

Ryan White HIV/AIDS Program

Oral Health Data Report

2020

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Data presented in this report represent data submitted to the RWHAP Services Report (RSR), the Dental Services Report (DSR), and the RWHAP Part F AIDS Education and Training Center Data System. This report includes data for January 2015 through December 2020.

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

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

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COMMENTARY

ORAL HEALTH CARE AND THE RYAN WHITE HIV/AIDS PROGRAM

The Ryan White HIV/AIDS Program (RWHAP) supports direct health care and support services for more than half a million people with HIV—more than half of all people with diagnosed HIV in the United States.¹ The RWHAP is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). The RWHAP funds and coordinates with cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people with HIV. Since it was established, the RWHAP has developed a comprehensive system of safety net providers who deliver high-quality, direct health care and support services. The RWHAP is critical to ensuring that individuals with HIV are linked to and retained in care, are able to adhere to medication regimens, and remain virally suppressed. People with HIV who take HIV medication as prescribed and reach and maintain an undetectable viral load can live a close to normal life span and cannot sexually transmit the virus to their partner. RWHAP services are crucial for attaining optimal HIV health outcomes among people with HIV, preventing further transmission of the virus, and—ultimately—ending the HIV epidemic in the United States.

Good oral health is important for everyone, and it is particularly important for people with HIV. The American Dental Association recommends that oral health care be a part of all clinical care plans for people with HIV. Inadequate oral health care can predispose people with HIV to oral health problems, including dental caries, periodontal disease, and oral lesions. These oral health problems may be further exacerbated by polypharmacy related to the treatment of comorbidities, which may worsen oral health problems, such as dry mouth. Immunocompromised individuals with poor oral health also are more likely to be affected by an inflammatory response that can exacerbate systemic diseases, such as cardiovascular, kidney, liver, and bone diseases.

A large proportion of people with HIV have unmet dental care needs that may be due to lack of access or transportation, costs of care, fear, or other barriers. To address these unmet needs, the RWHAP supports a comprehensive approach to oral health care for low-income people with HIV, through both the direct provision of oral health services and the training of oral health providers in how to care for people with HIV.

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

Figure 1. Provision of oral health care and training within the RWHAP

	RWHAP Parts A–D Oral Health Services	Dental Reimbursement Program	Community-Based Dental Partnership Program	RWHAP AIDS Education and Training Center (AETC) Program Oral Health Trainings
Recipients	Cities, states, and community-based organizations	Dental education programs and institutions		Regional and National Training Centers
Purpose	Provision of oral health services to people with HIV	Provision of oral health services to people with HIV and training of oral health providers to treat people with HIV		Training of providers on oral health and HIV care for people with HIV
Funding Type	Grant award	Reimbursement	Grant award	Grant award
Data Source	RWHAP Services Report	Dental Services Report		AETC Data System
Years Included in This Report	January 2010–December 2020	July 2003–June 2020	January 2004–December 2020	July 2010–August 2020

¹ Centers for Disease Control and Prevention. May 2022. *HIV Surveillance Report, 2020*; Vol. 33. Available at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

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

I. RWHAP Parts A–D Oral Health Services (pages 3–10; Tables 1–4)

The RWHAP Services Report (RSR) contains client-level data on the demographic characteristics of and services delivered to low-income people with HIV through RWHAP Parts A–D. This oral health report specifically focuses on the delivery of oral health services to RWHAP clients. In 2020, 524 RWHAP-funded providers delivered oral health care services to 70,258 clients.

This release of the *RWHAP Oral Health Data Report* has been updated with three new years of data from the RSR—2018, 2019, and 2020. Refer to the RWHAP Parts A–D Oral Health Services section for specific information about the changes implemented in this most recent report.

II. RWHAP Dental Reimbursement Program and Community-Based Dental Partnership Program (pages 16–21; Tables 5a–8b)

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

From July 2019 through June 2020, the 51 dental programs that received reimbursement funding through the DRP trained 5,610 providers in HIV clinical care and delivered oral health services to 17,933 clients. In 2020, the 12 dental programs that were funded by the CBDPP trained 913 providers in HIV clinical care and delivered oral health services to 5,076 clients.

