Title: Ryan White CARE Act Community-Based Dental Partnership Program
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Project Abstract

The Dental Collaborative
The dental collaborative includes Oregon Health Sciences University (OHSU), the lead agency, training 74 dental students/year. This past year, in addition to the 74 dental students/year and the three graduate dentist endodontic residents, the training program added three periodontic residents. The Russell Street Clinic (RSC) is a federally qualified dental health center, providing dental services to all Ryan White Title I clients in the metropolitan area. The Multnomah County Health Department (MCHD) is Oregon’s largest public health department and provides approximately 300,000 health care visits/year, including the Title III HIV services program. The Cascade AIDS Project (CAP) is the oldest and largest community-based provider of support services in Oregon. The three dental hygiene training programs, Mt Hood Community College (MHCC), Portland Community College (PCC), and Clark College (CC) are the only dental hygiene training programs in the Portland Metropolitan Area.

The collaborative efforts have been progressing well, with no major problems. It was anticipated that the hygiene schools would have less flexibility to work in the collaborative than has been the case. The educational institutions have had prior relationships and have been able to work together well. The service agencies have all worked extensively with OHSU so that the collaborative effort was seamless. The relationship, which was excellent prior to this grant, has become even better.

Service Area and Target Population
The project serves to help meet the oral health care needs of the most at-risk persons living with HIV or AIDS (PLWH/A). The project area is the Portland Eligible Metropolitan Area (EMA). The Portland EMA spans two states and covers a six county area. Five counties, (Clackamas, Columbia, Multnomah, Washington, and Yamhill) are located in Oregon; and one (Clark) is located in Washington State, just across the Columbia River. According to the 2000 U.S. Census, the population of the EMA exceeds 1.9 million people. However, despite having a service area contiguous with the Title I service area, many clients are served from beyond the six counties.

Progress
The second year has proceeded smoothly with no significant problems or obstacles. One hygiene school is only allowed to observe which was thought would be a problem maintaining student enthusiasm. However, by scheduling difficult cases, students were able to have a worthwhile experience.

The endodontic residents completed their experience and a similar experience was
initiated for periodontic residents.

Our goals were largely met. These included integrating HIV education and training into the curriculum at each institution. This was accomplished completely for the three dental hygiene training programs. The dental students all received both a clinical experience and the didactic experience.

The grant had anticipated and had as objectives, providing more patient contact with HIV positive clients than had occurred in the past. This was not because there was a shortage of patients, but was a mechanical problem making sure a maximum number of patients were appointed with students. This was becoming resolved in year two.

We have developed a questionnaire to determine the efficacy of the training program. However, the students have rotated through the program prior to development of the questionnaire, and an evaluation will not occur until the end of year two. This was anticipated and is not a delay.

The community-based service organizations were expected to allow us to increase our client base and serve more than 100 additional clients. It appears that the working relationships with the service agencies have been very productive and we are increasing services by 17 additional clients/month, far exceeding our expectations. The dollar value of services provided has more than doubled with this program. This is chiefly the result of excellent work and cooperation from the service agencies, both MCHD and CAP. The total value of the services provided to HIV positive patients has increased from $200,000 to over $600,000/year.

There was an expectation that we would be able to have clients move freely between dental care and medical care. It appears the movement is one way, with clients (over 20) moving from medical care to dental care. There are no barriers to moving clients from dental care to medical care; however, we are not identifying clients who are outside the medical system of care.

**Challenges**

Many of the challenges were cited above in the progress report. We were not able to overcome the licensure obstacle for one of the hygiene schools. However, by working closely with all 7 providers, we were able to route students who could only observe, to the most challenging and interesting patients, enhancing their experience. The staffing changes are now complete and we believe we will be more efficient scheduling students.

Fortunately, our problems, and therefore our challenges, remain few. One problem that does exist is the decrease in coverage for Medicaid clients creating a financial burden for the program.

**Patient Services and Provider Training**

The program has allowed dental students to average $1,300/month in services with each student providing care to two HIV positive patients. The hygiene students are also averaging two HIV positive patients each. The endodontic and periodontic residents are averaging 15 HIV positive patients each. The demographics were collected regarding age, ethnicity, and race for all our clients but not separated for students. This will be done in year three. Generally, six percent are women, one percent trans gendered, seven percent Hispanic, five percent African American, and one percent Native American.
The providers are trained didactically by the pathologist and the Project Director, Dr. Rosenstein. Clinically, the student-providers are trained by Drs. Rosenstein, Eigner, and Johnson, while the hygiene student-providers are trained by Ms. Sannen and Ms. Toedtemeier (who is not supported by the grant).

Third Budget Period Service Plan

The service plan and objectives for year three are essentially the same as year two. The numbers of HIV positive clients expected to be served by students will be three patients/dental student and three/dental hygiene student—a figure we are on track to accomplish.

All goals and objectives appear to be on target, with no need for adjustment. It is clear that the number of increased clients will exceed the projected amount. Essentially, we have accomplished what we predicted we would accomplish and will not need to markedly alter our work plan.

Program Narrative

The Dental Collaborative

Oregon Health & Science University (OHSU) OHSU is the lead agency and has as its mission the education of health professionals, research, teaching, and community service. OHSU includes the School of Dentistry, which graduates approximately 74 dentists each year. The School of Dentistry also trains four endodontic residents per year, all of whom are trained through this program. There are three periodontic residents trained per year, all of whom are trained through this program. OHSU has a total of 285 dental students and 34 dentists training in specialty areas. OHSU provides over 47,000 dental visits/year, with 2,000 for emergency care.

Russell Street Clinic (RSC) RSC is a federally qualified health center that was started by OSHU. RSC is the major community-based provider of dental services to persons living with HIV or AIDS (PLWH/A) and as such is an appropriate project partner. RSC provides care to 3,000 clients each year, of whom almost 400 are HIV positive. The care provided involves comprehensive oral health services, excluding only esthetic procedures and orthodontics. Specialty care is available either on site or through referrals. The facility is owned by the Oregon Health & Science University.

Multnomah County Health Department (MCHD) MCHD is Oregon’s largest public health department and has been providing health services to low-income residents of the county since 1860. Last year, MCHD provided approximately 250,000 medical, dental, and field visits to more than 70,000 county residents. Key services include: Comprehensive primary health care at seven Section 330 primary care clinic sites, including special services for
the homeless; comprehensive dental care at four dental clinics; school-based health care at 13 school-based health clinic sites; corrections health care in six correctional settings; community health field nursing through four geographically-based field nursing teams; communicable disease control, including clinical and prevention services for HIV disease, sexually transmitted diseases, and tuberculosis; outreach to high-risk populations; environmental health services, including lead screening; community-based health initiatives; and community health assessment and epidemiology.

Cascade AIDS Project (CAP) Founded in 1983, CAP is the oldest and largest community-based provider of HIV support services, such as housing, education and advocacy, in the Portland EMA. Last year CAP served over 1,500 PLWH/A.

Portland Community College (PCC) PCC opened in 1961 and is the largest institution of higher learning in Oregon, serving more than 100,000 students each year in a five-county area. PCC provides dental hygiene training to an average of 20 students each year.

Mt. Hood Community College (MHCC) Mt. Hood Community College opened in 1966 and now enrolls about 27,000 students each year. MHCC provides dental hygiene training to an average of 16 students each year.

Clark College (CC) CC in Southern Washington has the only dental hygiene training program in that area. CC provides dental hygiene training to an average of 20 students each year.

Responsibilities and interrelationships

OHSU has responsibility for overall coordination as well as the assignment and monitoring of students. RSC is the community-based site where care is provided. RSC assigns patients as well as monitors quality of care. RSC is a branch of OHSU. MCHD is the site to which dental patients are referred and is one of two agencies referring clients to RSC for dental care. MCHD funds, in part, RSC and the relationship between these two sites dates back 28 years. PCC, MHCC, and CC all are dental hygiene training programs that rotate students to RSC for their experience working with HIV positive clients. PCC, MHCC, and CC all have a close working relationship with OHSU where some educational services are provided. CAP, as well as MCHD, provides patient referral and case management services to the dental clients.

The process could be viewed as a wheel, with the center of the wheel being OHSU and the community-based site, Russell Street, with spokes out to each of the collaborative partners, the hygiene schools, and MCHD and CAP. The interaction
between the partners is all directly through OHSU or RSC, rather than a process whereby the hygiene schools work with each other on issues related to the grant and training.

The current situation, as described above could be improved, and during year three, there will be a meeting with all parties to discuss how this interaction could be improved.

**Progress to Date**

**Service Delivery Component**

The program has been able to bring all the dental and dental hygiene programs together in a collaborative effort to provide students with an experience at a community-based site (RSC) to expand oral health care services to HIV positive clients. Working closely with the clients and providers is the MCHD and CAP to assure that services other than oral health are provided and that clients are identified. The program immediately implemented limited dental student experiences and now incorporates all the dental students as well as the dental hygiene students. One program, CC, due to legal restrictions since it is located in a different state, has students observe, rather than provide direct patient care services. All clients are served in a site that is an underserved area, but not all clients are below the poverty level. OHSU has now added periodontic residents to the program.

There is a plan for referring clients with medical problems to MCHD, as well as a plan for MCHD to send clients with oral health problems to RSC. Although referrals to MCHD are infrequent, referrals from MCHD occur frequently. CAP is providing outreach and educational programs to inform clients of the availability of these services. The major sources of care for clients all are aware of the availability of this oral health care service. The numbers indicate that patients are being served as well as students being provided with an experience treating HIV positive clients.

**Educational Component**

A curriculum was designed and presented to OHSU, PCC, MHCC, and CC students. The curriculum involves all partners and extends beyond clinical information to provide cultural competency. All care, except that provided by CC, is hands-on. Students are supervised by faculty from RSC, the community-based site. The assessment of the impact on students is being conducted during year two.

There is also a didactic program for endodontic and periodontic residents to complement their HIV clinical experience.

**Program Assessment**

The program assessment includes a quantitative evaluation as well as a qualitative assessment of the outcome of the experience students have. The patient surveys have been ongoing. The educational components of the program are relatively

Community-Based Dental Partnership Program
Project Director: Dr. David Rosenstein
Project Abstract

The Dental Collaborative
The collaborating partners for the CBDPP are the Loma Linda University School of Dentistry (LLUSD), the Social Action Community Health System (SACHS) and the San Bernardino County Department of Public Health (DPH).

