. The definitions for each of these categories are based on the Housing Opportunities for Persons with AIDS Program Annual Progress Report Measuring Performance Outcomes: form HUD-40110-C and the McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual [6,7].

State

State data are displayed in Table 4. State-level analyses include data submitted for all Parts of the RWHAP. In addition, state delineation of data is based on provider location, rather than client location. Clients receiving services in multiple states are not included in state-specific totals; these clients make up less than 2% of the total RWHAP population.

In addition, data presented by state are not limited to entities receiving RWHAP Part B funding; all tables include data for all clients served by RWHAP providers in the state, regardless of the source of RWHAP funding (i.e., Parts A, B, C, and D data are included).

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Tables

RWHAP PARTS A–D ORAL HEALTH SERVICES

Table 1. Ryan White HIV/AIDS Program clients (non-ADAP) who received Parts A–D oral health services and providers that delivered oral health services, by year and selected characteristics, 2010–2017—United States and 3 territories

Year	Number of oral health clients	Percent of all RWHAP clients receiving oral health services	Total number of oral health providers
2010	88,132	15.8	509
2011	89,189	16.4	511
2012	90,339	16.8	512
2013	91,569	17.5	512
2014	92,418	18.0	522
2015	88,335	16.6	505
2016	88,458	16.0	491
2017	86,676	16.2	486

Note: All data are reported through the RWHAP Services Report.

Table 2. Ryan White HIV/AIDS Program provider sites that delivered oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Provider type										
Hospital or university-based clinic	113	22.1	106	20.3	104	20.6	101	20.6	94	19.3
Publicly funded community health center	152	29.7	155	29.7	140	27.7	140	28.5	148	30.5
Publicly funded community mental health center	0	0.0	3	0.6	2	0.4	0	0.0	0	0.0
Other community-based service organization	132	25.8	130	24.9	135	26.7	133	27.1	124	25.5
Health department	88	17.2	95	18.2	89	17.6	85	17.3	91	18.7
Substance abuse treatment center	1	0.2	1	0.2	2	0.4	1	0.2	1	0.2
Solo/group private medical practice	4	0.8	3	0.6	4	0.8	2	0.4	3	0.6
Agency reporting for multiple fee-for-service providers	4	0.8	5	1.0	4	0.8	3	0.6	3	0.6
People Living with HIV/AIDS coalition	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
VA facility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other provider type	18	3.5	24	4.6	25	5.0	26	5.3	22	4.5
Delivered non-oral health services										
Yes	465	90.8	475	91.0	466	92.3	452	92.1	449	92.4
No	47	9.2	47	9.0	39	7.7	39	7.9	37	7.6
Delivered RWHAP OAHS										
Yes	416	81.2	426	81.6	397	78.6	388	79.0	393	80.9
No	96	18.8	96	18.4	108	21.4	103	21.0	93	19.1
Section 330 funding										
Yes	127	24.8	134	25.7	123	24.4	132	26.9	141	29.0
No	71	13.9	31	5.9	378	74.9	352	71.7	341	70.2
Unknown	314	61.3	357	68.4	4	0.8	7	1.4	4	0.8
Ownership type										
Public/local	90	17.6	91	17.4	88	17.4	85	17.3	87	17.9
Public/state	70	13.7	77	14.8	67	13.3	64	13.0	67	13.8
Public/federal	9	1.8	9	1.7	7	1.4	9	1.8	8	1.6
Private, nonprofit	319	62.3	326	62.5	322	63.8	312	63.5	308	63.4
Private, for-profit	10	2.0	10	1.9	10	2.0	10	2.0	7	1.4
Unincorporated	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	14	2.7	9	1.7	11	2.2	11	2.2	9	1.9
Faith-based organization										
Yes	18	5.1	16	4.7	14	2.8	14	2.9	16	3.3
No	336	94.9	322	95.3	491	97.2	477	97.1	470	96.7
Number of RWHAP oral health clients										
≤100	309	60.4	325	62.3	319	63.2	296	60.3	290	59.7
101–250	109	21.3	103	19.7	88	17.4	88	17.9	98	20.2
251–500	43	8.4	43	8.2	48	9.5	57	11.6	52	10.7
>500	51	10.0	51	9.8	50	9.9	50	10.2	46	9.5
RWHAP funding received^a										
Part A	175	23.6	178	24.1	185	22.9	175	22.1	182	23.3
Part B	259	35.0	264	35.8	339	42.0	358	45.1	339	43.4
Part C	251	33.9	244	33.1	230	28.5	214	27.0	213	27.2
Part D	55	7.4	52	7.0	54	6.7	46	5.8	48	6.1
Part F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total^b	512	—	522	—	505	—	491	—	486	—

Abbreviation: OAHS, outpatient ambulatory health services

Note: All data are reported through the RWHAP Services Report.

^a RWHAP funding received includes funding for oral health services.

^b Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 3a. Ryan White HIV/AIDS Program clients (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Age group (yr)										
<13	33	<0.1	42	<0.1	24	<0.1	31	<0.1	33	<0.1
13–14	13	<0.1	14	<0.1	9	<0.1	7	<0.1	9	<0.1
15–19	161	0.2	139	0.2	105	0.1	110	0.1	105	0.1
20–24	2,255	2.5	2,088	2.3	1,781	2.0	1,665	1.9	1,514	1.7
25–29	5,067	5.5	5,171	5.6	4,950	5.6	4,985	5.6	4,983	5.7
30–34	6,782	7.4	6,908	7.5	6,242	7.1	6,194	7.0	6,320	7.3
35–39	8,114	8.9	8,148	8.8	7,741	8.8	7,817	8.8	7,546	8.7
40–44	11,670	12.7	10,704	11.6	9,403	10.6	8,908	10.1	8,506	9.8
45–49	16,732	18.3	15,825	17.1	14,103	16.0	13,034	14.7	11,748	13.6
50–54	17,805	19.4	18,227	19.7	17,289	19.6	16,866	19.1	15,497	17.9
55–59	12,398	13.5	13,120	14.2	13,558	15.3	14,099	15.9	14,412	16.6
60–64	6,549	7.2	7,335	7.9	7,738	8.8	8,586	9.7	9,067	10.5
≥65	3,989	4.4	4,607	5.0	5,385	6.1	6,156	7.0	6,932	8.0
Subtotal	91,568	100.0	92,328	100.0	88,328	100.0	88,458	100.0	86,672	100.0
Race/ethnicity										
American Indian/Alaska Native	420	0.5	316	0.3	287	0.3	333	0.4	342	0.4
Asian	965	1.1	1,045	1.1	1,017	1.2	1,121	1.3	1,063	1.2
Black/African American	37,241	41.1	37,751	41.1	36,800	41.8	37,058	42.1	36,558	42.3
Hispanic/Latino ^a	21,880	24.2	22,310	24.3	22,011	25.0	22,107	25.1	21,905	25.4
Native Hawaiian/Pacific Islander	149	0.2	132	0.1	127	0.1	135	0.2	92	0.1
White	28,147	31.1	27,976	30.5	26,399	30.0	26,424	30.0	25,574	29.6
Multiple races	1,765	1.9	2,234	2.4	1,469	1.7	867	1.0	798	0.9
Subtotal	90,567	100.0	91,764	100.0	88,110	100.0	88,045	100.0	86,332	100.0
Gender										
Male	68,025	74.3	68,621	74.3	65,532	74.3	65,595	74.3	63,936	73.8
Female	22,800	24.9	22,908	24.8	21,841	24.8	21,697	24.6	21,468	24.8
Transgender	726	0.8	801	0.9	829	0.9	1,021	1.2	1,272	1.5
Subtotal	91,551	100.0	92,330	100.0	88,202	100.0	88,313	100.0	86,676	100.0
Transmission risk category										
Male client										
Male-to-male sexual contact	42,516	67.8	43,130	68.0	42,023	68.6	41,372	69.1	40,275	69.6
Injection drug use	4,106	6.5	3,803	6.0	3,437	5.6	3,153	5.3	2,800	4.8
Male-to-male sexual contact and injection drug use	2,408	3.8	2,336	3.7	2,006	3.3	1,784	3.0	2,032	3.5
Heterosexual contact ^b	13,111	20.9	13,563	21.4	13,219	21.6	12,947	21.6	12,237	21.1
Perinatal infection	201	0.3	219	0.3	189	0.3	226	0.4	214	0.4
Other ^c	366	0.6	375	0.6	390	0.6	375	0.6	316	0.5
Subtotal^d	62,708	100.0	63,426	100.0	61,264	100.0	59,857	100.0	57,874	100.0
Female client										
Injection drug use	2,072	10.1	1,893	9.1	1,668	8.2	1,468	7.5	1,490	7.7
Heterosexual contact ^b	17,965	87.3	18,353	88.1	18,039	88.9	17,593	89.7	17,343	89.6
Perinatal infection	249	1.2	301	1.4	298	1.5	279	1.4	304	1.6
Other ^c	300	1.5	288	1.4	276	1.4	271	1.4	216	1.1
Subtotal^d	20,586	100.0	20,835	100.0	20,281	100.0	19,611	100.0	19,353	100.0

Table 3a. Ryan White HIV/AIDS Program clients (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories (cont.)