This release of the *RWHAP Oral Health Data Report* has been updated with data from the DRP and CBDPP for three reporting periods:

- DRP: July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020
- CBDPP: 2018, 2019, and 2020

III. RWHAP AIDS Education and Training Center Program Oral Health Trainings (pages 27–31; Tables 9–13)

The RWHAP AETC Program delivers training to the HIV clinical workforce. This report focuses on RWHAP AETC trainings on the topic of oral health care. From July 2019 through June 2020, 281 trainings addressed oral health care topics, reaching 5,085 trainees, of whom 1,916 were dentists or other dental professionals.

This release of the *RWHAP Oral Health Data Report* has been updated with AETC data for five new reporting periods: September 2015–June 2016, July 2016–June 2017, July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020.

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

RWHAP PARTS A–D ORAL HEALTH SERVICES

The Ryan White HIV/AIDS Program (RWHAP) has four statutorily defined Parts that provide direct funding for medical and support services, including oral health services:

- **Part A** provides funding to Eligible Metropolitan Areas and Transitional Grant Areas severely affected by the HIV epidemic to develop or enhance access to a comprehensive continuum of high-quality, community-based care for low-income people with HIV.
- **Part B** provides funding to all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau to support HIV care and treatment services for low-income people with HIV.
- **Part C** provides funding to local community-based organizations, community health centers, health departments, academic medical centers, and hospitals in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to provide comprehensive primary health care and support services in an outpatient setting for low-income people with HIV.
- **Part D** provides funding to local community-based organizations, community health centers, health departments, academic medical centers, and hospitals in 39 states and Puerto Rico to support family-centered HIV primary care and support services in an outpatient setting for low-income women, infants, children, and youth with HIV and their affected family members.

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

HIGHLIGHTS OF ANALYSES

Provider Sites Delivering Oral Health Services

More than 500 RWHAP provider sites deliver oral health services. In 2020, 524 RWHAP provider sites delivered oral health services, an increase from the 491 RWHAP provider sites that delivered oral health services in 2016 (Table 1).

More than half of provider sites delivering oral health services are community-based settings. Among provider sites that delivered oral health services, 28.8% were publicly funded community health centers and 25.4% were reported as “other community-based service organizations.” Hospital- or university-based clinics accounted for 19.3% of provider sites delivering oral health services, and health departments accounted for 19.1% (Table 2).

Nearly all provider sites deliver at least one RWHAP service in addition to oral health services. Among provider sites that delivered oral health services, 92.7% also delivered another RWHAP service category and 83.2% delivered outpatient ambulatory health services (Table 2). Nearly one-third (30.0%) of provider sites received Section 330 funding, which supports the Health Resources and Services Administration (HRSA)–funded Health Center Program.

² Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds: Policy Clarification Notice (PCN) #16-02. Revised 10/22/18. Available at ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.

Among provider sites that deliver oral health services, nearly 70 percent deliver those services to 100 or fewer clients. In 2020, among provider sites that delivered oral health services, 67.9% delivered those services to 100 or fewer clients, 16.6% delivered those services to 101–250 clients, 8.6% delivered those services to 251–500 clients, and 6.9% delivered those services to more than 500 clients (Table 2).

Ryan White HIV/AIDS Program Clients Receiving Oral Health Services

Each year, the RWHAP supports oral health services for more than 70,000 clients. On average, from 2010 to 2020, 16.2% of RWHAP clients received oral health services through the RWHAP. In 2020, 70,258 clients received oral health services from RWHAP-funded providers (Table 1).

The characteristics of RWHAP clients receiving oral health services are similar to those of the overall RWHAP client population (Table 3).