Service Area and Target Population
The service area is the Riverside/San Bernardino, California Eligible Metropolitan Area (EMA). It is estimated that there are 3,800 persons living with AIDS in the Riverside/San Bernardino EMA as of December 31, 2002. The demographic data for reported AIDS cases in the EMA is as follows. With respect to gender, 90% are males and 10% are females. With respect to age, <1% are in the 0-19 year group, 16% are in the 20-29 year group, 45% are in the 30-39 year group, 27% are in the 40-49 year group, and 12% are in the > 49 year group. With respect to race/ethnicity, the distribution is 62% Caucasian, 21% Hispanic, 15% African-American, and 1% Asian/Pacific Islander.

Progress
The SACHS HIV Dental Clinic began providing dental services to patients with no other means of paying for services in September 2002. Students began providing patient care services on June 30, 2003. A community advisory group was formed and will meet again in June 2004 to discuss the program. A curriculum has been developed that has eight hours of instruction, participation, and patient contact for each student participant. Every senior dental and dental hygiene student will rotate through the SACHS clinic for participation in this program. Assessment of program effectiveness will be done by means of student and patient surveys.

Challenges
The program has met most of its goals and objectives to date. One unresolved issue is the planned development of a student primer.

Patient Services and Provider Training
A total of 195 patients have been treated with CBDPP funds from program inception through April 30, 2004. A full range of dental treatment was provided. About 128 dental and dental hygiene students have received training. The didactic portion was presented to approximately 45 School of Dentistry faculty.

Third Budget Period Service Plan
The service plan for the third year involves continuing to meet the main objectives of the CBDPP – education of students and provision of patient services. Graduate residents will receive training in June 2004.
Overview of the Dental Collaborative

The collaborating partners for the CBDPP are the Loma Linda University School of Dentistry (LLUSD), the Social Action Community Health System (SACHS) and the San Bernardino County Department of Public Health (DPH).

LLUSD dental and dental hygiene students are the participants in the educational component. LLUSD provides administrative and organizational support to oversee the program. It provides the didactic component for the students and the administrative oversight of the clinical component.

SACHS provides the dental patients and the community-based dentists who supervise students during clinical rotations and participation in community activities. SACHS also provides student interaction with behavioral health professionals through the SACHS Behavioral Health Division. The SACHS Dental Clinic Manager provides logistical support in scheduling patients at appropriate times for student interaction and in maintaining the clinical patient care database.

The HIV Dental Clinic has been a part of the SACHS system since 1996. Prior to that time, it was part of the DPH HIV medical clinic in San Bernardino. Dr. Rodney Turner has been the primary dental provider with the clinic since its inception with the DPH in 1992. Thus, there is a long-standing relationship between SACHS and the DPH and each refers new patients to the other if those patients do not have a provider for these respective services. Approximately 90% of the existing patients at the SACHS HIV Dental Clinic are also receiving medical care at the DPH clinic.

The DPH provides interaction with physicians at its HIV clinics and has assisted in forming collaborative relationships with community-based AIDS-related organizations and in designing outreach programs. The three major partners collaborate in the design and evaluation of the outcomes measures to be used in assessing the effectiveness of the program.

The service area is the Riverside/San Bernardino, California eligible metropolitan area (EMA). The EMA is located in the inland portion of Southern California and is geographically the largest EMA in the United States. Its 27,460 square miles contain urban centers, suburban cities, resort cities, and rural and remote communities.
The University of Louisville School of Dentistry is entering its third year of collaboration with the Dixie Metro Health Clinic (Dixie Clinic) in the southwest Louisville Metro Area and the Hardin County Community Health Clinic (Hardin Clinic) in Elizabethtown, KY to provide dental services to HIV/AIDS patients in underserved areas at community-based sites and HIV/AIDS education to dental residents, DMD students, dental hygienists, and community providers. Patients are referred to the community based sites from several entities in Kentucky, including the University of Louisville’s Infectious Diseases clinics, the Veteran’s Administration health services, and the state’s Title II-funded Care Coordinator Programs. The Dixie Clinic is in a designated dental provider shortage area. The Hardin County Community Health Clinic is the volunteer effort of doctors and dentists in this rural county to provide care for low-income and HIV/AIDS patients. The Hardin Clinic also receives HIV/AIDS patient referrals from the Barren River Development District in southwestern Kentucky. The Kentucky Care Coordinator’s office in this district serves 25 southwestern Kentucky counties, many of them low-income or provider-deprived counties. The Hardin Clinic is operating on a temporary basis at night in a space donated by the Elizabethtown Community College Dental Hygiene Clinic.

During the second year of the grant period, the Community Based Dental Partnership has made significant progress towards the accomplishment of our stated goals and objectives. A highly effective referral system provides our community-partner clinics with a population of HIV/AIDS patients requiring extensive comprehensive dental care. Current treatment appointments at both partner locations are scheduled for one to two months in advance. A total of 49 HIV/AIDS patients have completed 199 patient visits, including appointments for diagnostic, preventive, restorative, endodontic, prosthodontic, and oral surgery procedures. Every HIV/AIDS patient in the program has received education about HIV/AIDS and oral health. Training to 8 residents, 30 DMD students, 2 dental hygiene students, 10 community dentists and 4 community hygienists was provided on site. Program staff provided a 4-hour continuing education course on HIV/AIDS and infection control to 31 dental providers in Hardin County, and have taught 50+ patients and HIV/AIDS advocates through presentations and dialog at community group meetings.

After assessment and allocation of grant resources to date, our program finds that the treatment needs of our increasing patient population exceed our ability to deliver care in a timely fashion. The greatest challenge for the third grant year is to secure resources to expand service delivery to our patients. As a temporary solution, we will increase patient appointment times at the Dixie and Hardin Clinics. As a permanent solution, the Clinic Program Director will oversee the installation of the Hardin County Dental Clinic at a permanent site in the building that houses the Hardin County Medical Clinic. The needs in year three are for increased funding to purchase equipment for the Hardin Clinic at its own dedicated site.

In order to enhance our program and increase efficient dental care for HIV/AIDS persons, our goals for the coming year are to secure needed resources for clinical expansion and to expand externships for DMD and dental hygiene students. The HIV/AIDS curricula will be updated and formalized to support our service delivery and educational goals.
NARRATIVE

OVERVIEW OF DENTAL COLLABORATIVE

The University of Louisville School of Dentistry (ULSD) is entering its third year of collaboration with the Dixie Metro Health Clinic (Dixie Clinic) and the Hardin County Community Health Clinic (Hardin Clinic) to provide dental services to HIV/AIDS patients in underserved areas at community-based sites and HIV/AIDS education to dental residents, DMD students, dental hygienists, and community providers.

Applicant Organization
The University of Louisville School of Dentistry is the largest provider of dental care to persons living with HIV/AIDS in the state of Kentucky. Founded in 1887 and located in Kentucky’s largest metropolitan area, the University of Louisville School of Dentistry is the state’s oldest and largest provider of dental education. The school graduates approximately 80 dentists and 30 dental hygienists each year. The typical numbers of dentists who complete its five postdoctoral programs each year are orthodontics (6), endodontics (3), periodontics (3), oral and maxillofacial surgical residency (2), and general practice residency (GPR)(6). State budget constraints have led to the phase-out of a sixth postdoctoral program in Advanced Education in General Dentistry (AEGD) whose last three residents will complete their training July 1, 2004.

ULSD has a lengthy history of collaborating with state and local dental associations, churches, schools, and corporations to coordinate and provide dental care, prevention, and education to the general public and to special needs populations of children, senior citizens, handicapped persons, and the indigent. Since the onset of the AIDS epidemic, the School has been the largest provider of dental care to persons living with HIV/AIDS in Kentucky. ULSD has participated in the Ryan White CARE Act Part F, Dental Reimbursement Program, providing much-needed dental care services to approximately 400 patients who are living with HIV/AIDS.

Organizations Comprising the Community-Based Dental Partnership
The Dixie Metro Health Clinic is a metro clinic staffed by contract physicians and dentists with the mission to protect, preserve, and promote the health, environment, and well being of the people of Metro Louisville. In January of 2003 the City of Louisville and Jefferson County governments merged to form Metro Louisville. Located in the far southwest corner of Jefferson County, the clinic is in Metro District # 12, a low-income area designated by the Bureau of Health Professions of HRSA as a Health Professional Shortage Area for dentistry. The intent in forming a partnership with the Dixie Clinic was to deliver services to those living with HIV/AIDS in this underserved district while also providing the opportunity for training to community dentists and dental hygienists. ULSD Residents in the AEGD and GPR programs are assigned to this clinic to provide dental care for HIV/AIDS patients. Community dentists also treat HIV/AIDS patients at this site.
The Hardin County Community Health Clinic is the volunteer effort of doctors, dentists, and medical support staff in Hardin County to provide free diagnostic, medical, pharmaceutical, psychological, and dental care to the working poor. Hardin County is a poor rural county approximately 45 miles south of Louisville without a public health dental clinic. In phase one of the clinic’s development, volunteers raised private, corporate, civic, and county and state funds to secure a building and to convert it into a modern and efficient medical clinic. Currently, the dental clinic associated with this volunteer organization is operating every Tuesday evening in auxiliary space at the Dental Hygiene Clinic at Elizabethtown Community College. Phase two of the clinic’s development, currently underway, is to renovate space in the medical building that has been designated for the dental clinic. The Clinic Program Director for the grant, Dr. Susan M. King, is also the volunteer director of the Hardin Dental Clinic. Dr. King, Hardin County volunteer dentists, AEGD/GPR residents, and dental hygiene students treat patients in the Hardin Dental Clinic temporary space provided by the Dental Hygiene Clinic at Elizabethtown Community College.

Through the Community-Based Partner Program Office in Louisville, the Hardin County Clinic has formed an effective referral relationship with the Kentucky Care Coordinator’s Barren River office in Bowling Green, KY. This extends the area served by the grant southward along the I-65 corridor from Elizabethtown to Bowling Green. The care coordinator at the Barren River office is responsible for facilitating the care of persons living with HIV/AIDS in three Kentucky Area Development Districts: Barren River, Green River, and Lincoln Trail. These three areas encompass 25 Kentucky counties that have reported a total of 388 AIDS patients since 1982. Several of these counties are designated as low-income areas and areas of dental provider shortages. (See Appendix D, Map of Project’s Service Area.)

