

The logo features a large, stylized red graphic element on the left, resembling a square with a horizontal bar extending to the right and a vertical bar extending downwards. The year '2018' is written vertically in light blue text within the vertical bar. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Community Based Dental Partnership: Innovation Through Collaboration, Coordination, and Communication

Jill A. York, D.D.S., M.A.S. and Steven Toth, D.M.D.

CBDPP Program Director, Rutgers, The State University of New Jersey

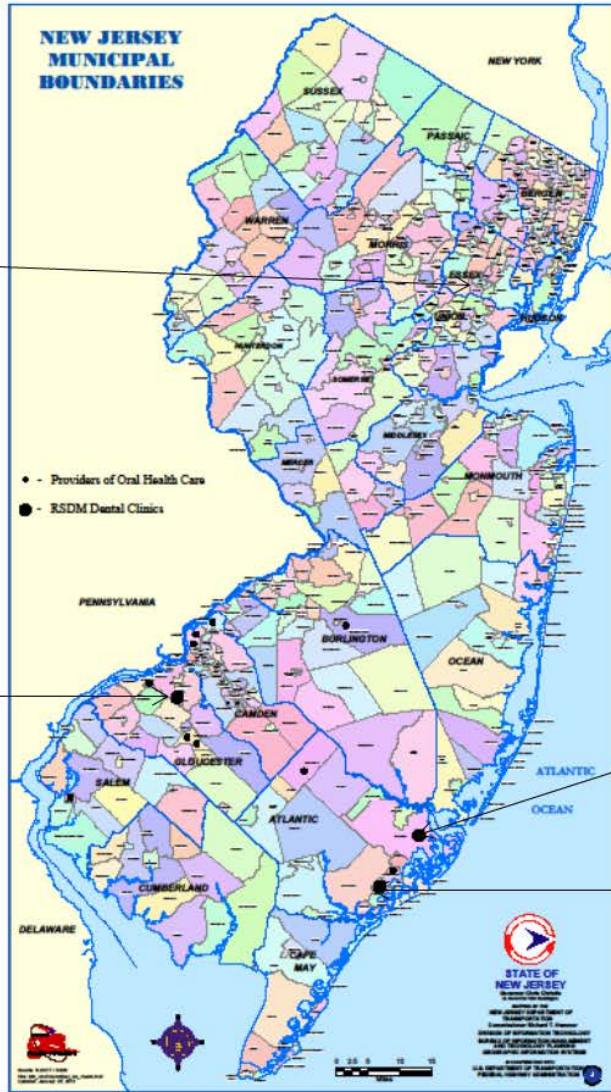
CBDPP Clinical Director, Rutgers, The State University of New Jersey

Learning Objectives

- Identify the critical elements of a model that provides oral health care to people living with HIV/AIDS (PLWH) in the community
- Examine the impact of collaboration, coordination, and communication on a dental program for PLWH
- Recognize methods to improve the community based dental program in your organization

Community Based Dental Partnership

- Increase access to oral health care for clients with HIV in areas that remain underserved, especially in communities without dental programs
- Increase the number of dental providers capable of managing the oral health needs of clients with HIV, through community based service-learning experiences



Community Oriented Dental Education

There are two main purposes: (1) To educate the student to care for the HIV-positive client in the clinical setting; and (2) To better understand the broader medical and social challenges for oral health care, along with greater cultural understanding of the oral health care needs of this population.

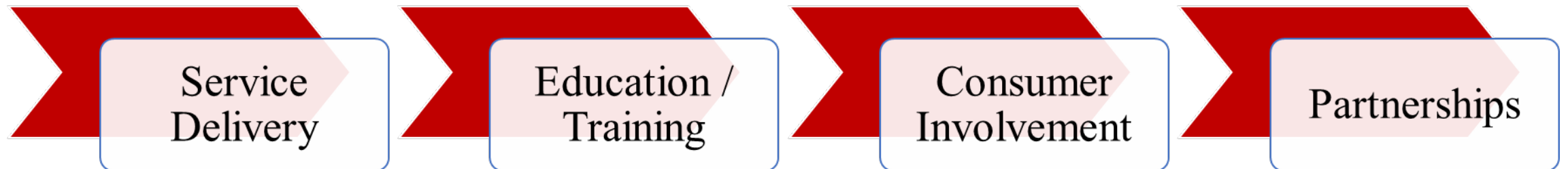
- CODE Program: students spend the majority of their fourth year (30 hours per week) training at a community based site
- CODE II Program: students spend two consecutive weeks (75 hours) in training at a community based site

Leader's Guide to Innovation

- Visualize: Picture the ideal future, the “Should-Be” state
- Find Facts: Determine the “As-Is” state
- Find Ideas: Brainstorm and do “Green-Light Thinking” for ideas
- Find Solutions: Do “Red-Light Thinking” to determine the best idea or approach
- Find Acceptance: Gain approval and support
- Implement: Put the accepted solutions into action
- Follow Up: Monitor the implementation
- Evaluate: Identify and assess the end result

Best Practices

- **Collaboration:** The process of shared creation; collectively creating something new that could not have been created by the individual users
- **Coordination:** The actions of users directed by a coordinator to achieve a common goal
- **Communication:** The exchange of ideas and information



Case Management Referral

Strategy 1: Educate case managers, providers and clients about the availability of oral health services offered by the RSDM

Strategy 2: Ensure confidentiality and maintain a system for control of HIV-positive client records

Strategy 3: Make referrals for all eligible clients

Strategy 4: Track and monitor all referrals

Strategy 5: Schedule dental appointments

Strategy 6: Facilitate transportation

Strategy 7: Assist with recall and follow-up appointment for clients

Access One, Inc.