- **RWHAP clients receiving oral health services are aging.** In 2020, people aged 50 years and older accounted for 55.8% of all RWHAP clients receiving oral health services, an increase from 51.7% of clients in 2016 (Table 3).
- **More than two-thirds of RWHAP clients receiving oral health services are from racial/ethnic minority populations.** In 2020, 42.3% of RWHAP clients receiving oral health services self-identified as Black/African American; 26.8% as Hispanic/Latino; and less than 3% as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, or multiple races, combined (Table 3). White individuals accounted for 28.3% of RWHAP clients receiving oral health services. The percentage distribution has remained consistent since 2016 and is consistent with the distribution of the overall RWHAP client population (Table 3).
- **The majority of RWHAP clients receiving oral health services are male.** In 2020, 73.6% of RWHAP clients receiving oral health services were male, 24.7% were female, and 1.6% were transgender (1.5% transgender female [i.e., assigned male at birth]; 0.1% transgender male [i.e., assigned female at birth]; <0.1% other gender identity; Table 3). The percentage distribution has remained consistent since 2016 and is consistent with the distribution of the overall RWHAP client population (Table 3).
- **More than half of RWHAP clients receiving oral health services are living at or below 100% of the federal poverty level (FPL).** In 2020, 57.1% of RWHAP clients receiving oral health services were living at or below 100% FPL (Table 3), a slight decrease since 2016 (59.8%). The percentage distribution was similar for RWHAP clients receiving oral health services and for the overall RWHAP client population (Table 3).
- **Nearly 80% of RWHAP clients receiving oral health services have some form of health care coverage.** Among RWHAP clients receiving oral health services in 2020, 23.2% were covered by Medicaid, 13.6% were covered by Medicare, and 12.4% had multiple forms of coverage (Table 3). A lower percentage of RWHAP clients receiving oral health services were covered by Medicaid than those in the overall RWHAP client population (30.8%; Table 3).
- **Approximately 6% of RWHAP clients receiving oral health services have temporary housing, and 3% have unstable housing (Table 3).** The percentage of RWHAP clients receiving oral health services with temporary housing decreased from 8.3% in 2016 to 5.5% in 2020. The percentage of RWHAP clients receiving oral health services with unstable housing decreased from 4.2% in 2016 to 2.9% in 2020.

- **Clients in nearly all states receive oral health services funded by RWHAP Parts A–D.** Clients received RWHAP Parts A–D services in 48 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The jurisdictions with the highest number of RWHAP clients receiving oral health services through the RWHAP—Florida (10,385 clients), Texas (7,966 clients), and California (7,711 clients; Table 4)—were generally states with the highest number of people with HIV.

TECHNICAL NOTES

This section of the report includes data reported in the Ryan White HIV/AIDS Program Services Report (RSR) for clients served by the RWHAP Parts A–D who received oral health services and providers who received funding for oral health services during calendar years 2010 through 2020. RSR data do not include information about the AIDS Drug Assistance Program (ADAP), the Dental Reimbursement Program (DRP), or the Community-Based Dental Partnership Program (CBDPP) through which clients may also have received services.

After removing personally identifying information, recipients and subrecipients submit data to the HRSA HIV/AIDS Bureau (HAB). RSR client-level data are reported by RWHAP grant recipients and subrecipients in 50 states, the District of Columbia, and three territories: Guam, Puerto Rico, and the U.S. Virgin Islands. Of the six U.S. Pacific jurisdictions, only Guam submits client-level data; therefore, only Guam is included in this report. Only jurisdictions that provided oral health services are included in this section of the report.

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

Presentation of Data

The data in this report include information received by HRSA HAB for clients served during specified calendar years (refer to the table titles). Table 1 presents data collected since the inception of the RSR in 2010. Consistent with the previous RWHAP Oral Health Report, Tables 2 and 3 display information for the 5 most recent years of data (2016–2020). Because the RWHAP Oral Health Report is released every 3 years, Table 4 contains the 3 most recent years of data (2018–2020) instead of the 1 year of data presented in the first RWHAP Oral Health Report.

Table 3 displays subtotals for each subpopulation, as well as the overall total. Subtotals are displayed to reflect the denominator used for the percentage calculation of each subpopulation. Because of missing data, the values in each column may not sum to the column total.

Report Changes

HRSA HAB periodically updates the RSR to most accurately measure the full investment of the RWHAP and demonstrate its impact at the state and local levels. As a payor of last resort, RWHAP funds cannot be used to pay for services that have been or reasonably can be expected to be covered by another payment source. However, more recipients have been moving toward funding services with RWHAP-related funding (i.e., program income, pharmaceutical rebates). To fully measure RWHAP investments and impact, beginning with the 2019 data, HRSA HAB encourages recipients and subrecipients to also include RSR data on clients receiving services provided using RWHAP-related funding; this will become a reporting requirement for all RWHAP recipients and subrecipients beginning with the 2021 data

submission. The increased number of clients in the 2019 data likely reflects these reporting changes. It is important to note that this new reporting requirement does not replace the previous eligible scope reporting requirement, but rather expands upon the previous requirement.