Referral and Support Organizations
Referrals for the dental program come from the primary HIV/AIDS medical clinic in the state, the Title III and IV funded WINGS Clinic. This clinic, housed at the University of Louisville, has no geographic restrictions, serving Kentucky residents from across the state and residents of southern Indiana. The Community-Based Dental Partnership Program also receives referrals from the state’s Title II-funded Care Coordinator Programs, especially those serving the Louisville area and those in the rural areas of southern, western, and northern Kentucky. The Hardin County Clinic receives referrals from its medical wing. The program staff also makes contact with new patients by attending meetings of ACSS (Aids Center Services Coalition of Louisville) and SABSA (Sisters and Brothers Surviving AIDS), Louisville.

The U of L Ryan White Community-Based Dental Partnership Program Staff
The Dental School maintains an office for the Community-Based Dental Partnership Program in the Department of Hospital and Surgical Dentistry. The Program Coordinator and the Dental Assistant process referrals from all sources in this central office, scheduling initial and follow-up appointments for patients at the Hardin and Dixie Clinics and handling patient calls for assistance. The program office is also the communicating, coordinating, and record-keeping center for the program as ULSD and partner staff meet to monitor progress, plan for improvement, meet challenges, communicate with those living with HIV/AIDS, connect with other HIV/AIDS agencies, and explore the possibilities of future partnerships.
The Program Director and the Clinic Program Developer are faculty members at ULSD. The Program Director regularly screens patients referred by the University’s Title III and IV Medical Program (WINGS) at the oral surgery clinic that is based in U of L’s Ambulatory Care Building. Many of the patients screened for the University’s dental program elect to receive care at the Hardin or Dixie Clinic because the convenience of these locations removes a barrier to care.

PROGRESS TO DATE

Service Delivery Component

Hardin County Community Health Clinic - Service Delivery Highlights
During the second year of the grant period, the Community-Based Dental Partnership has made significant progress towards the accomplishment of our stated goals and objectives. A significant success in the grant’s first 20 months has been facilitating the establishment of the dental component of the Hardin Clinic. This one-night-a-week dental clinic began from scratch in September of 2003 to organize the equipment and supplies it would need to do dentistry in a setting that was designed only to do dental hygiene work. The clinic is now well organized and its schedules of both RWCB DPP patients and referral patients from the Hardin County Community Health Clinic for working poor patients are full. Supplies and equipment have been inventoried and organized in such a way as to be easily moved to a new setting when the Hardin County Community Health Clinic has renovated space in its medical building for the dental clinic. Because the commitment of the medical/dental practitioners who staff these clinics is to provide care at no charge to indigent patients, U of L’s partnership in helping to establish this Hardin Clinic will provide delivery of care for HIV/AIDS patients in this geographic area beyond the end of the grant period.

Hardin County Community Health Clinic - Demographics
In last year’s 07/01/03 grant report, the Hardin Clinic had conducted 4 treatment sessions, providing services to 3 patients with a total of 5 patient visits (following the patient visit report format of the Ryan White Dental Reimbursement Program). By the end of April 2004 (9 months later) the dental clinic had been open for 23 total sessions, serving 19 patients in 79 patient visits. The statistics from last year’s 07/01/03 grant report have been revised throughout this narrative to conform to the reporting format for the Ryan White Dental Reimbursement Grant and to remove from its total the number of initial consultations that were performed at the hospital-based referral site. Only treatment performed at the community-based sites are included in the revised 2003-04 demographics. (See Appendix A for chart of patient demographics.)

Demographics for Hardin County Community Clinic:
Demographics by Gender and Race
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Demographics by Age
PROJECT ABSTRACT -- Community Based Dental Partnership Program

Project Title: HIV Oral Health Care Services and Training in NE New York State

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The Dental Collaborative: Albany Medical College’s (AMC) AIDS Program continued to successfully operate a regional dental collaborative that includes several participating agencies and providers. The partners in this collaborative include Schenectady Family Health Services, Whitney Young Community Health Center, 1st Advantage Dental (a community-based oral health care provider organization with 7 dental clinics in upstate New York), Hudson Valley Community College’s School of Dental Hygiene, and Lutheran Medical Center Dental Residency Program.

Service Area and Target Population: The service area for this initiative is the 22 county catchment area in northeastern New York State covered by AMC, which includes the Mohawk and Hudson River valleys and large portions of the Catskills and Adirondack Mountains. However, the majority of oral health care services and training was provided in New York’s Capital District region and the Mid-Hudson Valley. AMC provided comprehensive HIV dental services in Albany and Kingston. The Albany clinic was used as a training facility to provide hands-on training to community dentists, residents and a dental hygiene fellow.

Progress: AMC’s AIDS Program anticipates that it will reach all of its goals for the second year of operation of this initiative. We created a one-year fellowship for dental hygienists designed to provide an intensive educational experience regarding comprehensive oral health care needs of HIV-infected patients. We provided a variety of training programs in several different locations throughout the year, including half-day mini-training conferences at five regional locations as well as specific on-going training for dental residents. We conducted pre- and post-instruction evaluations of the knowledge and understanding gained by the participants. We also offered continuing dental education credits for the participants, as an incentive to participate.

Challenges: Perhaps the biggest challenge we faced was with AMC’s Department of Dentistry. As a result of on-going financial pressures, the Department ceased operations at the end of 2002. AMC has decided to formally relinquish its dental residency program at the end of June 2005. Given this, it is not clear what will happen beyond year 3 of this collaborative program.

Patient Services and Provider Training: We provided 2407 visits to 662 HIV-infected patients. Patients who elected to receive oral health care were treated in a manner that is consistent with good dental practice and the NYS AIDS Institute Dental Standards of Care. We provided adult and pediatric general dentistry, a special dental clinic for hemophiliacs, periodontics, oral surgery, oral hygiene and endodontics. We provided training to 10 dental residents and 102 hygienists.

Third Budget Period Service Plan: We plan on offering a third round of training courses to oral health providers in the Northeastern New York region. In addition, in collaboration with Hudson Valley Community College’s School of Dental Hygiene, we plan on continuing a one-year dental hygiene fellowship as an opportunity to train a licensed hygienist in an intensive one-year program. We plan on continuing to provide high quality oral health care services to all eligible individuals in our catchment area, especially to those who have been unserved or underserved.
PROGRAM NARRATIVE:
1. Overview of the Dental Collaborative: Albany Medical College’s (AMC) AIDS Program, as lead applicant, continued to manage a new collaborative partnership that provides dental services and training regarding oral manifestations of HIV disease. In addition to AMC’s Albany-based program, there are five other partners. They are: Whitney M. Young Community Health Center in Albany, Schenectady Family Health Services, Hudson Valley Community College’s School of Dental Hygiene located in Troy, Mid-Hudson Care Center in Kingston and 1st Advantage Dental, with seven different dental clinics located throughout New York’s capital district region. We provide detailed information about each of these partners below.

AMC’s AIDS Program is the largest provider of HIV services in upstate New York, with over 1,600 HIV-infected patients currently in care. The AIDS Program provides comprehensive, integrated services and is the region’s only State-designated treatment center for HIV/AIDS. The AIDS Program is funded by Titles II, III and IV of the Ryan White Care Act and is the NY/NJ AETC local performance site for upstate New York. The AIDS Program participates in a number of additional initiatives, including HRSA/HAB’s data demonstration project, the NYSDOH AIDS Institute’s clinical best practices program, an HIV clinical scholars program, clinical research and CDC-funded prevention and outreach. The AIDS Program has made a commitment to the consumers it serves and has several formal and informal mechanisms in place to obtain input and feedback regarding consumer needs, satisfaction and outcomes. Consumer involvement will be discussed in greater detail in a subsequent section of this narrative. The Ryan White Dental Program is organizationally a part of the AIDS Program, which offers significant advantages from a consumer perspective. AMC’s Ryan White Dental Program operates two dental suites that help meet the oral health care needs of the HIV-infected patients we serve in Albany and Kingston, NY.

Over the past year, we have worked with our partners to improve access to dental care by reducing barriers, to increase provider knowledge, to assess the quality of care provided and to develop systems to improve this care. We provide details about these components of the overall initiative in the sections below. Approximately 85% of the HIV-infected patients served by this collaborative reside in either New York State’s Capital District region or the Mid-Hudson Valley region. AMC’s AIDS Program covers a 22 county catchment area that extends north from metropolitan New York City to the Canadian border, east to Vermont and Massachusetts and west to central New York.

AMC has formal contractual agreements with Whitney Young Community Health Center and Schenectady Family Health Center that delineate the responsibilities of both parties, the funding provided and program expectations. Both of these federally qualified community health centers participate with AMC’s AIDS Program in several additional collaborative efforts, in addition to the dental partnership. There are strong linkages between AMC and these sites in terms of patient transfers, referral agreements, access to clinical trials, participation in our Title IV network of providers, clinical education, community planning, prevention and consumer involvement. Most of the HIV-related acute care admissions from these health centers are made to Albany Medical Center Hospital, a 650-bed tertiary care, academic health science center. AMC’s Hospital is unique in that it includes the region’s only level III trauma center, the only Children’s Hospital, the
regional hemophilia treatment center and the only facility approved for heart transplantation, among numerous other complex medical and surgical procedures. Albany Medical Center is the parent organization of two wholly owned subsidiary corporations – Albany Medical Center Hospital and Albany Medical College.

In addition to the formal contracts mentioned above, the other partners in this collaborative have executed memoranda of understanding that delineate the ways both they and AMC will participate in this initiative. These MOUs help clarify what AMC provides as part of the dental partnership and what the roles and expectations of both parties are in terms of participation in education and training. These MOUs have not changed since their original execution nearly two years ago. We describe each of the partners in AMC’s dental collaborative in greater detail, below.