Atlantic County Seniors Program

Strategy 1: Identify opportunities to improve oral health for low income senior citizens (60+ years old) from Atlantic County

Strategy 2: Provide Atlantic County residents with coordinated care through the Division of Intergenerational Services with an interdisciplinary team of health professionals that includes dental providers

Strategy 3: Provide comprehensive oral health care services that are designed to enhance the quality of life and autonomy for older adults

County of Atlantic, New Jersey



- Training health providers in HIV screening in older populations and integration of key services
- Prevention, education and outreach targeting older adults
- Funding in line with the aging of the epidemic
- Engagement of communities, community-based organizations and social service providers in outreach

PACE Program of All-inclusive Care for the Elderly

Strategy 1: Identify opportunities to improve oral health for low income senior citizens (over the age of 55) that qualify for home care nursing from counties in Southern New Jersey

Strategy 2: Provide PACE participants with coordinated care through an interdisciplinary team of health professionals that includes dental providers

Strategy 3: Provide comprehensive dental services to frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits

AtlantiCare Health Services, Inc.

Participants receive all health care services from caring professionals. The service package includes:

Primary Medical Care

Nursing
Social Work
Physical Therapy
Occupational Therapy
Speech Therapy
Recreational Therapy
Nutrition Counseling
Personal Care
Transportation
Meals

Home Services

Housing
Home Healthcare
Personal Care
Chore Services

Specialist Services

Medical Specialist
Audiology
Dentistry
Optometry
Podiatry

Inpatient Services

Hospital
Nursing Home
Inpatient Specialist

Other Medical Services

Prescriptions
Lab Tests/Procedures
Radiology Services/Procedures
Durable Medical Equipment
Outpatient Surgery
Emergency Medical Care
Medical Transportation/Escort

Cosmetic Dentistry Program

Strategy 1: Identify opportunities to improve health and well-being for clients

Strategy 2: Provide an alternative way, dental implants, to restore both tooth function and appearance

Strategy 3: Incorporate the latest technologies, the best production methods and finest materials into restoring smiles for PLWH

Neoss



Recall Recovery Program

Strategy 1: Build greater value for the hygiene appointment by emphasizing all the care provided, including prophylaxis and screening for oral cancer

Strategy 2: Don't refer to the appointment as a “cleaning” —it devalues the visit

Strategy 3: Make a concerted effort to schedule the next recall/hygiene appointment while clients are still in the office

Strategy 4: Confirm appointments two months in advance using postcards and 48 hours in advance using telephone reminders

**UNIVERSITY DENTAL CENTER
RECALL RECOVERY 2018**

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Patients contacted made recall appointment													0
Patients contacted and will return call to schedule an appointment													0
Patients contacted left messages on machines or with a person													0
Patients did not want to return to the office													0
Patient incarcerated													0
Patient deceased													0
Patients telephone disconnected or unlisted - letter sent													0
Patients with disconnected telephone sent letters made appointment via calling office or case managers													0
Patients unable to schedule recall appointments - letter returned to sender (Undeliverable)													0
Patient letter send did not schedule recall appointment													0
Total Patients contacted for Recall Appointments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of people that made an appointment													0
Total number of people restricted from making an appointment													0
Total number of people eligible to make recall appointment													0
Percentage of people that made recall appointment that are eligible													%
Percentage of people that made recall appointment from all contacted													%

Tobacco Prevention/Cessation Program

Strategy 1: Identify one faculty member from each of the three Rutgers dental clinics to take the Rutgers Tobacco Dependence Program

Strategy 2: Develop an intervention program to educate clients of the harmful effects of tobacco

First by preventing the start of its use and second by counseling for the cessation of tobacco use

Strategy 3: Implement the intervention program at each of the three extramural clinics by the trained faculty

American Dental Association Foundation / Rutgers School of Public Health

TDP Initial Client Assessment

<i>For Clinician Use Only:</i>	
Patient Name:	
ID Number:	
Date of Assessment:	
Initial Target Quit Date:	
Assessment Site (circle):	Hospital / CINJ / GIM / Worksite / Other:
Clinician Name:	

Date of Birth Month _____ Day _____ Year _____		Last 4 numbers of Social Security	
Street Address			
City		State	Zip
Home Phone		Work Phone	
Cell Phone		Email Address	
Next of Kin/Emergency Contact Information Name _____ Phone Number _____		City where you were born	
Primary Care Physician		Town where you see this doctor	
Specialists/Other Doctors You See		Specialty	

How did you find out about this program?	
Gender	Female _____ Male _____
Current Relationship Status	Single _____ Living with Someone _____ Married _____ Divorced _____ Widowed _____ Separated _____
Do you have any children?	Yes _____ No _____
If yes, how many children do you have?	
What race/ethnicity best describes you?	Caucasian/White _____ African American/Black _____ Hispanic/Latino _____ Asian _____ South Asian _____ Other please indicate: _____

Initial Client Assessment

1

© 2010 Tobacco Dependence Program
(Revised December 2010)

What language is primarily spoken at home?	English _____ Spanish _____ Both English and Spanish _____ Other please indicate: _____
What is the highest level of education that you have achieved?	High School or GED or less _____ Some College/Technical School _____ College Degree _____ Graduate Degree _____
Which of these best describes your current employment status?	Full-time employment _____ Part-time employment _____ A full-time student _____ Retired _____ Unemployed _____ Permanently sick or disabled _____
What is your occupation (if applicable)?	