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Transmission risk category										
Transgender client										
Sexual contact ^e	611	92.7	675	93.5	697	91.7	821	92.9	977	93.7
Injection drug use	6	0.9	9	1.2	17	2.2	16	1.8	13	1.2
Sexual contact ^e and injection drug use	37	5.6	32	4.4	41	5.4	42	4.8	50	4.8
Perinatal infection	1	0.2	3	0.4	2	0.3	0	0.0	0	0.0
Other ^c	4	0.6	3	0.4	3	0.4	5	0.6	3	0.3
Subtotal^d	659	100.0	722	100.0	760	100.0	884	100.0	1,043	100.0
Federal poverty level^f										
0–100%	56,388	63.7	—	—	—	—	—	—	—	—
101–200%	24,213	27.4	—	—	—	—	—	—	—	—
201–300%	5,895	6.7	—	—	—	—	—	—	—	—
>300%	1,986	2.2	—	—	—	—	—	—	—	—
Subtotal	88,482	100.0	—	—	—	—	—	—	—	—
0–100%	—	—	52,240	60.0	54,981	63.3	51,096	59.8	48,484	58.9
101–138%	—	—	13,454	15.5	12,938	14.9	12,943	15.2	12,120	14.7
139–250%	—	—	15,163	17.4	14,631	16.8	15,865	18.6	15,798	19.2
251–400%	—	—	3,877	4.5	3,705	4.3	4,559	5.3	4,659	5.7
>400%	—	—	2,325	2.7	625	0.7	923	1.1	1,285	1.6
Subtotal	—	—	87,059	100.0	86,880	100.0	85,386	100.0	82,346	100.0
Health care coverage^g										
Private only	6,923	7.7	—	—	—	—	—	—	—	—
Medicare only	9,533	10.7	—	—	—	—	—	—	—	—
Medicaid only	17,696	19.8	—	—	—	—	—	—	—	—
Other public	7,529	8.4	—	—	—	—	—	—	—	—
Other private	1,704	1.9	—	—	—	—	—	—	—	—
No coverage	26,287	29.4	—	—	—	—	—	—	—	—
Multiple coverages	19,742	22.1	—	—	—	—	—	—	—	—
Subtotal	89,414	100.0	—	—	—	—	—	—	—	—
Private employer	—	—	3,347	3.7	4,638	5.3	4,882	5.6	5,032	5.8
Private individual	—	—	4,191	4.6	6,577	7.5	6,874	7.8	6,798	7.9
Medicare	—	—	10,956	12.0	11,447	13.0	11,510	13.1	11,515	13.4
Medicaid	—	—	24,411	26.8	22,706	25.9	22,582	25.7	21,128	24.5
Medicare and Medicaid	—	—	9,910	10.9	9,338	10.6	8,694	9.9	8,956	10.4
Veterans Administration	—	—	316	0.3	353	0.4	335	0.4	321	0.4
Indian Health Service	—	—	8	<0.1	16	<0.1	8	<0.1	6	<0.1
Other plan	—	—	4,416	4.9	2,383	2.7	1,740	2.0	1,783	2.1
No coverage	—	—	23,856	26.2	18,135	20.7	19,983	22.8	19,590	22.7
Multiple coverages	—	—	9,600	10.5	12,129	13.8	11,123	12.7	11,028	12.8
Subtotal	—	—	91,011	100.0	87,722	100.0	87,731	100.0	86,157	100.0

Table 3a. Ryan White HIV/AIDS Program clients (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories (cont.)

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Housing status										
Stable	74,268	85.3	76,311	85.8	74,269	86.0	74,324	87.5	74,102	89.8
Temporary	10,116	11.6	9,612	10.8	8,317	9.6	7,091	8.3	5,409	6.6
Unstable	2,714	3.1	3,056	3.4	3,739	4.3	3,546	4.2	3,033	3.7
Subtotal	87,098	100.0	88,979	100.0	86,325	100.0	84,961	100.0	82,544	100.0
Total^g	91,569	—	92,418	—	88,335	—	88,458	—	86,676	—

Note: All data are reported through the RWHAP Services Report.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission risk category information. The subtotal values for each gender-specific transmission risk category may not sum to the subtotals for each gender overall.

^e Includes any sexual transmission risk category reported by transgender clients.

^f Data collected in 2014–2017 used different categories than previous years. See Technical Notes for additional details.

^g Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 3b. Ryan White HIV/AIDS Program clients with HIV (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Age group (yr)										
<13	32	<0.1	27	<0.1	20	<0.1	29	<0.1	24	<0.1
13–14	13	<0.1	13	<0.1	8	<0.1	7	<0.1	8	<0.1
15–19	160	0.2	137	0.1	104	0.1	106	0.1	99	0.1
20–24	2,247	2.5	2,086	2.3	1,779	2.0	1,642	1.9	1,466	1.8
25–29	5,034	5.5	5,160	5.6	4,942	5.6	4,930	5.6	4,862	5.9
30–34	6,740	7.4	6,876	7.5	6,222	7.1	6,140	7.0	6,118	7.4
35–39	8,073	8.9	8,116	8.8	7,721	8.8	7,749	8.9	7,296	8.8
40–44	11,618	12.8	10,642	11.6	9,380	10.7	8,819	10.1	8,245	9.9
45–49	16,650	18.3	15,748	17.2	14,061	16.0	12,913	14.8	11,288	13.6
50–54	17,681	19.4	18,114	19.7	17,222	19.6	16,682	19.1	14,853	17.9
55–59	12,294	13.5	13,027	14.2	13,501	15.3	13,941	15.9	13,729	16.5
60–64	6,477	7.1	7,279	7.9	7,698	8.7	8,486	9.7	8,591	10.3
≥65	3,944	4.3	4,562	5.0	5,351	6.1	6,039	6.9	6,486	7.8
Subtotal	90,963	100.0	91,787	100.0	88,009	100.0	87,483	100.0	83,065	100.0
Race/ethnicity										
American Indian/Alaska Native	419	0.5	316	0.3	285	0.3	328	0.4	324	0.4
Asian	960	1.1	1,042	1.1	1,016	1.2	1,107	1.3	1,031	1.2
Black/African American	36,940	41.0	37,390	41.0	36,598	41.7	36,764	42.2	35,133	42.4
Hispanic/Latino ^a	21,815	24.2	22,276	24.4	21,993	25.0	21,914	25.2	21,446	25.9
Native Hawaiian/Pacific Islander	146	0.2	132	0.1	127	0.1	134	0.2	82	0.1
White	28,053	31.1	27,874	30.5	26,333	30.0	26,021	29.9	24,096	29.1
Multiple races	1,764	2.0	2,229	2.4	1,468	1.7	858	1.0	726	0.9
Subtotal	90,097	100.0	91,259	100.0	87,820	100.0	87,126	100.0	82,838	100.0
Gender										
Male	67,607	74.3	68,277	74.4	65,320	74.3	64,878	74.3	61,308	73.8
Female	22,625	24.9	22,716	24.7	21,728	24.7	21,468	24.6	20,578	24.8
Transgender	718	0.8	798	0.9	829	0.9	1,017	1.2	1,182	1.4
Subtotal	90,950	100.0	91,791	100.0	87,877	100.0	87,363	100.0	83,068	100.0
Transmission risk category										
Male client										
Male-to-male sexual contact	42,510	67.8	43,126	68.0	42,019	68.6	41,352	69.1	40,275	69.6
Injection drug use	4,106	6.5	3,800	6.0	3,436	5.6	3,152	5.3	2,800	4.8
Male-to-male sexual contact and injection drug use	2,398	3.8	2,335	3.7	2,004	3.3	1,784	3.0	2,032	3.5
Heterosexual contact ^b	13,110	20.9	13,557	21.4	13,218	21.6	12,945	21.6	12,237	21.1
Perinatal infection	201	0.3	214	0.3	188	0.3	226	0.4	213	0.4
Other ^c	366	0.6	375	0.6	390	0.6	375	0.6	316	0.5
Subtotal^d	62,691	100.0	63,407	100.0	61,255	100.0	59,834	100.0	57,873	100.0
Female client										
Injection drug use	2,072	10.1	1,892	9.1	1,666	8.2	1,467	7.5	1,490	7.7
Heterosexual contact ^b	17,965	87.3	18,350	88.1	18,031	89.0	17,588	89.7	17,343	89.6
Perinatal infection	249	1.2	298	1.4	297	1.5	279	1.4	304	1.6
Other ^c	300	1.5	288	1.4	276	1.4	271	1.4	216	1.1
Subtotal^d	20,586	100.0	20,828	100.0	20,270	100.0	19,605	100.0	19,353	100.0

Table 3b. Ryan White HIV/AIDS Program clients with HIV (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories (cont.)

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Transmission risk category										
Transgender client										
Sexual contact ^e	611	92.7	675	93.5	697	91.7	821	92.9	977	93.7
Injection drug use	6	0.9	9	1.2	17	2.2	16	1.8	13	1.2
Sexual contact ^e and injection drug use	37	5.6	32	4.4	41	5.4	42	4.8	50	4.8
Perinatal infection	1	0.2	3	0.4	2	0.3	0	0.0	0	0.0
Other ^c	4	0.6	3	0.4	3	0.4	5	0.6	3	0.3
Subtotal^d	659	100.0	722	100.0	760	100.0	884	100.0	1,043	100.0
Federal poverty level^f										
0–100%	56,112	63.7	—	—	—	—	—	—	—	—
101–200%	24,127	27.4	—	—	—	—	—	—	—	—
201–300%	5,833	6.6	—	—	—	—	—	—	—	—
>300%	1,985	2.3	—	—	—	—	—	—	—	—
Subtotal	88,057	100.0	—	—	—	—	—	—	—	—
0–100%	—	—	52,159	60.0	54,947	63.3	51,027	59.8	48,438	58.9
101–138%	—	—	13,451	15.5	12,935	14.9	12,931	15.2	12,106	14.7
139–250%	—	—	15,158	17.4	14,628	16.8	15,848	18.6	15,789	19.2
251–400%	—	—	3,877	4.5	3,704	4.3	4,554	5.3	4,628	5.6
>400%	—	—	2,325	2.7	625	0.7	923	1.1	1,285	1.6
Subtotal	—	—	86,970	100.0	86,839	100.0	85,283	100.0	82,246	100.0
Health care coverage^g										
Private only	6,875	7.7	—	—	—	—	—	—	—	—
Medicare only	9,484	10.7	—	—	—	—	—	—	—	—
Medicaid only	17,568	19.8	—	—	—	—	—	—	—	—
Other public	7,487	8.4	—	—	—	—	—	—	—	—
Other private	1,683	1.9	—	—	—	—	—	—	—	—
No coverage	26,094	29.4	—	—	—	—	—	—	—	—
Multiple coverages	19,675	22.1	—	—	—	—	—	—	—	—
Subtotal	88,866	100.0	—	—	—	—	—	—	—	—
Private employer	—	—	3,314	3.7	4,628	5.3	4,798	5.5	4,834	5.8
Private individual	—	—	4,181	4.6	6,571	7.5	6,848	7.9	6,600	8.0
Medicare	—	—	10,908	12.0	11,416	13.1	11,398	13.1	10,846	13.1
Medicaid	—	—	24,236	26.8	22,642	25.9	22,241	25.6	20,064	24.3
Medicare and Medicaid	—	—	9,908	10.9	9,335	10.7	8,629	9.9	8,757	10.6
Veterans Administration	—	—	315	0.3	349	0.4	324	0.4	268	0.3
Indian Health Service	—	—	8	<0.1	16	<0.1	8	<0.1	6	<0.1
Other plan	—	—	4,412	4.9	2,381	2.7	1,726	2.0	1,707	2.1
No coverage	—	—	23,685	26.2	17,977	20.6	19,833	22.8	18,757	22.7
Multiple coverages	—	—	9,596	10.6	12,128	13.9	11,028	12.7	10,804	13.1
Subtotal	—	—	90,563	100.0	87,443	100.0	86,833	100.0	82,643	100.0

Table 3b. Ryan White HIV/AIDS Program clients with HIV (non-ADAP) who received Parts A–D oral health services, by year and selected characteristics, 2013–2017—United States and 3 territories (cont.)