Recipients and service providers funded through the *Ending the HIV Epidemic in the U.S. (EHE)* initiative and Coronavirus Aid, Relief, and Economic Security (CARES) Act reported aggregate-level data through the EHE Triannual Module and COVID-19 Data Report systems, respectively. Client-level data for people with HIV receiving HAB EHE-funded services and RWHAP fiscal year 2020 CARES Act-funded services were included in the 2020 RSR data submission.

The COVID-19 pandemic emerged during the 2019 RSR data submission period and continued through the 2020 submission period. HRSA HAB acknowledges the incredible efforts recipients and subrecipients made to report data in a timely fashion during these periods. Because of pandemic-related challenges, however, the U.S. territory of Guam was unable to submit data by the deadline needed for data processing. Therefore, the 2019 and 2020 data do not include Guam's data, nor are these data shown for state/territory-specific tables. Among RWHAP clients in all states and territories, the 2020 data reflect slightly decreased numbers compared to 2019, possibly due to a variety of pandemic-related factors, such as physical operation closures and shifts to telehealth service delivery.

Age Group

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

Race/Ethnicity

Recipients and subrecipients report race/ethnicity information for RWHAP clients according to Office of Management and Budget (OMB) standards.³ The OMB standards have five categories for race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The data on ethnicity have two categories: (1) Hispanic or Latino and (2) not Hispanic or Latino. Race and ethnicity are submitted as separate variables and combined for analysis.

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

In this report, clients categorized as Hispanic/Latino may have had any race also reported. Clients categorized by race (e.g., Black/African American) are non-Hispanic/Latino; however, the number of clients reported in each "non-Hispanic/Latino" race category may include clients with missing data for Hispanic/Latino ethnicity.

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

³ Office of Management and Budget. October 1997. "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." *Federal Register* 1997;62:58782–58790. Available at www.federalregister.gov/documents/1997/10/30/97-28653/revisions-to-the-standards-for-the-classification-of-federal-data-on-race-and-ethnicity.

Gender

Gender designations in this report are cisgender (non-transgender) male, cisgender female, or transgender. Transgender is an umbrella term used to identify persons whose gender identity and/or expression is different from their sex assigned at birth. Because of the unique health needs of transgender people with HIV, they are discussed separately from cisgender people and are specifically identified as being transgender. To best inform program decisions, HRSA HAB collaborated with the transgender community and other experts in sexual orientation and gender identity data collection methods to successfully designate transgender people receiving HIV care and treatment from RWHAP providers.

Reporting and analysis to determine transgender identity

Transgender variable options for RSR data reporting include transgender female-to-male (FTM), transgender male-to-female (MTF), or transgender other, which includes people who do not identify with the provided transgender variable options and/or who do not identify with the binary options of male/female (e.g., nonbinary, two-spirit, genderqueer). Self-identification is the preferred means of obtaining this information. During the period 2010 through 2013, RSR variables for gender included *current gender*, with the options of male, female, and transgender, and a subsequent variable for *transgender identity* (this variable captured the options of FTM, MTF, or transgender unknown). In 2014, HRSA HAB began requiring that gender be reported using a multistep method: *sex assigned at birth* (male or female) was added and the *current gender* variable was replaced with *current gender identity* (male, female, transgender); the *transgender identity* variable remained intact. Beginning with 2017 reporting, HRSA HAB further refined the *current gender identity* variable to include the options of male, female, FTM, MTF, and transgender other (previously *transgender unknown*); the transgender identity variable was removed, thus creating a two-step method for reporting and determining gender (i.e., sex assigned at birth and current gender identity).

Gender data displayed for 2016 were analyzed using the multistep method for determining gender identity, which takes into account *sex assigned at birth*, *current gender identity*, and *transgender identity* (i.e., the 2014 data reporting method described above). The 2017–2020 data use the two-step method (i.e., the 2017 method); when the reported *current gender identity* is different from the *sex assigned at birth*, the analysis determines gender using an algorithm designed specifically for this purpose.

Language used in this report

In this report, all analyses include clients of all ages, and cisgender male clients are referred to as *male*, cisgender female clients as *female*, transgender MTF clients as *transgender female*, and transgender FTM clients as *transgender male*. Clients designated under the *transgender other* variable option are referred to as *clients with another gender identity* and in the data tables as *other gender identity*.

Transmission Category

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

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

For tables displaying data for all clients served by RWHAP, transmission category data include clients with known positive HIV status and those who have unknown HIV status (e.g., children with indeterminate status and clients with transmission category information but missing HIV status data).