TOBACCO SPECIFIC INFORMATION - TOBACCO USE HISTORY

1. What age were you when you started using tobacco on a regular basis?	
2. How many cigarettes do you smoke each day?	
3. Do you ever butt out and relight your cigarettes?	Yes _____ No _____
4. What is your favorite brand of tobacco?	
5. Do you smoke Menthol?	Yes _____ No _____
6. Do you sometimes awaken at night to have a cigarette or use tobacco?	Yes _____ No _____
7. How soon after you wake up do you smoke your first cigarette?	Within 5 min (3) _____ 6 - 30 min (2) _____ 31 - 60 min (1) _____ After 60 min _____
8. Do you find it hard to refrain from using tobacco in certain places (forbidden situations)? (i.e., movies, church, library, smoke-free building?)	Yes (1) _____ No _____
9. Which cigarette would you hate to give up the most?	1 st morning one (1) _____ All others _____ 10 or less _____
10. How many cigarettes do you smoke?	11-20 (1) _____ 21-30 (2) _____ 31 or more (3) _____
11. Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes (1) _____ No _____
12. Do you smoke if you are so ill that you are in bed most of the day?	Yes (1) _____ No _____
<i>For Clinician Use only</i>	
TOTAL FTND POINTS (add items 7 through 12): _____	

Initial Client Assessment

2

© 2010 Tobacco Dependence Program
(Revised December 2010)

13. How do you purchase your tobacco? Check (☑) all that apply

Cigarettes: Roll your own from loose tobacco "Loosies" or 1 or more cigs at a time
 Pack at a time Buy One, Get one
 Cartons Drive out of State to purchase
 Order on line

Cigars: Loose Specialized tobacco shop
 In pack If so how many to a pack? _____
 In box Order or drive out of state

Dip or Spit Tobacco: One tin or package Other, please describe: _____

Other tobacco products: _____

14. Previous Quit Attempts

How many times have you stopped smoking or using tobacco for at least 24 hours because you were trying to quit?	_____ times		
	Most Recent Quit Attempt # 1	2 nd Most Recent Quit Attempt	3 rd Most Recent Quit Attempt
Dates: beginning & end			
Age			
Method used to quit:			
Duration using that method:			
Medications used (like Nicotine Replacement or Zyban)			
Counseling used (group, individual, ALA or other smoking cessation program)			
Reason for Relapse:			

15. Previous Withdrawal/Abstinence Symptoms

What uncomfortable symptoms have you ever experienced as a result of stopping tobacco use? (Check (☑) all that apply)

Agitation/Irritability Difficulty concentrating Increased appetite/Weight gain
 Anger/Hostility Fatigue Depressed mood
 Anxiety/Nervousness Feeling disoriented Impatience/Restlessness
 Craving Frustration Insomnia
 Other (please specify): _____

Initial Client Assessment

3

© 2010 Tobacco Dependence Program
(Revised December 2010)

16. Triggers

What triggers your tobacco use now? Please check (☑) all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Being at work | <input type="checkbox"/> Being at home |
| <input type="checkbox"/> Attending meetings | <input type="checkbox"/> When alone, bored |
| <input type="checkbox"/> When feeling anxious | <input type="checkbox"/> When my children are present |
| <input type="checkbox"/> When under a lot of stress | <input type="checkbox"/> After meals |
| <input type="checkbox"/> When I need to concentrate | <input type="checkbox"/> When relaxing |
| <input type="checkbox"/> When drinking coffee, tea, or soda | <input type="checkbox"/> When drinking alcohol |
| <input type="checkbox"/> When talking on the phone | <input type="checkbox"/> When wanting to cheer up |
| <input type="checkbox"/> When wanting to keep busy | <input type="checkbox"/> When hungry |
| <input type="checkbox"/> In restaurants | <input type="checkbox"/> When in pain |
| <input type="checkbox"/> When around other smokers (chewers) | <input type="checkbox"/> When driving/starting the car |
| <input type="checkbox"/> Before going to bed | <input type="checkbox"/> After sexual activity |
| <input type="checkbox"/> Other, specify _____ | |

CURRENT QUIT ATTEMPT

17. How important is it to you to stop tobacco use now?
Please check one box.

1	2	3	4	5	6	7	8	9	10
Not at all		Average Importance				Extremely Important			

18. How confident are you that you will succeed in stopping your tobacco use now?
Please check one box.

1	2	3	4	5	6	7	8	9	10
Not At All		Somewhat Confident				Extremely Confident			

19. A lot of my friends or family smoke.
Please check one box.

1	2	3	4	5	6	7	8	9	10
Not true at all		Somewhat true of me				Extremely true of me			

20. I'm around smokers much of the time.
Please check one box.

1	2	3	4	5	6	7	8	9	10
Not true at all		Somewhat true of me				Extremely true of me			

21. Describe your living situation.

Do you live with anyone who smokes?	Yes	
	No	
If so, what is their relationship to you?		