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Housing status										
Stable	73,872	85.2	76,238	85.8	74,233	86.0	74,212	87.5	73,958	89.8
Temporary	10,098	11.6	9,601	10.8	8,316	9.6	7,070	8.3	5,396	6.6
Unstable	2,712	3.1	3,053	3.4	3,737	4.3	3,542	4.2	3,022	3.7
Subtotal	86,682	100.0	88,892	100.0	86,286	100.0	84,824	100.0	82,376	100.0
Total^g	90,964	—	91,866	—	88,009	—	87,483	—	83,068	—

Note: All data are reported through the RWHAP Services Report.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission risk category information. The subtotal values for each gender-specific transmission risk category may not sum to the subtotals for each gender overall.

^e Includes any sexual transmission risk category reported by transgender clients.

^f Data collected in 2014–2017 used different categories than previous years. See Technical Notes for additional details.

^g Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 3c. Ryan White HIV/AIDS Program clients (non-ADAP), by receipt of oral health services and selected characteristics, 2017—United States and 3 territories

	All RWHAP clients		Oral health clients	
	No.	%	No.	%
Age group (yr)				
<13	4,973	0.9	33	<0.1
13–14	541	0.1	9	<0.1
15–19	3,607	0.7	105	0.1
20–24	19,397	3.6	1,514	1.7
25–29	44,684	8.4	4,983	5.7
30–34	49,148	9.2	6,320	7.3
35–39	51,427	9.6	7,546	8.7
40–44	51,546	9.6	8,506	9.8
45–49	67,622	12.6	11,748	13.6
50–54	84,736	15.8	15,497	17.9
55–59	73,824	13.8	14,412	16.6
60–64	46,864	8.8	9,067	10.5
≥65	36,433	6.8	6,932	8.0
Subtotal	534,802	100.0	86,672	100.0
Race/ethnicity				
American Indian/Alaska Native	2,911	0.5	342	0.4
Asian	7,383	1.4	1,063	1.2
Black/African American	250,168	47.1	36,558	42.3
Hispanic/Latino ^b	122,956	23.1	21,905	25.4
Native Hawaiian/Pacific Islander	957	0.2	92	0.1
White	140,471	26.4	25,574	29.6
Multiple races	6,503	1.2	798	0.9
Subtotal	531,349	100.0	86,332	100.0
Gender				
Male	380,229	71.1	63,936	73.8
Female	145,046	27.1	21,468	24.8
Transgender	9,475	1.8	1,272	1.5
Subtotal	534,750	100.0	86,676	100.0
Transmission risk category				
Male client				
Male-to-male sexual contact	219,732	64.7	40,275	69.6
Injection drug use	20,755	6.1	2,800	4.8
Male-to-male sexual contact and injection drug use	11,059	3.3	2,032	3.5
Heterosexual contact ^b	81,356	24.0	12,237	21.1
Perinatal infection	4,432	1.3	214	0.4
Other ^c	2,163	0.6	316	0.5
Subtotal^d	339,497	100.0	57,874	100.0
Female client				
Injection drug use	10,790	8.5	1,490	7.7
Heterosexual contact ^b	109,301	86.0	17,343	89.6
Perinatal infection	5,425	4.3	304	1.6
Other ^c	1,564	1.2	216	1.1
Subtotal^d	127,080	100.0	19,353	100.0
Transgender client				
Sexual contact ^e	7,027	91.7	977	93.7
Injection drug use	138	1.8	13	1.2
Sexual contact and injection drug use	387	5.1	50	4.8
Perinatal infection	68	0.9	0	0.0
Other ^c	41	0.5	3	0.3
Subtotal^d	7,661	100.0	1,043	100.0

Table 3c. Ryan White HIV/AIDS Program clients (non-ADAP), by receipt of oral health services and selected characteristics, 2017—United States and 3 territories (cont.)

	All RWHAP clients		Oral health clients	
	No.	%	No.	%
Federal poverty level				
0–100%	310,127	62.8	48,484	58.9
101–138%	57,483	11.6	12,120	14.7
139–250%	81,950	16.6	15,798	19.2
251–400%	31,937	6.5	4,659	5.7
>400%	12,504	2.5	1,285	1.6
Subtotal	494,001	100.0	82,346	100.0
Health care coverage				
Private employer	48,582	9.5	5,032	5.8
Private individual	39,130	7.7	6,798	7.9
Medicare	54,424	10.7	11,515	13.4
Medicaid	166,439	32.6	21,128	24.5
Medicare and Medicaid	39,303	7.7	8,956	10.4
Veterans Administration	1,342	0.3	321	0.4
Indian Health Service	229	<0.1	6	<0.1
Other plan	8,976	1.8	1,783	2.1
No coverage	103,008	20.2	19,590	22.7
Multiple coverages	48,755	9.6	11,028	12.8
Subtotal	510,188	100.0	86,157	100.0
Housing status				
Stable	436,036	87.1	74,102	89.8
Temporary	39,203	7.8	5,409	6.6
Unstable	25,629	5.1	3,033	3.7
Subtotal	500,868	100.0	82,544	100.0
Total^f	534,903	—	86,676	—

Note: All data are reported through the RWHAP Services Report.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission risk category information. The subtotal values for each gender-specific transmission risk category may not sum to the subtotals for each gender overall.

^e Includes any sexual transmission risk category reported by transgender clients.

^f Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 4. Ryan White HIV/AIDS Program clients (non-ADAP), by state and receipt of oral health services, 2017—United States and 3 territories

State	All RWHAP clients	Oral health clients	
		No.	%
Alabama	9,113	2,032	22.3
Alaska	653	66	10.1
Arizona	8,261	2,053	24.9
Arkansas	2,388	266	11.1
California	54,815	9,550	17.4
Colorado	7,129	1,242	17.4
Connecticut	5,071	779	15.4
Delaware	2,056	0	0.0
District of Columbia	7,110	1,288	18.1
Florida	54,706	12,476	22.8
Georgia	22,752	4,718	20.7
Hawaii	1,118	0	0.0
Idaho	821	133	16.2
Illinois	24,628	4,256	17.3
Indiana	2,726	127	4.7
Iowa	1,864	153	8.2
Kansas	753	32	4.2
Kentucky	4,751	611	12.9
Louisiana	12,707	2,116	16.7
Maine	835	338	40.5
Maryland	16,077	2,727	17.0
Massachusetts	13,165	2,326	17.7
Michigan	9,082	1,009	11.1
Minnesota	4,567	448	9.8
Mississippi	4,134	528	12.8
Missouri	8,875	1,911	21.5
Montana	419	81	19.3
Nebraska	1,242	354	28.5
Nevada	3,972	481	12.1
New Hampshire	982	134	13.6
New Jersey	16,802	2,437	14.5
New Mexico	2,083	0	0.0
New York	51,048	3,289	6.4
North Carolina	16,903	2,154	12.7
North Dakota	268	27	10.1
Ohio	12,182	1,364	11.2
Oklahoma	3,105	500	16.1
Oregon	3,558	113	3.2
Pennsylvania	26,071	3,065	11.8
Rhode Island	2,067	224	10.8
South Carolina	11,369	1,451	12.8
South Dakota	510	224	43.9
Tennessee	13,655	1,352	9.9
Texas	43,266	8,791	20.3
Utah	1,601	191	11.9
Vermont	585	0	0.0
Virginia	9,973	2,323	23.3
Washington	5,736	1,130	19.7
West Virginia	788	57	7.2
Wisconsin	4,924	1,295	26.3
Wyoming	185	55	29.7
Subtotal	513,451	82,277	16.0
Territory			
Guam	33	0	0.0
Puerto Rico	11,716	1,908	16.3
U.S. Virgin Islands	223	28	12.6
Subtotal	11,972	1,936	16.2
Total	525,423	84,213	16.0

Note: All data are reported through the RWHAP Services Report.

DENTAL REIMBURSEMENT PROGRAM AND COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

The RWHAP Part F includes the Dental Reimbursement Program (DRP) and Community-Based Dental Partnership Program (CBDPP), which provides funding to dental education program and institutions for the delivery of oral health services and training for oral health providers. These programs improve access to oral health care services for low-income people with HIV and support education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings to deliver dental care to people with HIV. The funding of dental education programs and institutions differentiates RWHAP Part F DRP and CBDPP from RWHAP Parts A–D oral health services and the training delivered through AETCs.

First funded in 1994, the DRP assists institutions with accredited dental or dental hygiene education programs by retroactively defraying their unreimbursed costs associated with providing oral health care to people with HIV.

First funded in 2002, the CBDPP assists dental institutions that practice in community-based settings. The CBDPP works through multi-partner collaborations between dental education and dental hygiene education programs and community-based dentists and dental clinics.

Eligible applicants for both the DRP and the CBDPP are 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, community colleges with dental hygiene programs).

HIGHLIGHTS OF ANALYSES

DRP and CBDPP Program Trainees

The DRP provided training to approximately 11,500 people each year. From July 2016 through June 2017, 11,473 providers were trained through the DRP (Table 5a). Nearly three-quarters of providers trained were pre-doctoral dental students (72.5%), 21.7% were dental residents or postdoctoral dentists, and 5.9% were dental hygiene students (Table 6a).