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

- For male clients, transmission categories are male-to-male sexual contact, injection drug use, male-to-male sexual contact *and* injection drug use, heterosexual contact, perinatal, and other.
- For female clients, transmission categories are heterosexual contact, injection drug use, perinatal, and other.
- For transgender clients, transmission categories have been modified to better reflect the transgender experience of transmission risk, while continuing to follow a relative hierarchy of likelihood for transmission. That is, transmission category data for transgender clients are presented as sexual contact, injection drug use, sexual contact *and* injection drug use, perinatal, and other.

HRSA HAB adapted the definitions of transmission categories from CDC's NHSS definitions for transmission categories.⁴ Clients with more than one reported risk factor are classified in the transmission category listed first in the hierarchy. The only exceptions are (1) men who had sexual contact with other men and injected drugs and (2) perinatal; these groups make up separate transmission categories. The transmission categories are defined, in order of the hierarchy, as follows:

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

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

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

⁴ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2020*; vol. 33. Published May 2022. Available from www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

Federal Poverty Level

Federal poverty level (FPL) data characterize the client's income as a percentage of the FPL at the end of the reporting period.^{5,6} In this report, the FPL categories are 0–100% FPL, 101–138% FPL, 139–250% FPL, 251–400% FPL, and >400% FPL.

Health Care Coverage

RWHAP grant recipients and subrecipients report all sources of health care coverage that each client had for any part of the reporting period. These data are categorized further for analysis. Health care coverage was categorized as private employer, private individual, Medicare, Medicaid, Medicare and Medicaid (dual eligibility), Veterans Administration, Indian Health Service, other plan, no coverage, and multiple coverages. The Medicaid classification also includes the Children's Health Insurance Program (CHIP) and other public state health care coverage programs.

Housing Status

The housing status variable captures the client's housing status at the end of the reporting period and is categorized as stable (e.g., permanent) housing, temporary housing, or unstable housing. The definitions for each of these categories are based on the Housing Opportunities for Persons with AIDS Program Annual Progress Report Measuring Performance Outcomes: form HUD-40110-C and the McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual.^{7,8}

State

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

In addition, state-level analyses include data submitted for all Parts of the RWHAP. That is, data presented by state are not limited to entities receiving RWHAP Part B funding; all tables include data for all clients served by RWHAP providers in the state, regardless of the source of RWHAP funding (i.e., data from Parts A–D are included).

⁵ *Federal Register*. Annual Update of the HHS Poverty Guidelines. Available at www.federalregister.gov/documents/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines.

⁶ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Prior HHS Poverty Guidelines and Federal Register References. Available from www.aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guideline.

⁷ McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual. Available at www.govinfo.gov/app/details/USCODE-2010-title42/USCODE-2010-title42-chap119-subchapl-sec11302.

⁸ Housing Opportunities for Persons with AIDS Program, Annual Progress Report, Measuring Performance Outcomes, form HUD-40110-C. Available at www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c.

Tables

RWHAP PARTS A–D ORAL HEALTH SERVICES

Table 1. Ryan White HIV/AIDS Program clients (non-ADAP) who received Parts A–D oral health services and providers that delivered oral health services, by year and selected characteristics, 2010–2020—United States and 3 territories

Year	Number of oral health clients	Percent of all RWHAP clients receiving oral health services	Total number of oral health providers
2010	88,132	15.8	509
2011	89,189	16.4	511
2012	90,339	16.8	512
2013	91,569	17.5	512
2014	92,418	18.0	522
2015	88,335	16.6	505
2016	88,458	16.0	491
2017	86,676	16.2	486
2018	85,992	16.1	462
2019	93,691	16.5	523
2020	70,258	12.5	524

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

Table 2. Ryan White HIV/AIDS Program provider sites that delivered oral health services, by year and selected characteristics, 2016–2020—United States and 3 territories