22. Do you smoke inside your home?

Yes	
No	

23. Do you use tobacco at work or school?	While doing your work	
	Take breaks just outside the door	
	Have to leave the premises to use	
24. What is your main reason for considering / wanting to stop smoking now?	Health	
	Family members want me to quit	
	Expense	
	I don't like the smell on clothes, in car, etc. Some other reason (Explain):	
25. What are your worries/concerns about the quitting process?		
26. Are you afraid of gaining weight after reducing/quitting smoking?	Yes	
	No	
27. What do you like about smoking?		

28. Please check (✓) next to the one statement that best describes your current situation:

a. I currently smoke/use tobacco and am certain that I do not want to quit in the next 6 months.	
b. I am interested in drastically reducing the number of cigarettes I currently smoke (reduce by 50% or more), but am not interested in quitting totally.	
c. I am seriously considering quitting in the next 6 months, but not in the next 30 days.	
d. I am interested in quitting smoking/tobacco use in the next month, and I would be interested in any assistance I could get.	
e. I have recently stopped smoking/using tobacco, and I need to work at not slipping back to using.	
f. I have not smoked/used tobacco products for over 6 months.	
g. I have recently begun smoking/using tobacco after a period of abstinence.	

29. Current Stressors

What are your recent and ongoing stresses at work, family, and socially? (Check (☑) all that apply)

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> The death of someone close to you | <input type="checkbox"/> Loss of an important relationship | <input type="checkbox"/> Lost job |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> Stress in family/home | <input type="checkbox"/> New job |
| <input type="checkbox"/> Major health problems | <input type="checkbox"/> Stress at work | |
| <input type="checkbox"/> Geographical move | <input type="checkbox"/> Important legal problem | |
| <input type="checkbox"/> Many minor daily stressful events (e.g., money concerns, inconsiderate people, social obligations) | | |
| <input type="checkbox"/> Other major stressful event _____ | | |

30. Medical History -- Please check (☑) if you have had in the past/currently have any of the following:

Physical/Medical	Past	Current	Medication(s)
a. Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
b. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
c. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
d. High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
e. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
f. Cancer -- Type:	<input type="checkbox"/>	<input type="checkbox"/>	
g. Lung Disease (asthma, COPD)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Kidney or Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	
i. Pregnant, planning on pregnancy or breast-feeding	---	<input type="checkbox"/>	
j. Dental or jaw problems	<input type="checkbox"/>	<input type="checkbox"/>	
k. Sinus or nasal problems (rhinitis, polyps)	<input type="checkbox"/>	<input type="checkbox"/>	
l. Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological	Past	Current	Medication(s)
a. Depression	<input type="checkbox"/>	<input type="checkbox"/>	
b. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
c. Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	
d. Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
e. Seizure/Convulsions/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
f. Cognitive Disorder (ADHD, Neurological Disorders)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Did you ever feel so bad you wanted to hurt yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Difficulty sleeping / Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	
i. Eating disorder (anorexia, bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	
j. Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol/Drugs	Past	Current	Details
a. Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	
b. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	
c. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	
d. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	
e. Caffeine in excess	<input type="checkbox"/>	<input type="checkbox"/>	
f. Diet pills and/or supplements	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other:	<input type="checkbox"/>	<input type="checkbox"/>	

31. Please list any allergies to medications:

32. What is your weight? _____ lbs.

33. What is your height? _____ feet _____ inches

For Clinician Use Only			
Medication Treatment Plan			
Medications	Used before	Benefits/Side Effects	Interested in using now
Nicotine Patch			
Nicotine Gum			
Nicotine Oral Inhaler (puffer)			
Nicotine Nasal Spray			
Nicotine Lozenge (Commit)			
Zyban/Wellbutrin/Bupropion			
Chantix (varenicline)			
Quit Date	Support	Medication	Follow-up

NJ HIV Trauma Informed Care Project

Strategy 1: Realize widespread impact of trauma and understand potential paths for recovery

Strategy 2: Recognize signs and symptoms of trauma in clients, staff and others involved with the system

Strategy 3: Respond to fully integrated knowledge about trauma into policies, procedures and practices

Strategy 4: Resist re-traumatization

Cicatelli Associates, Inc., in partnership with Hyacinth and NJ Department of Health

Universal Trauma Screening

- Introduce Trauma Screening Tool to the client
- Sample introduction to client: “Now I am going to ask questions about your experiences. We are asking these questions to everyone because we know that some experiences may affect people’s ability to take care of their health.”
- Use trauma screening tool
- Tally client’s responses and determine next steps based on agency protocol

General Trauma Education Session

- All clients will be offered a General Trauma Education Session (approximately 15 minutes in length)
- This session covers general information about trauma and its impact, including prevalence of trauma among people living with HIV, and how to manage the effects of trauma to be adherent to care and treatment and improve quality of life