- From July 2016 through June 2017, 9,676 providers trained through the DRP received formal didactic instruction (Table 6a). Nearly two-thirds of providers trained through the DRP who received formal didactic instruction were predoctoral dental students (70.9%), and 21.1% were dental residents or postdoctoral dentists.
- From July 2016 through June 2017, 6,134 providers trained through the DRP received formal clinical training (Table 6a). More than one-half of these providers were predoctoral dental students (59.8%), and 29.0% were dental residents or postdoctoral dentists.

The CBDPP provided training to approximately 34,000 people each year. In 2017, 3,768 providers were trained through the CBDPP (Table 5b). Nearly three-quarters of providers were predoctoral dental students (72.8%), 12.3% were dental residents or postdoctoral dentists, and 14.9% were dental hygiene students (Table 6b).

- In 2017, 2,101 providers trained through the CBDPP received formal didactic instruction (Table 11b). More than three-quarters of providers trained through the CBDPP who received formal didactic instruction were predoctoral dental students (77.9%), and 9.7% were dental residents or postdoctoral dentists.

- In 2017, 1,437 providers trained through the CBDPP received clinical training (Table 6b). Approximately two-thirds of providers trained through the CBDPP who received clinical training were predoctoral dental students (64.0%), and 16.8% were dental residents or postdoctoral dentists.

DRP and CBDPP Oral Health Care Visits

DRP-reimbursed sites support, on average, approximately 240,000 oral health care visits each year. From July 2016 through June 2017, the DRP supported 181,002 oral health visits (Table 5a). The greatest number of oral health care visits supported by DRP reimbursements was 298,490 in July 2011 through June 2012 (Table 5a).

From July 2016 through June 2017, 28.7% of oral health care visits by DRP clients were for diagnostic services, 11.5% were for restorative services, 8.9% were for preventive services, and 8.3% were for periodontic services (Table 7a).

CBDPP-funded sites support, on average, approximately 30,000 oral health care visits each year. In 2017, the CBDPP supported 38,634 oral health visits (Table 5b). During 2004 through 2017, the number oral health visits supported by the CBDPP ranged from 17,349 to 42,884 visits (Table 5b).

In 2017, 28.8% of oral health care visits by CBDPP clients were for diagnostic services, 14.0% were for preventive services, and 12.6% were for oral health education/health promotion services (Table 7b).

DRP and CBDPP Clients

Per funding year, on average, the DRP reimburses the delivery of oral health care to approximately 35,000 clients and the CBDPP funds oral health care for approximately 5,000 clients.

- From July 2016 through June 2017, 27,847 clients received services from DRP-reimbursed providers (Table 5a). The number of clients who received services from DRP-reimbursed providers each funding cycle peaked at 41,464 clients (July 2011–June 2012) (Table 5a).
- In 2017, 4,855 clients received services from CBDPP-funded providers (Table 5b). The number of clients who received services from CBDPP-funded providers during 2004 through 2016 ranged from 3,234 to 6,337 (Table 5b).

Clients who receive DRP and CBDPP-supported services are similar to the overall RWHAP client population.

- **More than half of DRP and CBDPP clients are aged 45 and older.** From July 2016 through June 2017, people aged 45 and older accounted for 70.6% of all DRP clients (Table 8a). In 2017, 66.3% of all CBDPP clients were aged 45 and older (Table 8b). The percentage of DRP clients aged 45 and older increased over time from 52.3% (July 2012–June 2013); the percentage of CBDPP clients aged 45 and older remained relatively stable over time.
- **A significant proportion of DRP and CBDPP clients are from racial/ethnic minority populations.** From July 2016 through June 2017, 47.2% of DRP clients identified as black/African American and 27.3% identified as Hispanic/Latino (Table 8a). In 2017, 33.3% of CBDPP clients identified as black/African American and 22.3% identified as Hispanic/Latino (Table 8b). The percentage of DRP and CBDPP clients who identified as black/African American has decreased slightly over time.
- **More than two-thirds of DRP clients and more than three-quarters of CBDPP clients are male.** From July 2016 through June 2017, 67.1% of DRP clients were male, 32.5% were female, and 0.4% were transgender (Table 8a). In 2017, 75.8% of CBDPP clients were male, 23.2% were female, and 1.1% were transgender. The percentage distribution has remained consistent over time.

- **The majority of DRP and CBDPP clients are living at or below 100% of the FPL.** From July 2016 through June 2017, 62.2% of DRP clients were living at or below 100% FPL (Table 8a), a decrease from 72.5% during July 2012 through June 2013. In 2017, 49.7% of CBDPP clients were living at or below 100% FPL (Table 8b), a decrease from 2013 (62.9%).

Nearly half of DRP clients and nearly two-thirds of CBDPP clients had at least partial health care coverage. From July 2016 through June 2017, 53.0% of DRP clients had at least partial health care coverage (Table 8a), an increase from July 2012 through June 2013 (44.4%). Among DRP clients with health care coverage from July 2016 through June 2017, 63.2% were covered by Medicaid. In 2017, 58.1% of CBDPP clients had health care coverage (Table 8b), an increase from 2013 (42.9%). Among CBDPP clients with health care coverage in 2017, 49.8% were covered by Medicaid.

Nearly two-thirds of DRP clients and one-fifth of CBDPP clients visited a primary medical provider at the same institution and site as where they received oral health care. From July 2016 through June 2017, 63.2% of DRP clients visited a primary medical provider at the same institution and site as where they received oral health care (Table 8a). In 2017, 20.0% of CBDPP clients visited a primary medical provider at the same institution and site as where they received oral health care (Table 8b).

TECHNICAL NOTES

DENTAL REIMBURSEMENT PROGRAM AND COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM DATA

The DRP and CBDPP section of the report includes data reported to the DSR for all clients served by and providers trained through the DRP (July 2003 through June 2016) and the CBDPP (January 2004 through December 2016). DSR data do not include information about the RWHAP Parts A–D-funded services (including oral health services) or the ADAP; this information is reported through other data systems. Clients in the DSR data may also receive RWHAP Parts A–D-funded services and/or ADAP services.

DRP and CBDPP recipients submit aggregate data to HRSA HAB through the DSR Database Utility. DSR data are aggregated at the recipient level and include client demographics and oral health services provided; types and sources of funding received and expenditure incurred; staffing and training of predoctoral, postdoctoral, dental hygiene providers, and other non-student providers; additional DRP information, including narrative texts on unique features of each program; and additional CBDPP information, including community partners and target populations.

RWHAP DRP recipients submit data about clients served and training administered during each July 1 to June 30 period (e.g., July 1, 2016, to June 30, 2017). RWHAP CBDPP recipients submit data about clients served and training administered from January 1 to December 31 (e.g., January 1, 2017, to December 31, 2017).

PRESENTATION OF DATA

The data in this section of the report include information submitted to HRSA HAB about clients served by and providers trained through the DRP (July 2003–June 2017) and the CBDPP (January 2004–December 2017). Data are organized into the following sections:

- Tables 5a–5b: overview of the DRP (Table 5a) and CBDPP (Table 5b), presented for all available years of data
- Tables 6a–6b: numbers and percentages of provider trainees reached by the DRP (Table 6a) and CBDPP (Table 6b), presented by trainee type for the 5 most recent years of data
- Tables 7a–7b: numbers and percentages of clients receiving services by the DRP (Table 7a) and CBDPP (Table 7b), presented by type of service received for the 5 most recent years of data
- Tables 8a–8b: numbers and percentages of clients served by the DRP (Table 8a) and CBDPP (Table 8b), presented by selected demographics for the 5 most recent years of data

Tables 9a–9b display subtotals for each subpopulation, as well as the overall total. Subtotals are displayed to reflect the denominator used for the percentage calculation of each subpopulation. Due to missing data, the values in each column may not sum to the column total.

Age Group

RWHAP DRP and CBDPP grant recipients report the aggregate number of clients in the following age categories: <13 years, 13–24, 25–44, 45–64, and ≥65 years.

Race and Ethnicity

RWHAP DRP and CBDPP grant recipients report aggregate race and ethnicity information for clients according to Office of Management and Budget standards. RWHAP DRP and CBDPP grant recipients are expected to make every effort to obtain and report race and ethnicity, based on each client's self-report. Self-identification is the preferred means of obtaining this information.

Race and ethnicity are submitted as separate variables. Since race and ethnicity data are reported in aggregate, the information cannot be combined into a single race/ethnicity variable.

The race variable is categorized as American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or other Pacific Islander, white, and multiple races (two or more categories of race reported). Race information is regardless of Hispanic/Latino ethnicity.

The ethnicity variable is categorized as Hispanic or Latino, or non-Hispanic or -Latino.

Gender

Gender designations in this report are male, female, or transgender. Transgender is an umbrella term used to identify persons whose sex assigned at birth does not match their current gender identity or expression. Gender-related data are based on client self-report of their current gender identity. Recipients report the aggregate number of clients of each gender.

Poverty Level

Poverty level characterizes the client's income as a percentage of the FPL at the end of the reporting period. Poverty levels were categorized as 0–100% FPL, 101–200% FPL, 201–300% FPL, >300% FPL. Recipients report the aggregate number of clients in each poverty category.

Health Care Coverage

For clients whose oral health care was partially covered by third-party payors, DRP and CBDPP grant recipients report the aggregate number of clients by payment source. These data are further categorized for analysis. Payment source was categorized as Medicaid, Medicare, other public insurance (e.g., TRICARE, the Veterans Administration), private insurance (including HMO/managed care), or other (e.g., CHIP).

Service Type

DRP and CBDPP grant recipients report the total number of visits by patients for different types of oral health services. Service types are categorized as anesthesia/sedation/nitrous oxide analgesia/palliative care, diagnostic, emergency services, endodontic, nutrition counseling, oral and maxillofacial surgery, oral health education/health promotion, oral medicine/oral pathology, periodontic, preventive, prosthodontic, restorative, tobacco prevention/cessation, and other services.