Whitney M. Young Jr. Health Center has been in operation for over 30 years. Located in Albany less than 3 miles from Albany Medical Center, Whitney Young serves a primarily inner city patient population. The center is currently designated as a CDC high sero-prevalence rate community program, and is followed in the CDC reporting network. Whitney Young provides family centered case management, HIV counseling and testing, transportation services, primary care, dental care, AIDS prevention and outreach, pharmacy, x-ray, and substance abuse—including the area’s only methadone maintenance treatment program. Whitney Young’s dental clinic has two dental chairs, a full-time dentist, a part-time oral surgeon and additional oral health care support staff. They currently participate with 1st Advantage Dental and the Lutheran Medical Center’s dental residency program by providing training to one dental resident annually. Consistent with the workplan and budget for this initiative, AMC will provide support to Whitney Young so that they can continue to improve access to dental care for the HIV-infected patients they serve. AMC will provide a total of $15,000 from this initiative, which will be used to reduce access barriers, including transportation, for their patient population. Funds will support staff who will work with members of the CHEER program at Whitney Young to identify patient needs, develop detailed, individualized treatment plans and monitor progress in receiving comprehensive oral health care services. These services will be limited to individuals with documented evidence of HIV infection. Whitney Young will also continue to participate in the initiative by requiring their dental resident to receive training designed to specifically improve his/her skills and abilities in diagnosing and treating oral manifestations of HIV disease for the patients they serve. AMC’s HIV dental director (Dr. David Drohan) will work with Whitney Young’s dental program staff to improve the quality of care offered. This will include, but not be limited to, chart reviews of patients receiving dental services from Whitney Young. In addition, education and program staff from AMC’s AIDS Program will work collaboratively with staff from Whitney Young’s CHEER program to document the services provided. This will include the development of internal mechanisms that allow for client level data to be captured, including the number of dental visits provided yearly, as required by HRSA. Data reports will be generated, at least quarterly, and submitted to AMC as a component of Whitney Young’s participation in this community partnership initiative.

Schenectady Family Health Services (SFHS) is a federally qualified community health center that primarily serves inner city residents of Schenectady. In operation since 1970, the health center provides perinatal outreach and education, nutrition, social work, substance abuse counseling, HIV counseling and testing, primary care (adult and pediatric); and dental care. AMC’s AIDS
Program works closely with SFHS staff to provide care coordination, linkages, acute and long-term care, and clinical education to its staff. SFHS's dental clinic is similar to Whitney Young's in that it has two chairs, a full-time dentist and one dental resident. Consistent with the workplan and budget for this initiative, we will provide support to SFHS so that they can improve access to dental care for the HIV-infected patients they serve. We will provide a total of $5,000 from this initiative, which will be used to reduce access barriers for their patient population, including transportation. Funds will support project staff who will identify needs, develop detailed, individualized treatment plans and monitor progress in receiving comprehensive oral health care services. SFHS will also continue to participate in the initiative by requiring their dental resident to receive training designed to specifically improve his/her skills and abilities in diagnosing and treating oral manifestations of HIV disease in the patients they serve in Schenectady. AMC's HIV dental director, Dr. David Drohan, will work with SFHS's dental program staff to improve the quality of care offered. This will include, but not be limited to, chart reviews of eligible patients receiving dental services from SFHS. AMC's AIDS Program staff will also work with SFHS to both identify and capture for evaluation and reporting purposes the demographic and visit related information regarding the provision of dental services to eligible patients seen in Schenectady. This data will be provided to AMC at least quarterly.

Mid-Hudson Care Center is a freestanding, NYS Department of Health licensed diagnostic and treatment facility that provides comprehensive HIV primary care services to four counties located in the Mid-Hudson valley (Ulster, Dutchess, Orange and Sullivan). The clinic is located in Kingston, NY, approximately 50 miles south of Albany and 90 miles north of New York City. The clinic, which is owned and operated by AMC, serves a largely rural population who face significant barriers to care, including but not limited to inadequate transportation, child care and linguistically appropriate providers. The clinic includes a dental suite comprised of one chair and related equipment that provides high quality oral health care to HIV-infected children and adults who reside in the Mid-Hudson region. While the clinic is small in comparison to the AIDS Program’s outpatient clinic in Albany, it serves the health care needs of nearly 200 HIV-infected patients. The clinic receives support from Titles II and III as well as funding from the NYS Department of Health. In addition to HIV primary care and oral health care, the clinic also provides psychiatric and mental health services, women’s health, family centered case management, individual and group counseling, adherence support and access to specialty and subspecialty care. Eligible patients can also access clinical research through AMC’s Clinical Pharmacology Studies Unit.

1st Advantage Dental is a group dental practice that operates 7 clinics in upstate New York. They offer a full-range of oral health care services, utilizing the services of 35 oral health care professionals. They currently provide training for 4 dental residents through the Lutheran Medical Center dental residency program. They are the largest group practice in the region, providing over 176,000 visits in 2003. Their participation in this initiative will be limited to requiring their dental residents to participate in HIV-specific training provided by AMC. They will receive no funding from this initiative. They will not be required to submit any client level data since they are not being funded to provide direct patient services as part of this community partnership initiative. It would be difficult for them to do so anyway, since they do not assess whether their patients are HIV-infected as a component of the oral health care they provide.
Finally, Hudson Valley Community College's (HVCC) School of Dental Hygiene trains students to become licensed hygienists. The program graduates 45–50 students per year. By providing these students with training regarding HIV disease, they will be better prepared to provide quality care to patients in community settings. HVCC's dental hygiene students will participate in training provided by AMC, specifically tailored to meet their educational needs. They will not receive any direct funding support from this initiative. They will also participate with AMC in the recruitment and selection of the dental hygiene fellow by referring qualified applicants. The one-year Ryan White dental hygiene fellowship is designed to provide an intensive learning experience for a recent graduate of HVCC's School of Dental Hygiene. We have had success in our first year with this fellowship program and are pleased with the knowledge and skills that our first fellow has gained over the last 10 months. Dr. David Drohan will continue to provide education for the students enrolled in this program, consistent with the goals and objectives included in the project workplan. He has accepted an adjunct position with HVCC to help facilitate and coordinate educational services for their School of Dental Hygiene.

We recognize that even with the funded and unfunded partners in our dental collaborative, there are several other oral health care professionals located throughout our 22 county catchment area that provide oral health care to HIV-infected individuals. To help address their learning needs, we have provided and will continue to offer education and training to dental residents at several community locations. These include St. Peter's Hospital (Albany), St. Clare's Hospital (Schenectady), Hudson Headwaters Health Care (Warrensburg and Glens Falls), Catskill Regional Medical Center (Middletown). Both Hudson Headwaters and Catskill Regional Medical Center are rural health care providers funded under Title III of the Ryan White Care Act. Both of these organizations have long-standing relationships with AMC and look to the AIDS Program as the regional experts who provide clinical education, referrals, specialty care not available locally, and access to clinical trials. In addition, we provide education and training to dentists and other oral health care professionals employed by the NYS Department of Correctional Services (NYSDOCS), which is the largest provider of HIV dental services in New York State. We do not provide any funding support to DOCS for this purpose. AMC has never used and will never use any Ryan White Care Act funds to support the provision of any dental or medical care for prisoners. We know that Care Act funds cannot be used for this purpose.

2. Progress to Date: AMC's AIDS Program believes it has made substantial progress in year two of this initiative. Consistent with the guidance provided by HRSA/HAB regarding the provision of oral health care training and high-quality oral health care for HIV-infected patients, we have met or anticipate that we will meet the workplan objectives established for year two of this three year project. In terms of our progress on the three core components of this initiative, we provide the following.

a. Service Delivery: Our collaborative has successfully brought dental education programs and community service providers together to deliver quality oral health care to HIV-infected patients in community settings. In Table 1, below, we provide information regarding the unduplicated number of patients as well as the total number of visits provided during calendar year 2003. We continue to reach HIV-infected individuals who reside in rural, underserved areas through the Mid-Hudson Care Center in Kingston. In addition, we continue to serve individuals who have not had good access to oral health care in New York's Capital District, due to insurance coverage.
Project Abstract

Project Title: Community-Based Dental Partnership
Applicant Name: University of Medicine and Dentistry of New Jersey
Address: 110 Bergen Street, PO Box 1709, Newark, NJ 07109-1709
Contact Phone Numbers: voice: 856-547-3948, fax: 856-547-6487
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The Dental Collaborative: The University of Medicine and Dentistry of New Jersey is the parent organization of the State of New Jersey's only dental school, the New Jersey Dental School (NJDS). NJDS is a State subsidized, not for profit agency. The main campus of the NJDS is in Newark, in the northern part of NJ. The school also operates several satellite dental centers in community-based settings in underserved areas in south New Jersey. This project funds one such satellite dental center in Atlantic County, NJ.

The partner organization of this project is Access One, Inc., which is an AIDS services organization based in Atlantic County and serving the tri-county region of Atlantic, Cape May and Cumberland Counties in South Jersey. Services include case management, transportation management and coordination and referral to primary medical and dental care visits for HIV infected clients in the tri-county region served.

Service Area and Target Populations: The service area is the Tri-County region of Atlantic, Cape May and Cumberland counties for direct patient care, and additionally Salem, Gloucester, Burlington and Camden Counties, NJ for student education. The target population is dentally uninsured HIV positive persons from the tri-county area.

Progress: Year 1: NJDS located and developed a new dental clinic in Atlantic County and began educating 11 students in the oral care and treatment of HIV positive patients. Year 2: The new facility became operational and additional patients from the tri-county region began receiving primary dental/oral healthcare. The educational component extended to our partner agency with additional trainings for case managers and clients.

Challenges: There were no significant challenges that have impeded our progress to date.

Patient Services and Provider Training: Patients receive comprehensive dental care. Our minimum target goal is 100 unduplicated, uninsured HIV patients treated in year 2 from the Atlantic, Cape May, Cumberland County region. By the completion of year two, a total of 22 dental students/residents will have received a minimum of 10 hours of didactic training and provided a minimum of 90 hours of primary dental care each. Additionally, case managers and infectious disease medical specialists will also have received several hours of education and training in the oral healthcare issues of HIV positive persons.

Third budget period Service Plan: In year 3 we plan to provide comprehensive dental treatment to 200 unduplicated HIV positive patients and educate an additional 11 students/residents.
Program Narrative

1. Overview of Dental Collaborative:

There are two key partners to this project: the University of Medicine and Dentistry of New Jersey—the New Jersey Dental School (NJDS), and Access One, Inc., an AIDS service organization located in Atlantic County New Jersey.