Referrals

- Offer referrals (internal or external) to additional services, such as psychoeducation session on trauma, a link to a community health worker, mental health services, housing, intimate partner violence resources, nutrition services, substance abuse treatment, others as needed

Psychoeducation Session(s):

- Focuses on symptoms, triggers and developing safety and emotional regulation plans
- Can be offered individually or in a group setting
- Will provide tools/strategies to the client to help address the effects of trauma on adherence to care and treatment
- Will include planning for the future, such as action planning and developing a safety plan

Service Learning Experience

Strategy 1: Prepare students in the early years of the dental school curriculum to acquire a deep appreciation for the needs of vulnerable populations that they use later in clinical rotations

Strategy 2: Provide students the opportunity to deliver a minimum requirement of 75 hours of direct patient care (full range of services/full mix of patients) at one of the RSDM extramural clinics

Strategy 3: Collaborate with other universities to develop pre/post-rotation survey questions regarding knowledge, attitudes and behavior with respect to treating PLWH and other underserved populations

U.S. Health Resources and Services Administration HIV/AIDS Bureau

Name: _____

Email address (1): _____

Email address (2): _____

Cell phone number: _____

Please create a unique identifier using this information: Your mother's initials (first and last) plus the last four digits of your student ID

EXAMPLE: Mother's name: Jane Smith; Student ID: 1234567

Unique identifier would be: J S 4 5 6 7

Note to study coordinator: Please verify that the unique identifier create above matches the unique identifier on the survey and then remove this cover sheet prior to submitting the data to the multi-site data collection center.

Site ID [site]
 Survey Type [type] pre [1] post [2]
 Survey ID [id] _____ (alphanumeric code, your mother's initials, last four digits of student ID)

Follow-up – Community Based Dental Partnership Survey

HRSA provides funding to support NAME OF DENTAL SCHOOL to provide access to dental care to patients regardless of their socio-economic, racial, ethnic, sexual orientation or cultural background. To better understand the NAME OF DENTAL SCHOOL dental training program impact on students, we are asking participants to complete the following questionnaire prior to starting the program and following completion of the externship. All responses are confidential. The information gathered will be used to identify areas for program development and improvement.

Today's date: MM/DD/YEAR ____/____/____ [surveydate]

Demographic Questions

1. What is your gender? [gender]

- Male [1]
- Female [2]

2. When were you born? MM/DD/YEAR ____/____/____ [bdate]

3. How many patients with HIV/AIDS would you estimate you treated in the past academic year of dental school?

- [hivpts]
- None [0]
 - 1 to 5 [1]
 - 6 to 10 [2]
 - 11 to 15 [3]
 - 16 to 20 [4]
 - More than 20 [5]

4. Approximately how many hours of didactic HIV/AIDS education training did you receive in dental school? [hivschool]

- None [0]
- 1 to 10 hours [1]
- 11 to 20 hours [2]
- 21 to 30 hours [3]
- 31 to 50 hours [4]
- 51 to 100 hours [5]

For this section, please respond to each statement by indicating if it is **true (T)** or **false (F)** or if you **do not know (DK)**. Please circle one answer per statement.

5. Saliva is a vehicle for the transmission of HIV. [tf_saliva]

True False
 T [1] F [0] DK [2]

6. All patients should be considered potentially infectious. [tf_infect]

T [1] F [0] DK [2]

7. Standard universal precautions provide minimal protection against the transmission of HIV and other blood-borne pathogens. [tf_stanpre]

T [1] F [0] DK [2]

8. Oral lesions found in HIV patients may also be found in other

T [1] F [0] DK [2]

- immuno-compromised patients. [tf_orallesions]
- 9. The risk of HIV infection after a needle stick injury involving an HIV-positive patient is about 45-50%. [tf_needle] T [1] F [0] DK [2]
- 10. Hepatitis C is more infectious than is HIV/AIDS as a blood-borne pathogen. [tf_hepC] T [1] F [0] DK [2]
- 11. The decision whether or not to prescribe antibiotic prophylaxis to HIV+ patients prior to invasive dental care is best determined by the patient's CD4 count and viral load. [tf_prophy] ¹ T [1] F [0] DK [2]
- 12. The normal CD4 range for a healthy person is 300 – 500 mm³. [tf_cd4] T [1] F [0] DK [2]
- 13. It is important to review an HIV+ patient's diagnostic lab values, platelet and neutrophil count before providing invasive treatment [tf_plateletcount] T [1] F [0] DK [2]
- 14. A patient's health, in general, is improving when his CD4 count is decreased and his viral load is increased. [tf_hetcontact] T [1] F [0] DK [2]
- 15. According to the CDC, women of color represent the majority of new HIV infections and AIDS cases among women in the United States. [tf_women] T [1] F [0] DK [2]
- 16. Protease inhibitors prevent cells from creating new HIV virus by blocking the attachment of HIV to the healthy cell. [tf_inhibitors] T [1] F [0] DK [2]
- 17. Thrush is an HIV-related opportunistic infection. [tf_thrush] T [1] F [0] DK [2]