	2016		2017		2018		2019		2020	
	N	%	N	%	N	%	N	%	N	%
Provider type										
Hospital or university-based clinic	101	20.6	94	19.3	94	20.3	107	20.5	101	19.3
Publicly funded community health center	140	28.5	148	30.5	135	29.2	155	29.6	151	28.8
Publicly funded community mental health center	0	0.0	0	0.0	1	0.2	2	0.4	2	0.4
Other community-based service organization	133	27.1	124	25.5	123	26.6	126	24.1	133	25.4
Health department	85	17.3	91	18.7	77	16.7	99	18.9	100	19.1
Substance abuse treatment center	1	0.2	1	0.2	1	0.2	0	0.0	0	0.0
Solo/group private medical practice	2	0.4	3	0.6	4	0.9	4	0.8	4	0.8
Agency reporting for multiple fee-for-service providers	3	0.6	3	0.6	2	0.4	3	0.6	3	0.6
People Living with HIV coalition	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
VA facility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other provider type	26	5.3	22	4.5	25	5.4	27	5.2	30	5.7
Delivered non-oral health services										
Yes	452	92.1	449	92.4	425	92.0	486	92.9	486	92.7
No	39	7.9	37	7.6	37	8.0	37	7.1	38	7.3
Delivered RWHAP OAHS										
Yes	388	79.0	393	80.9	372	80.5	424	81.1	436	83.2
No	103	21.0	93	19.1	90	19.5	99	18.9	88	16.8
Section 330 funding										
Yes	132	26.9	141	29.0	135	29.2	157	30.0	157	30.0
No	352	71.7	341	70.2	324	70.1	361	69.0	363	69.3
Unknown	7	1.4	4	0.8	3	0.6	5	1.0	4	0.8
Ownership type										
Public, local	85	17.3	87	17.9	75	16.2	92	17.6	89	17.0
Public, state	64	13.0	67	13.8	64	13.9	79	15.1	82	15.6
Public, federal	9	1.8	8	1.6	7	1.5	11	2.1	10	1.9
Private, nonprofit	312	63.5	308	63.4	298	64.5	323	61.8	324	61.8
Private, for-profit	10	2.0	7	1.4	8	1.7	8	1.5	11	2.1
Unincorporated	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	11	2.2	9	1.9	10	2.2	10	1.9	8	1.5
Faith-based organization										
Yes	14	2.9	16	3.3	18	3.9	19	3.6	20	3.8
No	477	97.1	470	96.7	444	96.1	504	96.4	504	96.2
Number of RWHAP oral health clients										
≤100	296	60.3	290	59.7	262	56.7	317	60.6	356	67.9
101–250	88	17.9	98	20.2	102	22.1	107	20.5	87	16.6
251–500	57	11.6	52	10.7	48	10.4	37	7.1	45	8.6
>500	50	10.2	46	9.5	50	10.8	62	11.9	36	6.9
RWHAP funding received^a										
Part A	175	22.1	182	23.3	186	24.9	192	25.5	184	25.7
Part B	358	45.1	339	43.4	310	41.5	311	41.3	291	40.7
Part C	214	27.0	213	27.2	205	27.4	205	27.2	195	27.3
Part D	46	5.8	48	6.1	46	6.2	45	6.0	45	6.3
Part F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total^b	491	—	486	—	462	—	523	—	524	—

Abbreviation: OAHS, outpatient ambulatory health services.

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

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

^b Due to missing data, the values in each column may not sum to the column total.

Table 3. Ryan White HIV/AIDS Program clients (non-ADAP), by receipt of oral health services and selected characteristics, 2016–2020—United States and 3 territories