The New Jersey Dental School has its main campus located in Newark, New Jersey, in the northern part of the State. The School had at the inception of this project 4 Community-Based satellite dental centers in the southern half of the State. Two centers are in Camden County and two centers were in Atlantic County. One center in each county was RW funded to provide dental care to HIV infected individuals from their respective catchment areas. The other center in each county was primarily an educational facility with an Advanced Education in General Dentistry (AEGD) Dental Residency program in Camden County, and a Community Oriented Dental Education (CODE) senior dental student program in Atlantic County. This project has utilized the educational capacity of the southern based NJDS facilities and dental faculty to provide the educational training structure for its educational goal.

Additionally, the facilities themselves allow for direct patient care (comprehensive dental care) in Community-Based settings far distant from the main campus of the Dental School. It is with the funding provided by this project that the NJDS was able to relocate an inadequate dental facility in Atlantic County to a larger, more functional site, also in Atlantic County to allow the treatment of additional uninsured HIV positive patients from the tri-county region of Atlantic, Cumberland and Cape May counties.

Access One, Inc. is a tri-county (Atlantic, Cape May and Cumberland) AIDS service organization organized in 1997 to provide services such as access to medical and dental care, case management, transportation referrals, psychosocial and psychiatric services, legal, housing and financial assistance to HIV infected persons in its service area.

NJDS in partnership with Access One, Inc. work together to meet the two goals outlined in this project.

The individual roles of each partner is that NJDS provides the infrastructure for the patient care and educational experience of the students, while Access One, Inc. facilitates the mission by ensuring access to additional patients from the target service area, ensuring that patients can and do keep their scheduled dental appointments, ensuring that case managers in the service area are educated and knowledgeable about the necessity and availability of dental care for the clients they serve and facilitate transportation for the clients from remote areas.

The Service area for this project is comprised of urban areas such as Atlantic City, and very rural farming areas such as is found in parts of Cumberland and Cape May counties, where availability and access to care are limited.
ABSTRACT
The proposed project's goals include to simultaneously establishing an integrated comprehensive primary oral health care clinic at Harlem United (HU), the community partner organization and to create and implement an innovative service learning curriculum in HIV/AIDS Care for post and predoctoral students of the School of Dental and Oral Surgery (SDOS), the academic partner. Their organizational linkage has been in existence since 1999 when they joined forces to provide preventive oral health care services for HU's clients, people living with HIV/AIDS and to train Advanced Education in General Dentistry (AEGD) postdoctoral fellows. The missions of the two partner agencies are mutually supportive. SDOS' mission includes education, research and service. The SDOS community Dentcare Network (Dentcare) provides community based oral health services to the underserved populations of Northern Manhattan in partnership with Community Based Organizations (CBOs). One of these partner agencies is HU. HU provides health care, supportive housing and HIV prevention services to African American and Hispanic people living with HIV/AIDS whose diagnoses are compounded with homelessness, substance use and mental illness. Guided by a mission to provide one hundred percent access to care and obtain zero disparity in health outcomes caused by racial and economic barriers, Harlem United created a “one-stop shop” of health care services integrated into New York State Adult Day Health Care Center (ADHC). This project will include collaborating with The Mailman School of Public Health (SPH). Its’ Center for Applied Public Health (CAPH) focuses on community based programs and the elimination of health disparities. SDOS: Trains pre and postdoctoral students in all aspects of dentistry, Grants a DDS/MPH degree in collaboration with SPH, Conducts biomedical, behavioral and oral health policy research, Provides Clinical Services for the mostly underserved populations of Northern Manhattan. SDOS is the major provider of HIV-related oral health care training and services in the area.

The proposed service area includes Upper Manhattan and the South Bronx which accounts for 23% of cumulative AIDS cases in NYC. Current HIV-related health care resources include 5 hospitals and 4 health or community-based centers. Oral Health Care Services are available at SDOS and affiliated community DentCare Network clinics, Harlem Hospital Center and other safety net providers. Severe unmet oral health need has been demonstrated in the recently published needs assessment of the HIV/HHS Planning Council of New York City. Main barriers to care include: fear of dentists/pain, dentists’ lack of knowledge or poor treatment of HIV patients, long waits at clinics, difficulty finding a provider who accepts Medicaid, fear of discrimination and rejection due to HIV/AIDS.

This proposal builds upon the existing partnership established between SDOS and Harlem United. Funds are requested to establish an innovative Services Learning (SL) project in oral health care for people living with HIV/AIDS. The creation of comprehensive dental services at Harlem United is linked with a new curriculum that emphasizes the “Human Face” of oral health care for the clients, people who struggle with substance use, mental illness, domestic violence, homelessness, and extreme poverty. Training will include the “Dentistry with a Human Face” core course and associated SL activities. A web based distance learning module will make the curriculum accessible to all AEGD residents, selected dental students and all others with an
Narrative Progress Report

Overview of Dental Collaborative

*Partners:* The collaborative effort represents a unique partnership between Harlem United Community AIDS Center, Inc. (HU), a community-based, multifaceted HIV/AIDS facility “Adult Day Health Care Center” (ADHC) located in Central Harlem at 123-125 West 124th Street -- and the Columbia University’s School of Dental & Oral Surgery (SDOS). HU also collaborates with other “Adult Day Health Care Center” (ADHC Network) which serves additional socially-complex HIV/AIDS clients throughout New York. During the past year, the dental clinic at HU was established as part of the project objectives, and is providing quality oral care services to patients with HIV/AIDS. This allowed the HU dental facility to extend dental care to additional clients from the larger ADHC network. HIV/AIDS Management Team (Team) comprised of HU and SDOS faulty and staff manages this project and coordinates its activities with two additional programs -- a Ryan White Care Act service program and a Bureau of Health Professions Advanced Education in General Dentistry (AEGD) training programs.

*Project Management Team:* The Team is comprised of representatives from HU lead by its Dental Director, Dr. Marcia Irving Ray, and representatives from SDOS: Chair of the Social and Behavioral Sciences Section, Dr. Burton L. Edelstein; HIV/AIDS clinicians, Drs. Sandra Burkett and Tanya Darlington; public health dentist Dr. Kavita Ahluwalia; Administrator Ms. Piyumika Kularatne; education specialists with expertise in service learning, Drs. Ayxa Calero-Breckheimer and Marita Murman; educational technologist Ms. Abena Asare; dental educator and informatics specialist Dr. John Zimmerman; and liaison with Dr. Greg Bunza, director of the SDOS AEGD program. These individuals are affiliated with the CU Center for New Media Teaching and Learning, SDOS Sections of Social and Behavioral Sciences and Restorative Dentistry, and Mailman School of Public Health Department of Sociomedical Sciences. At HU, the care-management team is comprised of medical, dental, social, behavioral, social work, and other therapists. In addition, senior HU management including its Executive Director, Patrick McGovern and program officials are regularly involved in oversight of this program.

*Liaison:* The HU-CU Team has met almost weekly throughout this project year to develop, implement, and coordinate tasks that support the goals, objectives, and action steps described in the work plan. Between meetings, Team members communicate through email and/or meet in small task-specific subgroups. Because each of the Team members is engaged in a range of additional activities across their home institutions and because they represent a variety of backgrounds, expertise, and experience, Team meetings are informed and enriched by “cross-fertilization” of ideas that build on environmental opportunities. Over the length of this project, this stable Team has well coalesced into an efficient and energized entity that engages in regular discussions that range from the operational to the philosophical. Thus, the project has yielded unexpected learning benefits for the principals which ultimately further enrich the quality of the training experience.
**SDOS update:** As previously reported, SDOS, the academic partner trains pre- and post-doctoral students in all aspects of dentistry, conducts biomedical, behavioral, and oral health policy research. In addition, SDOS provides clinical services with special consideration for the mostly underserved populations of Harlem and Washington Heights communities of Northern Manhattan, New York City. SDOS in collaboration with the Mailman School of Public Health (MSPH) grants a DDS/MPH dual-degree. It provides community-based oral health services to the stated service area through its Community DentCare Network (DentCare) in partnership with Community Based Organizations (CBOs). This project also collaborates with SPH through its’ Center for Applied Public Health (CAPH) which addresses community based programs in an effort to eliminate health disparities. In the past, SDOS has (a) provided technical expertise in designing the state-of-art dental suite, (b) physically set up and prepared the new facility’s dental suite, (c) provided professional assistance in obtaining all necessary certifications for operation of a dental facility in New York (including sterilization and radiation safety requirements), (d) provided guidance in hiring staff (Dental Director and dental assistant), and (e) prepared patients for coordinated transition between prevention services that are currently delivered at HU through SDOS’ Ryan White “We Care” program and comprehensive services to be delivered by the new on-site clinic. This project year, SDOS additionally supplied a cohort of Advanced Education in General Dentistry residents to staff the clinical facility and provide direct patient care to HU and ADHC clients.

**HU Update:** As previously reported, HU, the Community Based Partner, uniquely in Harlem provides comprehensive, integrated day-care, social, and health services to a small population of African American and Hispanic individuals living with HIV/AIDS whose diagnoses are compounded with both co-morbid medical conditions and by significant social and psycho-social issues including homelessness, substance abuse, and mental illnesses. In its mission to provide access to comprehensive health care and address issues of disparity in health outcomes caused by racial, ethnic and economic barriers, HU has created a “one-stop shop” of health care services integrated into a New York State Adult Day Health Care Center (ADHCC). Last project year HU (a) contracted and supervised the clinic build-out, (b) filed all necessary certifications and permits with the appropriate regulatory agencies, (c) hired a dental assistant and instituted a search process for the Dental Director, and (d) engaged existing clientele in planning and needs assessment. This project year HU (a) hired Marcia Irving Ray DDS as Dental Director, (b) developed a series of Standard Operating Procedures and other clinical and teaching guidance (provided upon request to Glenn Acham on 04/02/2004) (c) instituted treatment for both its own clients and those of the large ADHC Network, and (d) engaged dental residents and students in direct care, multi-disciplinary team care, and service learning reflection exercises.

**Service Area:** While previously reported service was limited to Northern Manhattan and the South Bronx, which accounted for 23% of cumulative AIDS cases in New York City, engagement of the ADHC Network currently provides additional coverage to East Harlem -- a predominately Hispanic neighborhood with the second highest AIDS rate in New York City, and Washington Heights/Inwood areas of Manhattan, a primarily
Dominican immigrant population with relatively lower HIV/AIDS prevalence. At the individual level, the overwhelming need for oral health care services in these communities is been documented in the significant pathology noted in presenting conditions of patients. At the population level, dental need has been documented by the HIV/HHS Planning Council of New York City.