For this section please provide your reaction to the following statements using the scale provided. Please circle one answer per statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18. To date, my classes prepared me well for treating patients from backgrounds different from mine. [reason_backgrounddiff]	1	2	3	4	5
19. To date, my classes prepared me well for treating patients with HIV/AIDS. [reason_prephiv]	1	2	3	4	5
20. The curriculum should include more education about treating patients from different backgrounds. [reason_educbackground]	1	2	3	4	5
21. The curriculum should include more education about treating patients with HIV/AIDS. [reason_educbloodborne]	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. I know what to do in the event of an occupational exposure to blood.	1	2	3	4	5

¹ UMDNJ Community Oriented Dental Learning Education Service Learning Project survey

Rutgers/CBDP program

	[reason_exposure]					
23.	Meeting an individual who is HIV+ would influence my decision to treat HIV+ patients in the future. [reason_trtinfluence]	1	2	3	4	5
24.	Reading case reports about patients with HIV/AIDS would help me to be a better provider for these patients. [reason_cases]	1	2	3	4	5
25.	Treating a known HIV+ patient with clinical supervision would give me more confidence treating HIV+ patients in the future. [reason_confidence]	1	2	3	4	5
26.	It is important for patients to disclose their HIV/AIDS status to their dental providers. [reason_disclose] ²	1	2	3	4	5
27.	I am comfortable providing dental treatment for a person with a chemical dependency. [reason_chemical] ³	1	2	3	4	5
28.	I am comfortable providing dental treatment for a person who is gay, bisexual or transgender. [reason_gay]	1	2	3	4	5
29.	I am comfortable providing dental treatment for a person with HIV infection (but not AIDS) [reason_hivinf] ⁴	1	2	3	4	5
30.	I am comfortable providing dental treatment for a person diagnosed with AIDS [reason_aids] ⁵	1	2	3	4	5
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
31.	If it became known that patients with HIV/AIDS are treated in my dental practice, some patients might leave my practice. [reason_leave]	1	2	3	4	5
32.	I am very concerned about contracting HIV from a patient. [reason_blood]	1	2	3	4	5
33.	I am not concerned about treating patients with HIV/AIDS but members of my family are concerned about it. [reason_family]	1	2	3	4	5
34.	My knowledge of infection control procedures makes me more confident in	1	2	3	4	5

² UMDNJ Community Oriented Dental Learning Education Service Learning Project survey

³ UMDNJ Community Oriented Dental Learning Education Service Learning Project survey

⁴ UMDNJ Community Oriented Dental Learning Education Service Learning Project survey

⁵ UMDNJ Community Oriented Dental Learning Education Service Learning Project survey

Rutgers/CBDP program

	treating HIV-positive patients. [reason_knowledge]					
35.	Dentists have a professional obligation to treat patients with blood-borne infectious diseases such as HIV/AIDS. [reason_obligation]	1	2	3	4	5
36.	I am comfortable asking patients about their health history. [reason_hlthhx]	1	2	3	4	5
37.	I am comfortable asking patients about their HIV-related risk behaviors. [reason_hivrisk]	1	2	3	4	5
38.	I would like to pursue a job that allows me to treat HIV/AIDS patients in a specialty care setting. (i.e. public health dentistry) [job_phd]	1	2	3	4	5
39.	I will pursue a job in the private sector, but I will willingly accept patients with HIV/AIDS. [job_private]	1	2	3	4	5

40. What are your suggestions for improving this program either with respect to student training or patient care?

Thank you for completing this survey.

Observership for Undergraduates

Strategy 1: Provide a valuable opportunity for students to learn about the profession of dentistry

Strategy 2: Deliver a program that increases the student's understanding of the structure of the dental team and the latest dental technology used to provide care and treatment

Strategy 3: Strengthen the student's knowledge about dental terminology and HIV/AIDS awareness

OBSERVERSHIP EXIT INTERVIEW

NAME:	UNIVERSITY:
DATE:	CLASS OF:

A. Please rate the following statements based on your level of preparedness as you exit the CODE program:

Please circle one answer per statement.		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	Do you feel that the Observership fulfilled its purpose	1	2	3	4
2.	Community Service enhances a school's image in the community	1	2	3	4
3.	Students who participate in community service as part of their education have greater appreciation for cultural and social patterns affecting dental care	1	2	3	4
4.	Students who participate in community service as part of their education develop a sense of responsibility to continue community activities after graduation	1	2	3	4

B. HIV/AIDS Awareness, please select the correct answer.

Please circle one answer per statement.		A	B	C	D
1.	What does HIV stand for?	Human Internal Virulence	Homosexual Integration Virus	Human Immunodeficiency Virus	Hidden Integration Virus
2.	About how many people are currently infected with HIV in the United States?	1.2 million	15 million	33 million	62 million
3.	What is AIDS in reference to HIV?	AIDS is a disease immediately contracted upon HIV infection	AIDS is a late state of HIV infection	AIDS and HIV refer to the same thing – a disease	AIDS and HIV refer to the same thing – a virus