	2016		2017		2018		2019		2020		2016		2017		2018		2019		2020		
	All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Age group (yrs)																					
<13	4,800	0.9	31	<0.1	4,973	0.9	33	<0.1	4,303	0.8	22	<0.1	3,617	0.6	24	<0.1	3,423	0.6	11	<0.1	
13–14	553	0.1	7	<0.1	541	0.1	9	<0.1	611	0.1	8	<0.1	507	0.1	10	<0.1	456	0.1	5	<0.1	
15–19	3,855	0.7	110	0.1	3,607	0.7	105	0.1	3,282	0.6	105	0.1	3,147	0.6	109	0.1	2,651	0.5	52	0.1	
20–24	20,665	3.8	1,665	1.9	19,397	3.6	1,514	1.7	18,085	3.4	1,492	1.7	18,441	3.2	1,614	1.7	16,593	3.0	1,048	1.5	
25–29	45,039	8.2	4,985	5.6	44,684	8.4	4,983	5.7	44,378	8.3	4,953	5.8	45,932	8.1	5,314	5.7	42,270	7.5	3,572	5.1	
30–34	48,387	8.8	6,194	7.0	49,148	9.2	6,320	7.3	51,045	9.6	6,448	7.5	57,715	10.2	7,670	8.2	59,373	10.6	5,919	8.4	
35–39	52,819	9.6	7,817	8.8	51,427	9.6	7,546	8.7	51,949	9.7	7,498	8.7	55,768	9.8	8,296	8.9	55,139	9.8	6,016	8.6	
40–44	54,885	10.0	8,908	10.1	51,546	9.6	8,506	9.8	51,175	9.6	8,214	9.6	54,577	9.6	8,968	9.6	54,979	9.8	6,846	9.7	
45–49	75,370	13.7	13,034	14.7	67,622	12.6	11,748	13.6	62,809	11.8	10,900	12.7	62,480	11.0	11,081	11.8	57,580	10.3	7,586	10.8	
50–54	91,961	16.7	16,866	19.1	84,736	15.8	15,497	17.9	79,932	15.0	14,445	16.8	79,293	14.0	14,461	15.4	74,823	13.3	10,305	14.7	
55–59	74,264	13.5	14,099	15.9	73,824	13.8	14,412	16.6	75,839	14.2	14,626	17.0	82,416	14.5	16,006	17.1	82,127	14.6	12,160	17.3	
60–64	45,149	8.2	8,586	9.7	46,864	8.8	9,067	10.5	49,854	9.3	9,649	11.2	55,743	9.8	10,901	11.6	58,780	10.5	8,909	12.7	
≥65	33,231	6.0	6,156	7.0	36,433	6.8	6,932	8.0	40,378	7.6	7,629	8.9	48,167	8.5	9,237	9.9	53,222	9.5	7,829	11.1	
Subtotal	550,978	100.0	88,458	100.0	534,802	100.0	86,672	100.0	533,640	100.0	85,989	100.0	567,803	100.0	93,691	100.0	561,416	100.0	70,258	100.0	
Race/ethnicity																					
American Indian/Alaska Native	2,768	0.5	333	0.4	2,911	0.5	342	0.4	2,681	0.5	276	0.3	3,070	0.5	325	0.3	2,796	0.5	220	0.3	
Asian	7,366	1.3	1,121	1.3	7,383	1.4	1,063	1.2	7,592	1.4	1,081	1.3	8,259	1.5	1,253	1.3	8,195	1.5	844	1.2	
Black/African American	257,617	47.1	37,058	42.1	250,168	47.1	36,558	42.3	249,832	47.1	35,746	41.7	261,734	46.6	39,361	42.2	258,186	46.6	29,580	42.3	
Hispanic/Latino ^a	126,254	23.1	22,107	25.1	122,956	23.1	21,905	25.4	122,848	23.2	22,945	26.8	131,225	23.3	24,642	26.4	131,033	23.6	18,719	26.8	
Native Hawaiian/Pacific Islander	962	0.2	135	0.2	957	0.2	92	0.1	924	0.2	83	0.1	1,058	0.2	138	0.1	1,074	0.2	109	0.2	
White	145,812	26.7	26,424	30.0	140,471	26.4	25,574	29.6	139,667	26.3	24,617	28.7	149,804	26.6	26,737	28.6	146,648	26.4	19,741	28.3	
Multiple races	6,142	1.1	867	1.0	6,503	1.2	798	0.9	6,882	1.3	922	1.1	6,968	1.2	885	0.9	6,618	1.2	658	0.9	
Subtotal	546,921	100.0	88,045	100.0	531,349	100.0	86,332	100.0	530,426	100.0	85,670	100.0	562,118	100.0	93,341	100.0	554,550	100.0	69,871	100.0	
Gender																					
Male	392,845	71.4	65,595	74.3	380,229	71.1	63,936	73.8	382,052	71.6	63,685	74.1	406,312	71.6	68,885	73.5	404,079	72.0	51,720	73.6	
Female	150,451	27.3	21,697	24.6	145,046	27.1	21,468	24.8	141,363	26.5	20,987	24.4	148,452	26.2	23,205	24.8	145,441	25.9	17,369	24.7	
Transgender male	430	0.1	64	0.1	944	0.2	149	0.2	981	0.2	136	0.2	1,676	0.3	143	0.2	1,011	0.2	92	0.1	
Transgender female	6,664	1.2	957	1.1	8,345	1.6	1,097	1.3	8,974	1.7	1,155	1.3	10,712	1.9	1,403	1.5	10,174	1.8	1,037	1.5	
Other gender identity	71	<0.1	0	0.0	186	<0.1	26	<0.1	223	<0.1	27	<0.1	400	0.1	44	<0.1	424	0.1	28	<0.1	
Subtotal	550,461	100.0	88,313	100.0	534,750	100.0	86,676	100.0	533,593	100.0	85,990	100.0	567,552	100.0	93,680	100.0	561,129	100.0	70,246	100.0	
Transmission category																					
Male client																					
Male-to-male sexual contact	227,288	64.1	41,372	69.1	219,732	64.7	40,275	69.6	225,540	65.7	40,728	52.4	232,029	65.7	43,399	51.7	234,809	66.7	33,326	52.7	
Injection drug use	22,773	6.4	3,153	5.3	20,755	6.1	2,800	4.8	19,823	5.8	2,547	3.3	19,845	5.6	2,770	3.3	19,105	5.4	1,931	3.1	
Male-to-male sexual contact and injection drug use	10,329	2.9	1,784	3.0	11,059	3.3	2,032	3.5	11,059	3.2	1,892	2.4	11,138	3.2	1,905	2.3	11,055	3.1	1,401	2.2	
Heterosexual contact ^b	87,007	24.5	12,947	21.6	81,356	24.0	12,237	21.1	80,948	23.6	11,945	15.4	83,664	23.7	12,961	15.4	81,038	23.0	9,524	15.1	
Perinatal	4,702	1.3	226	0.4	4,432	1.3	214	0.4	4,205	1.2	242	0.3	4,162	1.2	234	0.3	4,150	1.2	187	0.3	
Other ^c	2,407	0.7	375	0.6	2,163	0.6	316	0.5	1,968	0.6	299	0.4	2,108	0.6	324	0.4	2,090	0.6	250	0.4	
Subtotal^d	354,506	100.0	59,857	100.0	339,497	100.0	57,874	100.0	343,543	100.0	57,653	100.0	352,946	100.0	61,593	100.0	352,247	100.0	46,619	100.0	
Female client																					
Injection drug use	11,510	8.7	1,468	7.5	10,790	8.5	1,490	7.7	10,251	8.2	1,308	1.7	10,364	8.1	1,406	1.7	10,148	8.1	1,100	1.7	
Heterosexual contact ^b	113,601	85.7	17,593	89.7	109,301	86.0	17,343	89.6	107,707	86.5	17,049	22.0	111,330	86.7	19,020	22.6	108,929	86.8	14,049	22.2	
Perinatal	5,649	4.3	279	1.4	5,425	4.3	304	1.6	5,232	4.2	344	0.4	5,101	4.0	365	0.4	4,945	3.9	275	0.4	
Other ^c	1,794	1.4	271	1.4	1,564	1.2	216	1.1	1,359	1.1	212	0.3	1,540	1.2	261	0.3	1,534	1.2	189	0.3	
Subtotal^d	132,554	100.0	19,611	100.0	127,080	100.0	19,353	100.0	124,549	100.0	18,913	100.0	128,335	100.0	21,052	100.0	125,556	100.0	15,613	100.0	