**Progress to date meeting goals and objectives**

**Goal 1: Develop and implement service learning course based on experience in SDOS core management course.**

- **Objective 1: By the 4th month complete evaluation of the core course for purposes of developing service learning curricula.**
  
  **Status: Accomplished.**

  Employing a pre-post intervention evaluation methodology, findings were evaluated and presented at the March 2004 American Dental Education Association annual meeting in Seattle (abstract attached). Both negative and positive feedback provided by residents through survey materials, discussions, and informal feedback was utilized to further refine the core course for ongoing delivery. All core course materials including descriptive overview, syllabus, introductory materials, power-point presentations of lecturers, readings, and linkages to additional information were collected and will be enshrined in a CD for use by future faculty and students. This core course, originally developed under a Health Professions Training Grant is the prerequisite for residents engaged in this HIV/AIDS service project. Lead Team members responsible for this activity were education specialists Drs. Murrman and Calero-Breckheimer, and the Project Director, Dr. Edelstein. The entire Team was engaged in in-depth course evaluation, feedback to instructors, and individual critique of the course materials.

- **Objective 2: By the 9th month implement new service learning curriculum.**
  
  **Status: Accomplished and ongoing:**

  The anticipated Key Action Step was to “design a service learning curriculum based on HU’s program needs, constraints, and opportunities. The secondary Key Action Step was to “engage residents and faculty in reflection component of service learning methodology.”

  Significant challenges were encountered in tailoring “pure” service learning to the dental training received by residents in Harlem United on-the-ground training. In fact, these challenges were so significant as to raise questions about the applicability of service learning pedagogy to dental education. The essential problem is that the perceived needs of trainees are to acquire clinical skills and to manage the oral health needs of individual patients while the goals of service learning extend to responding to community needs. Our commitment to service learning methodology allowed us to create ongoing opportunities for trainees to

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Tufts University School of Dental Medicine

Holyoke Health Center: Western Mass Ryan White III Partnership

Project Abstract

The Dental Collaborative:
The Community Based Dental Partnership is comprised of Tufts University School of Dental Medicine (TUSDM) and the Holyoke Health Center (HHC). HHC is the grantee of record for the Ryan White III Western MA Partnership. The complementary purposes of this project are to: 1) increase access to dental care for Hampden County, Massachusetts residents with HIV disease, and 2) educate dental students in a community-based health center serving people with HIV and AIDS.

Service Area and Target Population:
The service delivery area for this project is Holyoke, Massachusetts. Our target population continues to be HIV positive, low income and under and uninsured members of the community, with a special focus on the urban Latino community. This year, the target population will continue to be all patients and clients who are enrolled in the Western MA Partnership and will include all HIV positive individuals from the African American, Caucasian and other communities. Our patient demographics reflect that 26% are African American; 59% are Hispanic. 85% are women of color.

Progress:
Year 2 has been a very successful year in standardizing our project within TUSDM and with our partner organization Holyoke Health Center. Dr. Stanton Wolfe was hired to direct the project and he has taken an active leadership role. Over the year 25 students completed their rotation in Holyoke and every rotational session was filled to capacity. A new position was developed to provide outreach and support to HIV patients and link them to dental care at HHC. We have worked hard to fully integrate program planning and development between both organizations and now have a solid collaboration that is rooted in improving access to care for HIV patients and training students in a community based setting. HHC completed renovations and all equipment was installed in the dental unit.

Challenges
Project team faced initial challenges in effectively linking HIV patients to follow-up care. This has improved dramatically with the full time staffing of the outreach position.

Patient Services and Provider Training: The TUSDM students have had numerous clinical and community based opportunities to provide care for our patients. Students provided care for over 645 patients totaling over 1100 completed procedures. (See appendix A, Student Procedure Chart 2003-2004)

Third Budget period Service Plan:
The Year 3 project plan will continue to expand services to HIV patients in Holyoke and Springfield area. Included in the Year the plan are the standardization of the community learning/public health component of the five-week externship rotation, enhancement of the Individualized Educational Plan to optimize the resources available to the student experience at the externship site, and rotation of students through the Hampden County Correctional Facility for educational and clinical training.
Program Narrative

1. Overview of the Dental Collaborative
The complementary purposes of the collaborative project between Tufts University School of Dental Medicine (TUSDM) and the Holyoke Health Center (HHC) continue to be: 1) increase access to dental care for Hampden County, Massachusetts residents with HIV disease, and 2) educate dental students in a community-based health center serving people living with HIV and AIDS. This program addresses unmet oral health care needs of people living with HIV in the Hampden County cities of Holyoke and Springfield. Both are federally designated Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) that have been hard hit by the HIV epidemic. The HIV patient population served by HHC and the Western Massachusetts Ryan White III Partnership lacks access to recommended preventative dental care. Issues of medical compromise, poverty, substance abuse, and historical neglect of oral health further complicate delivery of care to this underserved population.

Tufts University School of Dental Medicine
Tufts University School of Dental Medicine is an “accredited private dental school that provides education to diverse pre-doctoral and postgraduate students to prepare them to practice dentistry in the 21st century. Specifically, the goals of Tufts University School of Dental Medicine are dental education, patient care, research and community service.” As is stated in the Tufts University Vision Statement, “We want to foster an attitude of ‘giving back;’ an understanding that active citizenship participation is essential to freedom and democracy; and the desire to make the world a better place. As an institution, we are committed to improving the human condition through education and discovery. Beyond this commitment, we will strive to be a model for society at large.”

Holyoke Health Center (HHC) is a federally qualified health center. HHC is a state-licensed 501(c)(3) organization, originally established in 1970 in the city of Holyoke. Federal funding and FQHC status have been continuous since 1984. HHC’s target populations are low-income individuals and families who need a full range of primary health care and support services. Holyoke Health Center is a classic safety-net provider offering comprehensive dental and medical care for those in need. Holyoke Health Center’s mission is “to improve the health of our patients by providing quality health care and supporting comprehensive community-based programs to create a healthy community”. HHC is grantee of record for The Western Massachusetts Ryan White III Partnership and holds the only Title III grant in the area.

The Western Massachusetts Partnership is composed of two community health centers and one hospital, encompassing a total of 8 clinical sites. The Partnership members have worked together to provide early intervention and primary care to HIV individuals living in Springfield and Holyoke; both designated medically underserved urban areas since 1998. Our patient demographics reflect that 26% of are African American; 59% are Hispanic, many of who do not speak English. 44% are women; 85% of those are women of color.

Roles and responsibilities are shared in the project and both Tufts and HHC work closely to ensure that the rotational experience runs smoothly for students, staff, and patients. TUSDM is
directly responsible for all student scheduling and coordination prior to arrival in Holyoke; for overall quality assurance of the program; and for administrative oversight to ensure that program goals and objectives are met.

HHC provides all onsite student support including scheduling, clinic orientation, and integration with HIV Programming, outreach and coordination for HIV patients, onsite teaching and precepting with HHC dental staff and daily supervision and support. HHC also manages the student housing in downtown Holyoke.

2. Progress to Date

Service Delivery, Education, Program Assessment and Quality of Care

Service Delivery Component
Collaborative Programming and Access to Care.
TUSDM and HHC have designed a dental education program that provides an extraordinary opportunity for fourth year dental students to deliver care to patient and community residents living with HIV in Western MA. This year we have opened the program to qualified third year students. The first rotation of dental students began in March 2003 and met the goal of having students begin within the first nine months of funding. Since then, the 2003-2004 rotations have been completely filled with three students rotating through Holyoke every five weeks throughout the calendar year. The increase in students now provides an enhanced safety net function for dental care for the HIV patient.

The students had an extraordinary opportunity to work directly with HHC patients, understand the role of Ryan White III programming in a community health center and participate in multiple community based clinical and public health programs. Student evaluations indicated that this was an excellent opportunity to grow both personally and professionally in their dental training. HHC staff also has indicated that the students' work has been exceptional and dramatically expanded access to care for patients who would otherwise not be receiving services. Students have been involved in HHC HIV clinical and community based activities. They have worked closely with our Ryan White III team and conducted community based screening and education for HIV patients. Additionally, they precept with our HIV specialist weekly to further understand the relationship between primary medical and specialty care in HIV care. A highlight of the rotation has also been the work at our local correctional facility.

HHC completed all construction and expansion for the dental unit. HHC is equipped with a state of the art dental unit that has 5,700 square feet of operational space. This space houses eleven new operatories and state-of-the-art equipment that is designed for efficient and cost-effective care. HHC recently invested in equipment specifically to meet the needs of our oral and maxillofacial surgeons to increase access for outpatient oral surgery. Our operatories are equipped with fiber optics and digital radiography with flat screen monitors mounted to the arms of the patient's chair. Additional equipment includes onsite digital panorex, rotary endodontic handpieces, and handicap accessible space. The Panorex viewing capabilities are possible in all rooms.
A) Project Abstract  CAN-DO: Chicago AIDS Network for Dental Outreach

The Dental Collaborative: The Chicago AIDS Network for Dental Outreach (CAN-DO) remains to be comprised by the proposed coalition, made up of the University of Illinois at Chicago (UIC) College of Dentistry (COD), the Midwest AIDS Training and Education Center (MATEC) and the Heartland Health Outreach Spang Centers for Oral Health (HHO). The Cook County Bureau of Health Services CORE Center (CORE) and the Advocate Illinois Masonic Medical Center (Masonic) are prepared to become partner sites starting September 2004.

Service Area and Target Population: The service area for our program remains in Cook County, Chicago, Illinois. The target patient population remains to be under-served populations, vulnerable populations, and HIV/AIDS populations with difficulty to access to quality care. The target workforce population remains to be dental students, dental faculty, dental staff and community partners.

Progress: 1) The continued partnering with community-based clinics concerned with the improvement of oral health status and access to oral health care for people living with HIV.

During Year 2, the COD hired Dr. Aljernon Bolden to be the full-time Director of Extramural Education; consequently, there have been many administrative changes and adjustments of responsibilities within the college. As with any change in Human Resources, there has been a learning-curve, and we have not made as much Year 2 progress as anticipated. However, as we move into Year 3 with new systems in place, it is hoped that we will exceed expectations for the entirety of the grant.