Staffing and Training

DRP and CBDPP grant recipients report the total number of provider trainees enrolled and the type of training received. Provider trainees are categorized as predoctoral dental students, dental residents or postdoctoral students, dental hygiene students, and other non-student dental providers. Grant recipients report the total number of trainees in each category who were enrolled in all years of the recipient's school or program, received formal didactic instruction in medical assessment or oral health management for patients with HIV, or gained experience providing direct clinical services for patients with HIV.

Tables

DENTAL REIMBURSEMENT PROGRAM AND COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

Table 5a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP), by year and selected characteristics, 2003–2017—United States

Year	Total clients served	New clients served		Number of visits by all clients	Number of providers trained
		No.	%		
July 2003–June 2004	31,050	9,863	31.8	188,306	13,753
July 2004–June 2005	34,394	10,894	31.7	197,908	13,377
July 2005–June 2006	32,819	10,273	31.3	196,389	11,838
July 2006–June 2007	36,193	12,667	35.0	227,696	12,146
July 2007–June 2008	35,474	12,389	34.9	244,580	11,380
July 2008–June 2009	35,659	10,515	29.5	268,918	12,609
July 2009–June 2010	37,194	10,058	27.0	270,773	11,745
July 2010–June 2011	39,810	11,529	29.0	282,091	12,277
July 2011–June 2012	41,464	12,366	29.8	298,490	12,290
July 2012–June 2013	39,138	10,460	26.7	287,538	12,529
July 2013–June 2014	38,436	10,005	26.0	237,063	13,247
July 2014–June 2015	37,532	10,929	29.1	256,946	11,596
July 2015–June 2016	36,455	9,637	26.4	256,020	12,395
July 2016–June 2017	27,847	7,495	26.9	181,002	11,473

Note: All data are reported through the RWHAP Dental Services Report.

Table 5b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and selected characteristics, 2003–2017—United States

Year	Total clients served	New clients served		Number of visits by all clients	Number of providers trained
		No.	%		
2004	3,234	948	29.3	17,349	1,599
2005	3,996	1,542	38.6	19,863	2,231
2006	4,328	1,560	36.0	22,567	2,536
2007	4,745	2,030	42.8	24,564	3,076
2008	5,384	1,505	28.0	24,653	3,081
2009	5,879	2,042	34.7	33,668	3,206
2010	5,888	1,860	31.6	42,884	3,380
2011	6,011	1,663	27.7	41,234	3,639
2012	5,364	1,317	24.6	32,442	4,001
2013	6,337	1,312	20.7	34,514	3,162
2014	5,189	1,205	23.2	19,426	3,808
2015	5,963	1,537	25.8	34,149	3,705
2016	4,745	1,284	27.1	38,491	3,453
2017	4,855	1,210	24.9	38,634	3,768

Note: All data are reported through the RWHAP Dental Services Report.

Table 6a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) provider trainees, by year and selected characteristics, July 2012–July 2017—United States

	July 2012–June 2013		July 2013–June 2014		July 2014–June 2015		July 2015–June 2016		July 2016–June 2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Provider trainees enrolled										
Predoctoral dental students	8,928	71.3	9,564	72.2	8,021	69.2	8,636	69.7	8,315	72.5
Dental residents or postdoctoral students	2,820	22.5	2,831	21.4	2,813	24.3	3,018	24.3	2,484	21.7
Dental hygiene students	781	6.2	852	6.4	762	6.6	741	6.0	674	5.9
Subtotal	12,529	100.0	13,247	100.0	11,596	100.0	12,395	100.0	11,473	100.0
Provider trainees who received formal didactic instruction										
Predoctoral dental students	7,753	66.9	8,394	67.5	7,074	65.5	7,401	65.6	6,864	70.9
Dental residents or postdoctoral students	2,475	21.3	2,563	20.6	2,531	23.5	2,669	23.7	2,042	21.1
Dental hygiene students	649	5.6	750	6.0	680	6.3	672	6.0	585	6.0
Other non-student dental providers	720	6.2	728	5.9	507	4.7	534	4.7	185	1.9
Subtotal	11,597	100.0	12,435	100.0	10,792	100.0	11,276	100.0	9,676	100.0
Provider trainees who received clinical training										
Predoctoral dental students	4,043	57.4	4,226	58.5	4,011	53.9	3,767	52.5	3,666	59.8
Dental residents or postdoctoral students	2,035	28.9	1,984	27.5	2,213	29.7	2,370	33.0	1,779	29.0
Dental hygiene students	447	6.4	483	6.7	477	6.4	411	5.7	377	6.1
Other non-student dental providers	514	7.3	526	7.3	742	10.0	631	8.8	312	5.1
Subtotal	7,039	100.0	7,219	100.0	7,443	100.0	7,179	100.0	6,134	100.0

Note: All data are reported through the RWHAP Dental Services Report.

Table 6b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP) trainees, by year and selected characteristics, 2013–2017—United States

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Trainees/students enrolled										
Predoctoral dental students	2,199	69.5	2,674	70.2	2,608	70.4	2,459	71.2	2,744	72.8
Dental residents or postdoctoral students	542	17.1	740	19.4	715	19.3	684	19.8	464	12.3
Dental hygiene students	421	13.3	394	10.3	382	10.3	310	9.0	560	14.9
Subtotal	3,162	100.0	3,808	100.0	3,705	100.0	3,453	100.0	3,768	100.0
Trainees/students who received formal didactic instruction										
Predoctoral dental students	1,613	51.6	1,766	54.1	2,060	59.7	1,907	60.9	1,636	77.9
Dental residents or postdoctoral students	470	15.0	654	20.0	645	18.7	607	19.4	204	9.7
Dental hygiene students	342	10.9	321	9.8	282	8.2	232	7.4	194	9.2
Other non-student dental providers	701	22.4	525	16.1	461	13.4	386	12.3	67	3.2
Subtotal	3,126	100.0	3,266	100.0	3,448	100.0	3,132	100.0	2,101	100.0
Trainees/students who received clinical training										
Predoctoral dental students	733	39.5	877	41.6	990	45.5	966	45.7	919	64.0
Dental residents or postdoctoral students	407	21.9	572	27.2	516	23.7	528	25.0	242	16.8
Dental hygiene students	321	17.3	282	13.4	284	13.1	238	11.3	194	13.5
Other non-student dental providers	397	21.4	375	17.8	384	17.7	380	18.0	82	5.7
Subtotal	1,858	100.0	2,106	100.0	2,174	100.0	2,112	100.0	1,437	100.0

Note: All data are reported through the RWHAP Dental Services Report.

Table 7a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) by year and visit type, July 2012–June 2017—United States

Visit type	July 2012–June 2013		July 2013–June 2014		July 2014–June 2015		July 2015–June 2016		July 2016–June 2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Anesthesia/sedation/nitrous oxide analgesia/palliative care	5,046	1.8	6,112	2.6	6,078	2.4	5,759	2.2	3,744	2.1
Diagnostic	64,064	22.3	51,366	21.7	65,535	25.5	63,870	24.9	51,884	28.7
Emergency services	10,208	3.6	9,093	3.8	8,249	3.2	8,548	3.3	6,023	3.3
Endodontic	5,441	1.9	5,412	2.3	5,194	2.0	5,576	2.2	4,651	2.6
Nutrition counseling	13,340	4.6	14,094	5.9	14,423	5.6	15,397	6.0	6,387	3.5
Oral and maxillofacial surgery	19,972	6.9	15,630	6.6	17,488	6.8	16,779	6.6	11,742	6.5
Oral health education/health promotion	29,802	10.4	23,118	9.8	25,261	9.8	24,365	9.5	14,648	8.1
Oral medicine/oral pathology	6,325	2.2	5,760	2.4	5,749	2.2	5,769	2.3	2,542	1.4
Other	5,063	1.8	7,046	3.0	6,254	2.4	7,153	2.8	5,543	3.1
Periodontic	22,328	7.8	16,695	7.0	16,343	6.4	16,620	6.5	14,955	8.3
Preventive	28,908	10.1	24,288	10.2	25,792	10.0	26,288	10.3	16,128	8.9
Prosthodontic	20,415	7.1	16,869	7.1	18,459	7.2	18,368	7.2	17,081	9.4
Restorative	41,349	14.4	27,583	11.6	28,976	11.3	29,528	11.5	20,861	11.5
Tobacco prevention/cessation	15,277	5.3	13,997	5.9	13,145	5.1	12,000	4.7	4,813	2.7
Total	287,538	100.0	237,063	100.0	256,946	100.0	256,020	100.0	181,002	100.0

Note: All data are reported through the RWHAP Dental Services Report.

Table 7b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and visit type, 2013–2017—United States

Visit type	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Anesthesia/sedation/nitrous oxide analgesia/palliative care	100	0.3	182	0.9	234	0.7	206	0.5	178	0.5
Diagnostic	6,833	19.8	4,274	22.0	9,588	28.1	9,349	24.3	11,124	28.8
Emergency services	1,159	3.4	775	4.0	1,055	3.1	1,041	2.7	964	2.5
Endodontic	447	1.3	539	2.8	644	1.9	290	0.8	249	0.6
Nutrition counseling	393	1.1	393	2.0	473	1.4	1,687	4.4	1,096	2.8
Oral and maxillofacial surgery	3,276	9.5	998	5.1	1,936	5.7	2,166	5.6	1,720	4.5
Oral health education/health promotion	4,175	12.1	2,022	10.4	2,279	6.7	4,158	10.8	4,868	12.6
Oral medicine/oral pathology	121	0.4	9	<0.1	68	0.2	102	0.3	114	0.3
Other	810	2.3	572	2.9	670	2.0	1,410	3.7	2,022	5.2
Periodontic	2,457	7.1	1,852	9.5	3,015	8.8	2,812	7.3	2,822	7.3
Preventive	4,305	12.5	2,848	14.7	4,461	13.1	5,582	14.5	5,422	14.0
Prosthodontic	3,004	8.7	2,081	10.7	3,618	10.6	2,881	7.5	1,977	5.1
Restorative	5,937	17.2	2,395	12.3	5,263	15.4	5,454	14.2	4,844	12.5
Tobacco prevention/cessation	1,497	4.3	486	2.5	845	2.5	1,353	3.5	1,234	3.2
Total	34,514	100.0	19,426	100.0	34,149	100.0	38,491	100.0	38,634	100.0

Note: All data are reported through the RWHAP Dental Services Report.