OBSERVERSHIP EXIT INTERVIEW

Please circle one answer per statement.		A	B	C	D
5.	What does the HIV virus do to the human body?	HIV directly causes a fatal pneumonia infection	HIV targets and attacks genital and reproductive organs	HIV targets and attacks the immune system	HIV attacks the heart muscle and leads to cases of cardiomyopathy (heart disease)
6.	Testing for HIV is most accurate...	Immediately after you think you may have contracted the virus	About 2 to 4 weeks after you may have contracted the virus	About 3 to 6 months after you have contracted the virus	About 2 to 3 years after you may have contracted the virus
7.	The risk of HIV transmission is greatest...	Within 3 months after initial infection	6 months to 1 year after initial infection	2 to 3 years after initial infection	An HIV-infected person is prone to the same rate of transmission, regardless of time after infection
8.	In the United States, about what percentage of young people (age 13 to 24) have no idea that they're infected with HIV?	8%	21%	60%	88%
9.	HIV cannot be transmitted through which of the following?	Mosquito bite	Breastfeeding	From a mother-to-child during childbirth	Sexually
10.	Condoms are approximately how effective in preventing HIV transmission?	69%	36%	57%	98%

C. In your own words, please answer the following question:

Overall what was your experience of the Observership (good/not so good)?

Community Health Worker Outreach

Strategy 1: Identify the role of the community health worker within a dental clinic

Strategy 2: Develop processes and mechanisms to identify clients lost to care

Strategy 3: Organize a summit with stakeholders to identify procedures and processes to maximize the efficiency of the process

Strategy 4: Implement a clear system for tracking outcomes to monitor gains obtained through the community health worker's efforts

New Jersey Department of Health / AtlantiCare Regional Medical Center

Trauma Informed Care Research

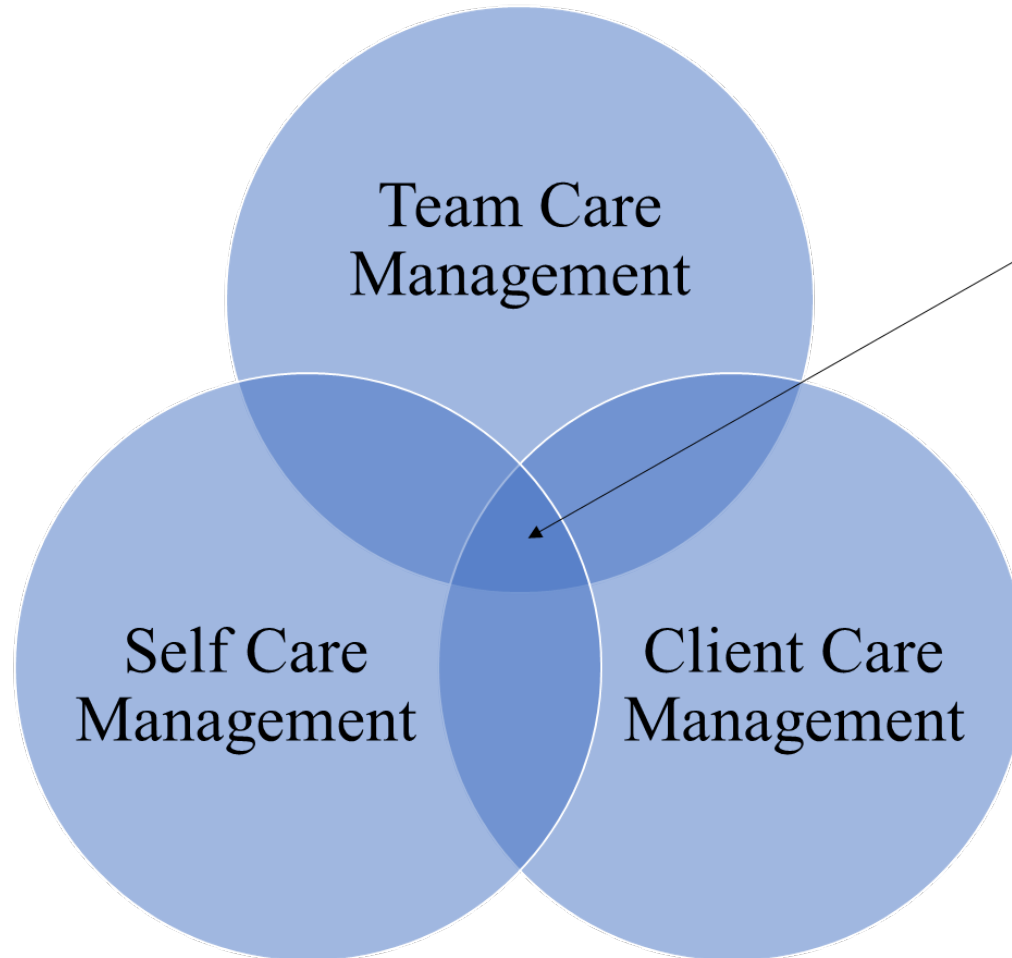
Strategy 1: Determine the manner in which HIV-positive clients want to be treated and educated about trauma informed care

Strategy 2: Assess current dental practices for trauma informed dental care for HIV-positive clients