A database of area key sites and practitioners has been created, and joint meetings, comprising representatives of these sites and practitioners and the CAN-DO external advisory committee were held on 16 October 2003, and 26 February 2004. A third joint meeting is planned for June 2004, and quarterly for the duration of the project. Additionally, a second MATEC-sponsored educational event is scheduled to take place during the summer session of 2004. At this event, representatives of key sites will address the student body about the challenges and rewards associated with caring for HIV+ patients. All third and fourth year students in the College of Dentistry will be required to attend this seminar, and we will invite all faculty and staff members as well as many community partners.

We have attended several MATEC meetings, and our investigators and project manager have joined MATEC’s "dental study club," a group of community oral health care practitioners who are committed to providing special-needs patients with the highest quality of services. It continues to be hoped that members of this club will be able to provide referrals, resources, and inside connection to the diverse communities of Cook County. Furthermore, Mr. Oliphant has attended several Educate Advocate Support Empower (EASE) sponsored seminars on HIV. In addition to presenting important information, these seminars provided opportunities for networking and making professional contact with community professionals for instance, Courtney Snyder, Public Policy Associate with Health and Disability Advocates, a not-for-profit group that campaigns for policies that provide economic security and health coverage for adults with disabilities.
Patient Services: No patient services have been implemented in Year One, but expanded dental student involvement is ready for implementation in Year Two.

Second budget period Service Plan: UIC COD's third-year service plan will: initiate one of three student clinical rotation for all D4 dental students, identify and establish an oral health care access network, increase access to care for persons living with HIV, implement curricular change to encompass cultural sensitivity, and provide future dental-health professionals skills to deal with vulnerable and HIV/AIDS populations.

B) Project Narrative

The Dental Collaborative: The Chicago AIDS Network for Dental Outreach remains the University of Illinois at Chicago College of Dentistry (UIC COD), the Midwest AIDS Training and Education Center (MATEC) and the Spang Centers for Oral Health (HHO). The service area for our program remains in Cook County, Chicago, Illinois. The Cook County Bureau of Health Services CORE Center (CORE) and the Advocate Illinois Masonic Medical Center (Masonic) are prepared to become partner sites starting September 2004.

The above organizations are all responsible for facilitating the proposed grant goals, by helping to increase access to quality oral health care for persons living with HIV/AIDS. Previous to this grant, COD students and faculty have not been encouraged to take advantage of MATEC's resources, nor were encounters with HIV+ patients recorded, monitored, or intentionally covered in practicums. As a member of CAN-DO, the UIC College of Dentistry will: research new member organizations, provide clinics with the manpower to treat increasing numbers of HIV/AIDS patients, manage copious data including patient biostatistics and demographics, and report findings to HRSA. UIC COD is responsible for expanding the dental curriculum to encompass community-based experiences, both clinical and educational, to serve the public and instill in our students the obligation to serve special needs populations, such as people living with HIV, in their future place of practice.

MATEC will provide CAN-DO members with opportunities for both networking and the continuing education of both faculty and students. MATEC will also act as a liaison between the COD and potential patients, create oral-health-specific literature to distribute to patients, students, and college faculty, co-host seminars and lectures by a wide variety of experts throughout the community, and provide access to a "study club" of community professionals with whom we intend to collaborate. MATEC is responsible for providing training that increases and motivates the number of dental students, dental faculty, dental staff, and community-based partners to prevent, diagnose, treat, and manage HIV infection.

HHO, Masonic, and CORE will focus on the teaching and supervision of students, in addition to increasing services for consumers. Their CAN-DO rotations will be the dental students' first foray into a non-university dental clinical setting. HHO, CORE, and Masonic faculty will also host seminars, provide additional resources for case discussion, and increase personnel to support our program. These partners are responsible for providing dental students an arena for clinical rotations to increase quality oral health care, and health education activities to increase awareness and prevention/treatment to the vulnerable populations the clinic serves.
Project Description:

Mission:

To provide comprehensive dental services at the CrossRoads Healthcare Facility to all persons enrolled in the State AIDS Drug Assistance Program (ADAP) regardless of their ability to pay.

The dental service is a component of a multidisciplinary comprehensive healthcare clinic that will provide STD/HIV testing, diagnostic treatment, and referral services as well as the comprehensive dental services.

- University of Mississippi Medical Center School of Dentistry
- Mississippi Department of Health (MSDH)
- Jackson Medical Mall Foundation

Problem Areas (to date):

- **Dental Clinic** – the dental clinic is to be located in the CrossRoads Facility. This facility is to be relocated and renovated to the Jackson Medical Mall. All construction costs activities and costs are funded by the Jackson Medical Mall Foundation (no expense to the grant).
  - Completion of the dental service is not in the control of the grant.
    - Final renovation plans: May 2003
    - Renovations to take 90 days to complete: ideal not realistic
  - Clinic is not yet completed (05-19-04). Plans to hire dental staff has been delayed.

- Temporary dental service activities: Considered beginning the dental service activities at the school of dentistry; but the logistic concerns in implementing this action would have been significant and wrought with inefficiency and failure.

- Lack of institutional support
  - No clerical/secretary support
  - Classroom and clinic schedule has not changed
Current Status:

- **Interviewing** quality candidates for the position of Dental Coordinator. Should have this position filled by the middle of June2004.
- **Patient Records:** The CrossRoads Facility will have electronic medical/dental records. There will be a single patient record that includes both the medical and dental documentation.
- **Patient Imaging:** Dental imaging (radiographs) will be electronic (digital).
- **Dental Service Staffing:** The Mississippi State Department of Health will hire the dental hygienist. The dental assistant will be hired from the grant.

Patient Population:

- Individuals enrolled in the State AIDS Drug Assistance Program (ADAP)
  - HIV+
  - Living at 400% of the poverty level
  - Not eligible to receive Medicaid
- **ADAP Clients – calendar year 2002**
  - 994
  - Males 671 - 68%
  - Females 323 - 32%
  - Caucasian 243 25%
  - African-American/Hispanic 746 75%

Projected Plans

- Hire and train Dental Coordinator, dental hygienist, and dental assistant — immediate priority.
- Have an operational clinic by 30 August 2004.
- Develop and implement CrossRoads educational programs
  - Undergraduate medical/dental students
  - Nursing students
  - Dental hygiene students
  - Medical/Dental residents
- Develop and implement CrossRoads education programs
  - Statewide healthcare providers
  - HIV+ individuals
  - Families of HIV+ individuals
Non-competitive Continuation Grant – Fiscal year 2004-2005
Grant for Oral Health Care Training and Provision of Oral Health Care to
Individuals with HIV. H65HA00002-02-00
Louisiana State University Health Sciences Center, School of Dentistry
1100 Florida Avenue
New Orleans, LA 70119

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Abstract

Dental Collaborative: This project is led by the Louisiana State University School of Dentistry (LSUSD) in conjunction with four partners funded through this initiative. 1) Huey P. Long Medical Center (HPL), 2) HPLMC CD4 clinic, the major provider of medical services for HIV-infected individuals in central Louisiana, 3) RWCA Title II funded Central Louisiana AIDS Support Services (CLASS), a community-based AIDS services organization and 4) Dr. Chapman, a community dentist. A previous partner, the Health Enterprise Network (HEN) is no longer operating due to lack of sufficient funds.

Service Area and Target Population: This community-based dental partnership program serves HIV-infected individuals in region VI of Louisiana, a primarily rural region of Louisiana which has the third highest HIV/AIDS case rate in the state (22 per 100,000). It also provides HIV-related education for dental residents, dental students, dental hygiene students and community dentists in this region. Louisiana's high poverty rates earn the state a ranking of 49th out of 50 states. Progress in patient services and provider training: Six GPR residents, 55 dental students and 33 dental hygiene students have rotated through this clinic since July 2003 and provided preventative, periodontal, restorative, surgical, prosthodontic and emergency services to 103 HIV-positive clients. GPR residents rotate through an HIV medical clinic for training every Monday.

Education of community dentists has been achieved using case reports generated within the HPLMC dental clinic. HIV-positive clients have received education in oral health care in the HPLMC dental clinic, CD4 clinic and CLASS offices. The collaborative community dentist has fabricated 25 dentures. A symposium for all 12 GPR residents, dental clinic faculty and staff, CD4 clinic faculty and staff is scheduled for August 2004, and all six incoming GPR residents will attend a Delta AETC dental preceptorship on June 30th 2004. Challenges: A $70 million budget cut in the Louisiana Department of Health and Hospitals, followed by a $30 million cut this year is causing concern for the future of the dental clinic at HPLMC; however, LSUSD has identified an alternate site and is in negotiations concerning the development of a community dental clinic at this site. Third budget period Service Plan: Services provided in 2003 exceeded Year 2 goals. The third year service plan will maintain current level of services utilizing all 4 collaborative partners, with projected increases in preventative, restorative and surgical procedures and an increase in the number of dentures provided. An increase in the education budget reflects the introduction of an annual symposium for the GPR residents and the development and production of an HIV-focused consumer education video-tape.
Program Narrative

OVERVIEW OF DENTAL COLLABORATIVE

The current dental collaborative receiving funding from this grant, as of May 2004, consists of five partners, Louisiana State University Dental School (LSUSD), Huey P. Long Medical Center (HPLMC), HPLMC CD4 clinic, Central Louisiana AIDS Support Services (CLASS) and a community dentist Dr. Chapman. The Health Enterprise Network (HEN) was disbanded in April 2004 following an unsuccessful bid to obtain independent HRSA funding. Although they do not receive any funding from this collaborative the DELTA region AETC has proved to be an invaluable partner to this project.

*Louisiana State University Health Sciences Center, School of Dentistry:* Louisiana State University School of Dentistry (LSUSD), located in New Orleans, is the only School of Dentistry in the state with eighty-five percent of dental health care professionals practicing in Louisiana having graduated from LSUSD. The mission of the School of Dentistry with this funding opportunity is to endow future general dentists, specialists, and dental auxiliaries with the skill, knowledge, ethical and professional judgment, and experience to provide competent health care to HIV-positive individuals living in Louisiana and the dissemination of education and information concerning the oral health care for HIV-positive patients to the dental community and the public.