Table 8a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) clients, by year and selected characteristics, July 2012–June 2017—United States

	July 2012–June 2013		July 2013–June 2014		July 2014–June 2015		July 2015–June 2016		July 2016–June 2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Clients served, overall	39,138	100.0	38,436	100.0	37,532	100.0	36,455	100.0	27,847	100.0
New clients served	10,460	26.7	10,005	26.0	10,929	29.1	9,637	26.4	7,495	26.9
Age group (yr)										
<13	166	0.4	112	0.3	111	0.3	94	0.3	73	0.3
13–24	1,324	3.4	1,539	4.0	1,273	3.4	1,177	3.2	684	2.5
25–44	17,142	43.9	16,955	44.2	15,429	41.1	15,103	40.7	7,438	26.7
45–64	18,611	47.6	17,345	45.2	17,852	47.6	17,396	46.8	15,853	57.0
≥65	1,835	4.7	2,452	6.4	2,835	7.6	3,366	9.1	3,772	13.6
Subtotal	39,078	100.0	38,403	100.0	37,500	100.0	37,136	100.0	27,820	100.0
Race										
White	17,572	45.0	17,753	46.2	16,606	44.3	16,755	46.1	9,493	34.3
Black/African American	16,525	42.3	16,495	42.9	15,909	42.5	15,222	41.9	13,087	47.2
Asian	313	0.8	348	0.9	334	0.9	326	0.9	268	1.0
Native Hawaiian/Pacific Islander	187	0.5	192	0.5	192	0.5	220	0.6	28	0.1
American Indian/Alaska Native	175	0.4	189	0.5	201	0.5	156	0.4	96	0.3
Multiple races	4,262	10.9	3,451	9.0	4,207	11.2	3,674	10.1	4,734	17.1
Subtotal	39,034	100.0	38,428	100.0	37,449	100.0	36,353	100.0	27,706	100.0
Ethnicity^a										
Hispanic/Latino	13,694	35.0	12,868	33.5	12,585	33.5	12,140	33.3	7,602	27.3
Non-Hispanic/Latino	25,444	65.0	25,568	66.5	24,947	66.5	24,315	66.7	20,245	72.7
Subtotal	39,138	100.0	38,436	100.0	37,532	100.0	36,455	100.0	27,847	100.0
Gender										
Male	26,882	68.7	26,690	69.5	25,512	68.0	24,839	68.4	18,684	67.1
Female	12,014	30.7	11,487	29.9	11,756	31.3	11,210	30.9	9,037	32.5
Transgender	239	0.6	252	0.7	260	0.7	275	0.8	124	0.4
Subtotal	39,135	100.0	38,429	100.0	37,528	100.0	36,324	100.0	27,845	100.0
Federal poverty level										
0–100%	24,520	72.5	23,224	72.9	21,371	67.5	21,282	68.1	14,272	62.2
101–200%	6,299	18.6	5,815	18.3	7,186	22.7	6,748	21.6	5,835	25.4
201–300%	1,799	5.3	1,559	4.9	1,812	5.7	1,843	5.9	1,517	6.6
>300%	1,186	3.5	1,239	3.9	1,315	4.2	1,367	4.4	1,306	5.7
Subtotal	33,804	100.0	31,837	100.0	31,684	100.0	31,240	100.0	22,930	100.0
Third-party health care coverage										
None	21,123	55.6	21,424	58.2	19,346	52.7	18,797	51.5	12,552	47.0
Partial	16,886	44.4	15,407	41.8	17,340	47.3	17,667	48.5	14,156	53.0
Subtotal	38,009	100.0	36,831	100.0	36,686	100.0	36,464	100.0	26,708	100.0

Table 8a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) clients, by year and selected characteristics, July 2012–June 2017—United States (cont.)

	July 2012–June 2013		July 2013–June 2014		July 2014–June 2015		July 2015–June 2016		July 2016–June 2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Type of partial health care coverage^b										
Medicaid	10,910	69.1	10,489	69.3	11,128	68.0	10,866	67.1	8,455	63.2
Medicare	813	5.2	720	4.8	866	5.3	1,022	6.3	764	5.7
Other public insurance (e.g., TRICARE, VA)	1,518	9.6	1,015	6.7	585	3.6	552	3.4	910	6.8
Private insurance	1,652	10.5	1,539	10.2	2,246	13.7	2,308	14.3	1,591	11.9
Other	892	5.7	1,383	9.1	1,532	9.4	1,445	8.9	1,651	12.3
Subtotal	15,785	100.0	15,146	100.0	16,357	100.0	16,193	100.0	13,371	100.0
Location of primary medical provider										
Same institution and site providing oral health care	19,298	53.3	19,064	54.5	16,981	49.8	15,907	46.3	15,801	63.2
Same institution providing oral health care, different site	7,128	19.7	6,387	18.3	6,388	18.7	7,644	22.3	3,098	12.4
Different institution and site providing oral health care	9,749	26.9	9,523	27.2	10,720	31.4	10,794	31.4	6,087	24.4
Subtotal	36,175	100.0	34,974	100.0	34,089	100.0	34,345	100.0	24,986	100.0

Note: All data are reported through the RWHAP Dental Services Report.

^a Ethnicity is collected separately from race. Hispanics/Latinos can be of any race.

^b Type of partial health care coverage is reported only for clients reporting partial health care coverage.

Table 8b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and selected characteristics, 2013–2017—United States

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Clients served, overall	6,337	100.0	5,189	100.0	5,963	100.0	4,745	100.0	4,855	100.0
New clients served	1,312	20.7	1,205	23.2	1,537	25.8	1,284	27.1	1,210	24.9
Age group (yr)										
<13	1	<0.1	4	0.1	0	0.0	1	<0.1	1	<0.1
13–24	193	3.1	255	4.9	208	3.5	117	2.5	103	2.1
25–44	2,147	34.1	1,577	30.4	1,747	29.3	1,442	30.4	1,526	31.6
45–64	3,667	58.2	3,043	58.7	3,590	60.2	2,585	54.6	2,637	54.6
≥65	288	4.6	306	5.9	417	7.0	591	12.5	565	11.7
Subtotal	6,296	100.0	5,185	100.0	5,962	100.0	4,736	100.0	4,832	100.0
Race										
White	3,371	54.5	2,831	54.6	3,106	52.1	3,141	66.2	2,908	60.0
Black/African American	2,234	36.1	1,969	37.9	2,402	40.3	1,291	27.2	1,612	33.3
Asian	50	0.8	44	0.8	70	1.2	66	1.4	58	1.2
Native Hawaiian/Pacific Islander	15	0.2	16	0.3	6	0.1	5	0.1	3	0.1
American Indian/Alaska Native	49	0.8	38	0.7	25	0.4	19	0.4	22	0.5
Multiple races	472	7.6	291	5.6	354	5.9	223	4.7	242	5.0
Subtotal	6,191	100.0	5,189	100.0	5,963	100.0	4,745	100.0	4,845	100.0
Ethnicity*										
Hispanic/Latino	1,396	22.3	1,164	22.4	1,394	23.4	1,043	22.0	1,081	22.3
Non-Hispanic/Latino	4,874	77.7	4,025	77.6	4,569	76.6	3,702	78.0	3,774	77.7
Subtotal	6,270	100.0	5,189	100.0	5,963	100.0	4,745	100.0	4,855	100.0
Gender										
Male	4,849	76.5	3,786	76.6	4,369	73.8	3,627	76.5	3,605	75.8
Female	1,462	23.1	1,129	22.9	1,520	25.7	1,074	22.6	1,103	23.2
Transgender	25	0.4	25	0.5	32	0.5	42	0.9	51	1.1
Subtotal	6,336	100.0	4,940	100.0	5,921	100.0	4,743	100.0	4,759	100.0
Federal poverty level										
0–100%	3,458	62.9	2,689	63.3	3,056	60.7	2,318	57.3	2,009	49.7
101–200%	1,607	29.2	1,260	29.7	1,514	30.1	1,315	32.5	1,563	38.7
201–300%	318	5.8	224	5.3	322	6.4	330	8.2	389	9.6
>300%	118	2.1	75	1.8	145	2.9	79	2.0	82	2.0
Subtotal	5,501	100.0	4,248	100.0	5,037	100.0	4,042	100.0	4,043	100.0
Third-party health care coverage										
None	3,148	57.1	2,789	65.7	2,101	44.7	1,797	39.8	1,858	41.9
Partial	2,361	42.9	1,458	34.3	2,600	55.3	2,720	60.2	2,579	58.1
Subtotal	5,509	100.0	4,247	100.0	4,701	100.0	4,517	100.0	4,437	100.0

Table 8b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and selected characteristics, 2013–2017—United States (cont.)

	2013		2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%	No.	%
Type of partial health care coverage^b										
Medicaid	604	37.8	1,214	62.2	1,702	61.8	1,854	56.1	1,481	49.8
Medicare	3	0.2	11	0.6	71	2.6	408	12.3	500	16.8
Other public insurance (e.g., TRICARE, VA)	202	12.7	394	20.2	419	15.2	90	2.7	55	1.9
Private insurance	430	26.9	210	10.8	522	19.0	880	26.6	936	31.5
Other	357	22.4	123	6.3	38	1.4	74	2.2	0	0.0
Subtotal	1,596	100.0	1,952	100.0	2,752	100.0	3,306	100.0	2,972	100.0
Location of primary medical provider										
Same institution and site providing oral health care	1,887	35.1	1,289	28.2	1,389	25.9	619	15.2	850	20.0
Same institution providing oral health care, different site	970	18.0	921	20.2	946	17.6	1,326	32.6	1,137	26.8
Different institution and site providing oral health care	2,522	46.9	2,359	51.6	3,030	56.5	2,117	52.1	2,253	53.1
Subtotal	5,379	100.0	4,569	100.0	5,365	100.0	4,062	100.0	4,240	100.0

Note: All data are reported through the RWHAP Dental Services Report.

^a Ethnicity is collected separately from race. Hispanics/Latinos can be of any race.