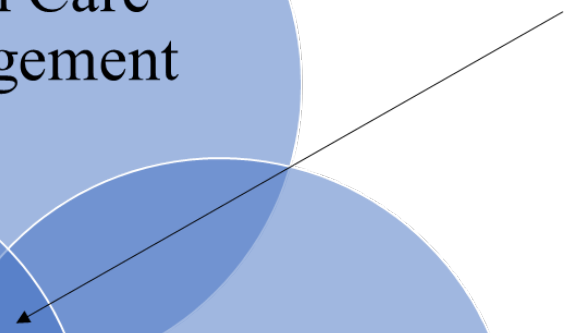
Strategy 3: Assess dental curriculum and determine dental students' attitudes regarding trauma informed dental care

Strategy 4: Identify opportunities to define best practices for the implementation of trauma informed dental care

Rutgers Edward J. Bloustein School of Planning and Public Policy



**Sustainable,
Implemented
Trauma Care**



Sound Machine Research

Strategy 1: Identify opportunities to improve client's privacy in the dental setting

Strategy 2: Determine if clients will perceive an increase in privacy and confidentiality when white noise/sound machines are used in the treatment room of the dental office

Strategy 3: Determine the effectiveness of the white noise/sound machines on client perceptions of privacy and confidentiality in the dental office

Marpac



Patient Satisfaction Survey

Strategy 1: Provide the RSDM with information and insight about the services provided from the client's viewpoint

Strategy 2: Identify a survey that asks the “right” questions

Strategy 3: Determine the sample size per the sample proportion, margin of error, and required confidence level

Strategy 4: Analyze data in a simple descriptive format

Strategy 5: Respond to specific consumer needs and address those needs that are not met by the program style and/or model design

Bureau of Primary Health Care

PATIENT SATISFACTION SURVEY

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____

Your Race/Ethnicity: _____ Asian

Your Sex:

- ____ Male
____ Female
____ Transgender

- ____ Pacific Islander
____ Black/African American
____ American Indian/Alaska Native
____ White (Not Hispanic or Latino)
____ Hispanic or Latino (All Races)
____ Unknown



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Staff:					
Provider: (Dentist & Dental Hygienist)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Dental Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Front Desk Staff:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this center your regular source of dental care? Yes _____ No _____					

What do you like best about our center? _____

What do you like least about our Center? _____

Suggestions for improvement? _____

Thank you for completing our Survey!

Oral Health Performance Measures

Strategy 1: Improve access to quality health care and services

Strategy 2: Identify patient record review items for each of the five HIV/AIDS Bureau HIV performance measures oral health services

Strategy 3: Determine the sample size per the sample proportion, margin of error, and required confidence level

Strategy 4: Organize the collection of data that is stored and accessed electronically

Strategy 5: Develop an action plan to address improvements required

Philadelphia AIDS Activities Coordinating Office



- **New chart review entry:** “Oral Health Care Patient Review Form” where all data entry will be completed
- **Search by patient:** search of records that have been entered either by using the dropdown or entering the patient name
- **Reports:** written account of data entered --- performance report, not in numerator report, and annual report
- **Patients previously reviewed:** report of all patients (including dentist and chart number) who have already been entered into the database in order to avoid duplicate reviews

Rutgers Dental
OHC Performance Report for 2017

1. Dental and medical history

	Num	Denom	Percent
Confirmation	70	70	100.0%
CD4	70	70	100.0%
Viral Load	70	70	100.0%
Medications	70	70	100.0%
Allergies	70	70	100.0%
Hep B	70	70	100.0%
Hep C	70	70	100.0%
Dental Status	70	70	100.0%
Total	560	560	100.0%

3. Oral hygiene education

	Num	Denom	Percent
Dental Care Techniques	69	70	98.6%
Diet Couns./Oral Health	67	70	95.7%
Tobacco Education	18	19	94.7%
Total	154	159	96.9%

5. Periodontal exam- performed at least annually and included the following components: (Optional)

	Num	Denom	Percent
Overall Perio. Case type	65	65	100.0%
Pocket Probing Depths	65	65	100.0%
Gingival Inflammation	65	65	100.0%
Bleeding Assessment	65	65	100.0%
Total	260	260	100.0%

2. Dental treatment plan developed or updated

	Num	Denom	Percent
Dental Plan Present	68	70	97.1%
Patient Signed	70	70	100.0%
Dentist Signed	70	70	100.0%
Preventive Care	70	70	100.0%
Dental Plan Progress	70	70	100.0%
Total	348	350	99.4%

4. Phase 1 treatment plan is completed (Optional)

	Num	Denom	Percent
Restorative Treatment	51	51	100.0%
Periodontal Therapy	65	65	100.0%
Oral Surgery	21	21	100.0%
Non-Surgical Endodontic	0	0	#Num!
Space Main./Tooth Erupt.	0	0	#Num!
Total	137	137	100.0%

Conclusion

- Collaborate and coordinate between an accredited dental education program and community-based organizations and health care providers in the delivery of oral health services to individuals with HIV
- Increase access to comprehensive and culturally competent oral health services for individuals with HIV
- Provide quality comprehensive care through predoctoral, postdoctoral, faculty practice and outreach programs to all means and backgrounds
- Establish and manage clinical rotations for dental students within community-based settings

Conclusion

- Collect, manage, and report data that will access/describe the oral health service delivery and educational components of the program
- Ensure confidentiality and establish a system for control of HIV-positive client records
- Involve consumers as partners in their own care
- Involve consumers in planning, implementing and evaluating the program