LSUSD is uniquely qualified to fulfill this goal as competency-based dental education at LSUSD includes the provision of oral health care to individuals with special needs and expanding oral health services to underserved populations. This curriculum requirement led to the implementation of a rotation for all senior dental and dental hygiene students to a community clinic located in Alexandria, in central Louisiana. The General Practice Residency Program at the LSU School of Dentistry and the Medical Center of Louisiana at New Orleans (MCLNO) provides first year residents with a two month rotation through the community clinic with the goal of 1) provision of “hands-on” training for the resident, 2) provision of training and mentoring for all dental and hygiene students rotating through the Alexandria clinic and 3) provision of oral health care services to individuals living with HIV.

*Huey P. Long Medical Center:* In 1998, through a joint effort of the Huey P. Long Hospital (HPL), Central Louisiana AHEC, and the LSUSD, a community dental facility was established at the England Air Force Base site of the HPL Hospital in Alexandria, Louisiana. This clinic has been staffed by LSUSD dental, hygiene and postgraduate students since that time. Dr. John Dagate works as a supervising dentist at this community dental clinic. Services provided include preventive, periodontal, oral surgery, and simple restorative procedures, however, removable prostheses are not offered at this site.

*CD4 Clinic at HPLMC:* Huey P. Long Medical Center, a designated public health hospital, is the major provider of inpatient and ambulatory medical services for persons living with HIV in the area with 264 HIV-positive individuals receiving medical care at the HPLMC CD4 medical facility. Oral health education is provided to the CD4 Clinic staff, ensuring that preventive dental care is integrated in ongoing medical services for HIV-positive individuals. All clients accessing this clinic are provided with oral health care kits and pamphlets concerning oral health care in
HIV-positive individuals. Patients identified as requiring oral health services are referred directly to the HPL/LSUSD Dental Clinic.

**Central Louisiana AIDS Support Services (CLASS):** CLASS is the only consumer organization in Rapides parish that provides HIV/AIDS support services and is funded through RWCA Title II. CLASS collaborates extensively with the Huey P. Long Medical Center (HPLMC) dental clinic and CD4 medical clinic to support the provision of primary medical and dental care to persons living with HIV/AIDS.

**Steven Chapman, DDS:** Dr. Chapman provides dental care to HIV-positive clients through a RWCA Title III funded dental program and also by providing dentures, funded through this collaborative effort, for HIV-positive clients in his private office. The provision of denture services in his office eliminates confidentiality issues arising from the fact that other patients of the HPLMC dental clinic do not have this service provided.

**Health Enterprise Network:** The Health Enrichment Network Inc. (THEN), a non-profit corporation, providing transportation to health care facilities, primarily to underserved, rural populations has been disbanded due to funding problems. The group submitted an unsuccessful proposal for funding through HRSA and therefore was unable to operate with their existing funds.

**SERVICE AREA:** As stated previously, the proposed project will target HIV-positive individuals who reside in the service area defined as Louisiana Office of Public Health Region VI (commonly known as the Alexandria region) comprised of the city of Alexandria in Rapides Parish (county) and seven rural parishes: Avoyelles, Grant, LaSalle, Winn, Catahoula, Concordia, and Vernon (please see Appendix D: Map of Service Area). A total of 325,174 individuals live in this region. The city of Alexandria, located in Rapides Parish is the primary metropolitan area with a population of 46,342 persons. Not surprisingly, Rapides Parish accounts for the largest portion of the population (39%) in Region VI, while Catahoula Parish is the least populous with 10,847 residents. Parish populations reported by the U.S. Census Bureau (2000) for the targeted parishes are as follows:

This Public Health Region VI has a majority of Caucasian population, comprising 70% of the total, followed by 26% of African American and 4% others. None of the individual parishes report a non-Caucasian majority population. Two Native American tribes reside in the area: the Jena Band of Choctaws in LaSalle Parish, (0.6% of the population) and the Tunica/Biloxi tribe located in Avoyelles Parish (0.3% of the population)

Region VI is characterized by rural agricultural lowlands and wooded wetlands, with small towns and communities scattered across the area. Industrial development is insignificant, with the exception of Rapides Parish. Sugar cane plantations, cattle ranches, and farms are the primary source of agricultural employment for residents. Louisiana's high poverty rate, which earns the state a ranking of 49th out of 50 states, has an immense impact on the provision of health care services. Many Region VI residents experience pervasive poverty. The per capita annual income of the largest area recorded is $15,439, a solid 25% lower than the state average of $20,458. Rapides Parish posted the highest income of the region with $20,007; however, the remaining eight parishes fell far below Rapides Parish. Per capita annual incomes in the rural parishes range from $15,684 in LaSalle Parish to $14,018 in Allen Parish, rendering the parish the fourth poorest in the State (Louisiana Department of Economic Development).
Project Abstract

Ryan White Colorado Dental Care Partnership Program: A consortium to Improve Access to Dental Care for HIV-Infected Individuals in Colorado

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The collaborative consists of the University of Colorado School of Dentistry (UCSD), the Mountain Plains AIDS Education and Training Center (MPAETC), the Colorado AIDS Education and Training Center (CAETC), and three Community-Based Care Sites (CBCs) in targeted underserved areas of Colorado and the UCSD Sands House Clinic. Target areas are:
1. Metropolitan Denver (Howard Dental Center, Sands House Clinic): including the counties of Denver, Adams, Arapahoe, Broomfield Denver, Douglas and Jefferson.
2. Grand Junction (Marillac Clinic): including the entire county of Mesa County, Colorado
3. Pueblo and Southeastern (Colorado Pueblo Community Health Center): Alamosa, Baca, Bent, Crowley, Custer, Fremont, Huerfano, Las Animas, Otero, Prowers and Pueblo counties.

Progress on Goals: (1) The direct collaborations between the medical and dental providers caring for HIV-infected patients have been successfully implemented and remain viable at all CBCs. (2) The AETC “Dental Mini-Sabbatical” clinical training program continues to be the foundation for training key personnel in the CBCs on an ongoing basis. (3) The grant has supported the development of educational materials in collaboration with the AETC, but due to the School’s inability to allocate resources for the timely development of the planned Virtual Oral Health Center, they are currently available on the internet only through Blackboard. (4) Issues of patient confidentiality and control of records of HIV-infected patients has been a focus of continued training and has been reviewed during site visits and audits. (5) Didactic training for all dental and dental hygiene students has occurred at UCSD. At CBCs, additional didactic and clinical training has taken place for participating students. Year to date clinical rotations: 10 dental students have been placed at the CBCs and Sands House Clinic for a combined total of 223 days; 11 dental hygiene students placed at Howard on a weekly basis totaling 40 student days. In 2004 summer and fall terms, each third year dental student has been scheduled to rotate to Howard for one day. (6) Specific quality assurance criteria have been developed by the management team and reviewed with each of the CBCS during site visits.

Challenges: The poor economy remains the most significant impact at UCSD and CBCs (reductions of over 35% in State funding since the grant was submitted), limiting the flexibility in addressing grant objectives. Coordination of UCSD curriculum to allow increased student participation remains an issue as is patient compliance. UCSD is currently studying new curricular models, and has collaborated with CBCs in patient education strategies to improve compliance.

Patient Services: Marillac Clinic: Between January and April 2004, 10 dental screenings were scheduled (8 full days, 2 half days) in the Western Colorado HIV Speciality Care Clinic. During those days, 87 patients were seen in the clinic, with 45 patients (51%) receiving on-site dental screenings. Of those, 31 (68.8%) were appointed to the Marillac Dental Clinic. PCHC: 10 patients received care by dental students. Howard Clinic: 216 patients have received dental care by the dental students; 48 have received care from the dental hygiene students. Sands: 109 patients have been treated by dental students and GPR residents through the referrals from the CBCs and other collaborative arrangements through the Consortium.

Third Budget Period Service Plan: The goals remain the same as those described in the Progress on Goals section. There are two areas that are being emphasized for the third year. First is broadening and increasing student participation in the CBCs, second is an effort to improve patient compliance with proposed treatment of oral health needs.
PROJECT NARRATIVE

The Dental Collaborative Partnership: The Dental Partnership, with the University of Colorado School of Dentistry (UCSD), as the applicant organization, includes UCSD, the Mountain Plains AIDS Education and Training Center (MCPAETC), the Colorado AIDS Education and Training Center (CAETC), and three Community-Based Care Sites (CBCSs) in targeted underserved areas of Colorado and the Denver based UCSD Sands House Clinic.

The Marillac Clinic on the Western Slope, the Pueblo Community Health Center in Southern Colorado, and the Howard Clinic in Metropolitan Denver, are in areas where Ryan White Title III clinics exist. The UCSD Sands House Clinic has become a referral resource for difficult cases encountered by the CBCS. All sites have participated in the training and have hosted dental students providing care to HIV+ patients. We anticipate no problems continuing to work in each of the 4 clinical sites for the next year.

Progress to Date: A summary of the progress that has occurred on each of the program goals is as follows:

1. Facilitate direct collaborations between the medical and dental providers caring for HIV-infected patients.

Each of the CBCS sites continues to meet with representatives of the medical teams providing care to HIV+ patients in their respective areas facilitated by the CAETC staff and developed criteria and mechanisms to facilitate dental referrals. The process is fully implemented in all three CBCs.

The Marillac Clinic in Grand Junction serves as an outstanding example of how the grant has facilitated access to oral health care for HIV-infected patients. Now in its second year, the collaborations between primary care physicians, RNs, case managers and dentists implemented at the Marillac Clinic have been very successful in reaching a significant number of HIV-infected patients, and providing access to the oral health care. Between January and April, 2004, ten screenings were scheduled (eight full day and two half day) at times when rotating dental students were assigned to the site. The dentist trainer and students went to the Ryan White Title III Early Intervention Services Clinic at St. Mary’s Family Practice Residency Program in Grand Junction. Utilizing portable dental equipment and instruments purchased with other resources, oral health screenings are offered to every patient scheduled at the clinic. The exam room is provided by Title III and the dental team interacts with the other medical providers (MDs, RNs, case manager and mental health professional).

Based upon feedback from medical and dental staff, students and patients, this protocol has provided numerous advantages, including:

1. Regular interaction between dental staff and students, primary care physicians, RNs and case managers;
2. Calibration of the provider team in the oral health needs and primary care needs of the patients;
3. Immediate opportunities for consultation between provider team members;
4. Convenient on-site access to initial oral health screenings for patients;

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