^b Type of partial health care coverage is reported only for clients reporting partial health care coverage.

AIDS EDUCATION AND TRAINING CENTERS' ORAL HEALTH TRAININGS

The RWHAP AIDS Education and Training Center (AETC) Program provides training to health care providers to optimally counsel, diagnose, treat, and medically manage people with HIV. To improve the HIV health care workforce and increase access to high-quality HIV care for low-income and underserved populations, RWHAP AETCs concentrate on reaching professionals who have direct patient care responsibilities for people with HIV, especially those serving racial and ethnic minority clients and those working at RWHAP-supported facilities. This includes training for HIV providers on the importance of oral health care and oral health providers in the care of people with HIV.

Overall, the eight Regional AETCs aim to—

- (1) increase the size and strengthen the skills of the current HIV clinical workforce in the United States;
- (2) improve outcomes along the HIV care continuum—including diagnosis, linkage to care, retention in care, and viral suppression; and
- (3) decrease HIV transmission and, ultimately, reduce HIV incidence by training the front-line workforce to improve the provision of care and increase sustained viral suppression for people with HIV.

Trainings conducted by the RWHAP Regional AETCs are intended for dentists, as well as traditional prescribers (e.g., physicians including psychiatrists, physician assistants, and nurse practitioners) and other health professionals (e.g., psychologists and pharmacists).

HIGHLIGHTS OF ANALYSES

Unless otherwise specified, the highlights presented here are the averages across the 5-year period from 2010 through 2015. AETC trainees who attended trainings on oral health will be referred to as “oral health trainees.”

Training Events

From 2010 through 2015, AETCs conducted a total of 7,371 oral health training events with an average of 1,474 training events per year. These trainings reached an average of 10,955 unique oral health trainees each year, ranging from 8,556 to 14,342 trainees (Table 9).

Training Modalities

Training modalities or technologies used most frequently during the oral health training events included chart or case reviews (67.5%), followed by lectures/workshops (29.2%) and clinical preceptorship/mini-residency (26.7%; Table 10).

Oral Health Trainee Demographics

More than half of trainees self-identified as white (59.9%), 14.7% as Hispanic/Latino, and 13.7% as black/African American (Table 11). Nearly three-quarters of AETC oral health trainees were female (73.7%), while 26.2% were male and 0.2% were transgender (Table 11).

Dentists and other dental professionals accounted for 43.6% of AETC oral health trainees, followed by nurses and advanced practice nurses (20.3%) and physicians and physician assistants (11.8%; Table 11). Support service providers—including dietitians/nutritionists, health educators, mental/behavioral health professionals, social workers, substance abuse professionals, community health workers, clergy/faith-based professionals, and other public health or non-clinical professionals—accounted for 21.4% of all AETC oral health trainees.

Approximately half of oral health trainees reported that their primary role in their organization was as a care provider/clinician (Table 11).

Service Delivery Characteristics of AETC Oral Health Trainees

The majority of AETC oral health trainees (83.3%) provided direct clinical services, and more than two-thirds (69.7%) of oral health trainees provided direct services to people with HIV (Table 12).

Approximately one-fifth (21.6%) of AETC oral health trainees have 1 year or less of experience providing direct services to people with HIV, while 19.5% have 2–4 years of experience, 17.5% have 5–9 years, 22.7% have 10–19 years, and 18.7% have 20 or more years of experience (Table 12). Nearly all of AETC oral health trainees treated people with HIV (8.2% reported treating zero people with HIV clients per month). Approximately half of AETC oral health trainees treated 1–9 people with HIV per month (46.0%), 14.1% treated 10–19 people with HIV, 15.1% treated 20–49 people with HIV, and 16.6% treated 50 or more people with HIV (Table 12).

Approximately half of oral health trainees served patient populations where nearly 50% of clients with HIV belonged to a racial/ethnic minority group (Table 12).

More than half of oral health AETC trainees reported that at least half of their clients with HIV were receiving antiretroviral therapy (58.4%; Table 12). Approximately 13% of oral health trainees reported that at least half of their clients with HIV were co-infected with hepatitis C (12.7%), and approximately 13% of oral health trainees reported that at least half of their clients with HIV were women (12.8%).

Employment Setting of Oral Health Trainees

The primary employment setting for most of the AETC oral health trainees was in a suburban/urban area (74.9%). Faith-based work settings were reported by 5.2% of oral health trainees. Overall, 43.3% of AETC oral health trainees worked in an organization that received Ryan White HIV/AIDS Program funding (Table 12).

TECHNICAL NOTES

AETC DATA SYSTEM: RWHAP AETC ORAL HEALTH TRAININGS

Since 2010, the RWHAP AETC data system has been the primary source of data on training events and participation in trainings held by Regional AETCs. Regional AETCs submit data about training administered and health care providers who attend trainings for each July 1 to June 30 period (e.g., July 1, 2015, to June 30, 2016). Although data presented in this report are only for AETC-facilitated trainings, providers may have received other trainings related to HIV.

Each year, AETC grant recipients submit data to HRSA HAB about the training events sponsored and the trainees who participated in those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands.

Information collected on training events includes the topics covered, names of collaborating organizations, types of funds used from special initiatives, type and length of sessions, training modalities or technologies used, the total number of oral health trainees in attendance, and the total number of Participant Information Forms (PIFs) collected from participating oral health trainees.

Information collected on trainees includes demographic information (e.g., profession, functional role, race/ethnicity, and gender). In addition, information on trainees' employment settings is collected (i.e., if the setting is in a rural or suburban/urban area, if the setting is a faith-based organization, if the setting receives Ryan White HIV/AIDS Program funding, and the ZIP code of the setting). Patient care information also is collected from trainees (i.e., if they provide services directly to people with HIV; how many years of experience they have providing such services; the average number of people with HIV they see per month; and estimated percentage of their clients who are racial/ethnic minorities, are co-infected with hepatitis C, are receiving antiretroviral therapy, or are women).

Data are submitted to HRSA HAB each year and contain information on all activities that occurred during a specific timeframe. Between 2010 and 2014, data were reported for training events occurring from July 1 of the previous year through June 30 of the current year. The 2015 reporting year includes event and participant information that spans July 1, 2014, through August 31, 2015. This data reporting period aligns with AETC grant recipients' budget year.

AETC trainees were linked across all the events in which they participated. In cases where information was not collected from a trainee (i.e., resulting in missing data), HRSA HAB applied a weighted imputation technique to accurately estimate the true number of trainees. All tables in this report that include counts of oral health trainees include these imputed counts.

Tables

AIDS EDUCATION AND TRAINING CENTERS' ORAL HEALTH TRAININGS

Table 9. Number of oral health AIDS Education and Training Centers (AETC) training events and trainees, 2010–2015—United States and 3 territories

Year	Events	Trainees
July 2010–June 2011	1,666	14,342
July 2011–June 2012	1,436	11,312
July 2012–June 2013	1,834	11,909
July 2013–June 2014	1,357	8,656
July 2014–August 2015	1,078	8,556

Note: All data are reported through the AETC Data System.

Table 10. Oral health AIDS Education and Training Centers (AETC) training modalities by year, 2010–2015—United States and 3 territories

Training modalities or technologies applied in the event	July 2010–June 2011		July 2011–June 2012		July 2012–June 2013		July 2013–June 2014		July 2014–August 2015	
	No.	% of training events	No.	% of training events	No.	% of training events	No.	% of training events	No.	% of training events
Chart/case review	934	57.9	904	63.5	1,366	75.8	967	71.9	729	68.3
Clinical preceptorship/mini-residency	370	22.9	350	24.6	482	26.7	406	30.2	310	29.1
Computer-based learning	132	8.2	128	9.0	188	10.4	161	12.0	109	10.2
Conference call/telephone	176	10.9	174	12.2	114	6.3	159	11.8	135	12.7
Lecture/workshop	481	29.8	422	29.6	385	21.4	465	34.6	324	30.4
Role play/simulation	86	5.3	45	3.2	65	3.6	33	2.5	50	4.7
Self-study	18	1.1	11	0.8	36	2.0	11	0.8	17	1.6
Telemedicine	23	1.4	31	2.2	18	1.0	24	1.8	15	1.4
Webcast/webinar	8	0.5	14	1.0	27	1.5	90	6.7	80	7.5
Total	1,613	—	1,424	—	1,802	—	1,344	—	1,067	—

Note: All data are reported through the AETC Data System.

Table 11. Number of oral health AIDS Education and Training Centers (AETC) trainees by year and selected characteristics, 2010–2015—United States and 3 territories

	July 2010–June 2011		July 2011–June 2012		July 2012–June 2013		July 2013–June 2014		July 2014–August 2015	
	No.	%	No.	%	No.	%	No.	%	No.	%
Race/ethnicity										
American Indian/Alaska Native	199	1.4	216	2.0	205	1.8	140	1.7	92	1.1
Asian	1,067	7.6	762	6.9	841	7.3	714	8.5	665	7.9
Black/African American	2,068	14.8	1,446	13.1	1,547	13.3	1,215	14.4	1,085	13.0
Hispanic/Latino ^a	2,123	15.2	1,559	14.1	1,532	13.2	1,193	14.2	1,407	16.8
Native Hawaiian/Pacific Islander	42	0.3	27	0.2	32	0.3	23	0.3	27	0.3
Multiple races	245	1.8	221	2.0	251	2.2	199	2.4	206	2.5
White	8,207	58.8	6,792	61.6	7,189	62.0	4,933	58.6	4,894	58.4
Subtotal	13,950	100.0	11,023	100.0	11,596	100.0	8,416	100.0	8,375	100.0
Gender										
Male	3,669	26.1	2,989	27.0	2,802	24.0	2,337	27.6	2,197	26.1
Female	10,360	73.7	8,051	72.8	8,868	75.9	6,116	72.2	6,205	73.7
Transgender	25	0.2	21	0.2	16	0.1	16	0.2	21	0.2
Subtotal	14,054	100.0	11,061	100.0	11,686	100.0	8,469	100.0	8,423	100.0
Professional discipline										
Dentist	2,591	18.2	2,071	18.5	1,885	15.9	1,881	21.9	1,762	20.7
Other dental professional	2,946	20.7	2,525	22.5	3,089	26.1	2,075	24.1	2,495	29.3
Advanced practice nurse	586	4.1	543	4.8	429	3.6	344	4.0	256	3.0
Nurse	2,722	19.1	1,909	17.0	2,169	18.3	1,162	13.5	1,197	14.0
Pharmacist	360	2.5	236	2.1	412	3.5	334	3.9	216	2.5
Physician	1,322	9.3	1,246	11.1	1,139	9.6	970	11.3	742	8.7
Physician assistant	257	1.8	197	1.8	152	1.3	225	2.6	141	1.7
Clergy/faith-based professional	21	0.1	14	0.1	11	0.1	11	0.1	3	<0.1
Dietitian/nutritionist	52	0.4	24	0.2	87	0.7	21	0.2	22	0.3
Health educator	322	2.3	290	2.6	226	1.9	165	1.9	137	1.6
Mental/behavioral health professional	268	1.9	189	1.7	245	2.1	99	1.2	134	1.6
Other public health professional	401	2.8	231	2.1	289	2.4	217	2.5	265	3.1
Social worker	844	5.9	673	6.0	722	6.1	360	4.2	428	5.0
Substance abuse professional	295	2.1	97	0.9	145	1.2	44	0.5	18	0.2
Community health worker	173	1.2	140	1.2	78	0.7	80	0.9	125	1.5
Other non-clinical professional	1,083	7.6	823	7.3	777	6.6	606	7.1	582	6.8
Subtotal	14,243	100.0	11,208	100.0	11,856	100.0	8,595	100.0	8,525	100.0
Role in organization										
Administrator	833	5.9	726	6.5	776	6.6	575	6.8	453	5.4
Agency board member	11	0.1	20	0.2	32	0.3	15	0.2	12	0.1
Care provider/clinician	7,340	52.3	5,278	47.6	5,822	49.7	4,020	47.3	4,566	54.3
Case manager	1,153	8.2	926	8.4	984	8.4	625	7.3	666	7.9
Client/patient educator	485	3.5	323	2.9	407	3.5	274	3.2	238	2.8
Clinical/Medical Assistant	791	5.6	608	5.5	659	5.6	634	7.5	483	5.7
Intern/resident	357	2.5	349	3.1	349	3.0	269	3.2	229	2.7
Researcher/evaluator	191	1.4	179	1.6	187	1.6	109	1.3	80	1.0
Student/graduate student	906	6.5	1,108	10.0	883	7.5	826	9.7	558	6.6
Teacher/faculty	503	3.6	457	4.1	424	3.6	407	4.8	359	4.3
Other	1,451	10.3	1,115	10.1	1,194	10.2	752	8.8	771	9.2
Subtotal	14,022	100.0	11,089	100.0	11,717	100.0	8,506	100.0	8,415	100.0

Note: All data are reported through the AETC Data System.

^a Hispanics/Latinos can be of any race.

Table 12. Number of oral health AIDS Education and Training Centers (AETC) trainees by year and selected service delivery characteristics, 2010–2015—United States and 3 territories

	July 2010–June 2011		July 2011–June 2012		July 2012–June 2013		July 2013–June 2014		July 2014–August 2015	
	No.	%	No.	%	No.	%	No.	%	No.	%
Provide direct service to clients										
Yes	11,984	84.6	9,288	83.3	9,842	83.5	6,964	81.4	7,061	83.7
No	2,182	15.4	1,858	16.7	1,938	16.5	1,592	18.6	1,370	16.2
Subtotal	14,166	100.0	11,146	100.0	11,780	100.0	8,556	100.0	8,432	100.0
Provide direct service to people with HIV										
Yes	8,327	69.0	6,287	68.7	6,746	68.1	4,898	68.5	5,065	74.4
No	3,734	31.0	2,868	31.3	3,164	31.9	2,249	31.5	1,744	25.6
Subtotal	12,061	100.0	9,155	100.0	9,910	100.0	7,147	100.0	6,809	100.0
Years of providing direct service to people with HIV										
<1	1,818	21.6	1,061	16.8	1,697	23.5	1,085	21.2	1,404	25.0
2–4	1,804	21.4	1,407	22.3	1,341	18.6	986	19.2	895	15.9
5–9	1,434	17.0	1,162	18.4	1,278	17.7	878	17.1	968	17.2
10–19	1,919	22.8	1,503	23.9	1,619	22.4	1,143	22.3	1,257	22.4
≥20	1,458	17.3	1,165	18.5	1,291	17.9	1,033	20.2	1,093	19.5
Subtotal	8,433	100.0	6,299	100.0	7,225	100.0	5,125	100.0	5,617	100.0
Estimated number of clients with HIV per month										
None per month	484	6.0	459	7.3	412	6.2	471	9.5	608	11.9
1–9 per month	3,976	49.1	2,938	46.6	3,124	46.8	2,223	45.0	2,168	42.3
10–19 per month	1,109	13.7	855	13.6	898	13.5	710	14.4	786	15.3
20–49 per month	1,225	15.1	1,015	16.1	1,092	16.4	686	13.9	727	14.2
≥50 per month	1,301	16.1	1,036	16.4	1,146	17.2	853	17.3	833	16.3
Subtotal	8,095	100.0	6,305	100.0	6,672	100.0	4,943	100.0	5,122	100.0
Percentage of minority clients served										
None per year	806	7.4	337	3.8	581	6.0	833	11.5	458	6.6
1–24% per year	2,796	25.7	2,480	28.2	2,759	28.5	1,597	22.1	1,588	22.9
25–49% per year	2,233	20.5	2,015	22.9	2,021	20.9	1,488	20.6	1,305	18.8
50–74% per year	2,439	22.4	1,867	21.2	2,188	22.6	1,628	22.5	1,556	22.4
≥75% per year	2,593	23.9	2,093	23.8	2,139	22.1	1,674	23.2	2,029	29.3
Subtotal	10,867	100.0	8,792	100.0	9,688	100.0	7,220	100.0	6,936	100.0
Percentage of clients with HIV who are racial-ethnic minorities										
None per year	676	8.6	587	9.6	464	7.2	380	8.0	489	9.7
1–24% per year	2,299	29.4	1,768	28.9	2,085	32.1	1,375	28.9	1,294	25.7
25–49% per year	1,397	17.9	1,070	17.5	1,136	17.5	937	19.7	815	16.2
50–74% per year	1,646	21.0	1,267	20.7	1,413	21.8	1,018	21.4	920	18.3
≥75% per year	1,805	23.1	1,430	23.4	1,387	21.4	1,044	22.0	1,511	30.1
Subtotal	7,822	100.0	6,122	100.0	6,486	100.0	4,754	100.0	5,028	100.0
Percentage of clients with HIV who are co-infected with hepatitis C										
None per year	1,228	17.3	900	15.6	930	14.8	791	17.0	897	18.0
1–24% per year	3,454	48.7	3,052	52.9	3,415	54.4	2,482	53.2	2,192	44.0
25–49% per year	1,550	21.8	1,191	20.7	1,324	21.1	941	20.2	848	17.0
50–74% per year	647	9.1	478	8.3	473	7.5	350	7.5	288	5.8
≥75% per year	218	3.1	143	2.5	140	2.2	102	2.2	754	15.1
Subtotal	7,097	100.0	5,765	100.0	6,282	100.0	4,666	100.0	4,979	100.0
Percentage of clients with HIV who are receiving antiretroviral therapy										
None per year	615	8.0	499	8.2	390	6.1	310	6.6	422	8.5
1–24% per year	1,954	25.3	1,463	24.1	1,636	25.5	1,079	23.0	1,122	22.5
25–49% per year	872	11.3	605	10.0	605	9.4	508	10.8	431	8.7
50–74% per year	1,798	23.3	1,416	23.4	1,323	20.6	953	20.3	725	14.6
≥75% per year	2,483	32.2	2,077	34.3	2,454	38.3	1,850	39.4	2,278	45.8
Subtotal	7,722	100.0	6,060	100.0	6,408	100.0	4,700	100.0	4,977	100.0

Table 12. Number of oral health AIDS Education and Training Centers (AETC) trainees by year and selected service delivery characteristics, 2010–2015—United States and 3 territories (cont.)

	July 2010–June 2011		July 2011–June 2012		July 2012–June 2013		July 2013–June 2014		July 2014–August 2015	
	No.	%	No.	%	No.	%	No.	%	No.	%
Percentage of clients with HIV who are women										
None per year	1,848	23.8	1,339	22.0	1,370	21.2	1,176	24.9	1,185	23.6
1–24% per year	2,892	37.3	2,356	38.6	2,614	40.5	1,869	39.5	2,263	45.2
25–49% per year	1,950	25.1	1,591	26.1	1,614	25.0	1,111	23.5	999	19.9
50–74% per year	756	9.7	581	9.5	633	9.8	422	8.9	429	8.6
≥75% per year	310	4.0	232	3.8	230	3.6	151	3.2	134	2.7
Subtotal	7,756	100.0	6,098	100.0	6,461	100.0	4,728	100.0	5,011	100.0
Primary employment location										
Rural	3,245	24.6	2,697	26.4	2,951	26.8	2,082	25.9	1,741	21.9
Suburban/urban	9,959	75.4	7,531	73.6	8,041	73.2	5,943	74.1	6,217	78.1
Subtotal	13,204	100.0	10,228	100.0	10,992	100.0	8,024	100.0	7,958	100.0
Primary employment at a faith-based organization										
Yes	598	4.6	631	6.2	575	5.3	352	4.5	411	5.4
No/do not know	12,468	95.4	9,566	93.8	10,222	94.7	7,411	95.5	7,236	94.6
Subtotal	13,066	100.0	10,197	100.0	10,798	100.0	7,763	100.0	7,647	100.0
Primary employment at a RWHAP-funded organization										
Yes	4,950	42.3	3,714	40.0	3,796	37.9	3,227	44.4	3,635	52.0
No	6,747	57.7	5,570	60.0	6,216	62.1	4,037	55.6	3,357	48.0
Subtotal	11,697	100.0	9,285	100.0	10,012	100.0	7,263	100.0	6,991	100.0

Note: All data are reported through the AETC Data System.