Table 3. Ryan White HIV/AIDS Program clients (non-ADAP), by receipt of oral health services and selected characteristics, 2016–2020—United States and 3 territories (cont.)

	2016		2017		2018		2019		2020											
	All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients		All RWHAP clients		Oral health clients									
	N	%	N	%	N	%	N	%	N	%	N	%								
Transgender client																				
Sexual contact ^a	5,498	92.4	821	92.9	7,027	91.7	977	93.7	7,872	92.7	1,025	1.3	9,925	93.4	1,284	1.5	8,800	93.2	930	1.5
Injection drug use	114	1.9	16	1.8	138	1.8	13	1.2	119	1.4	11	<0.1	163	1.5	17	<0.1	119	1.3	10	<0.1
Sexual contact ^a and injection drug use	286	4.8	42	4.8	387	5.1	50	4.8	419	4.9	55	0.1	402	3.8	46	0.1	434	4.6	31	<0.1
Perinatal	26	0.4	0	0.0	68	0.9	0	0.0	52	0.6	7	<0.1	96	0.9	7	<0.1	55	0.6	9	<0.1
Other ^c	24	0.4	5	0.6	41	0.5	3	0.3	27	0.3	2	<0.1	45	0.4	1	<0.1	33	0.3	0	0.0
Subtotal^d	5,948	100.0	884	100.0	7,661	100.0	1,043	100.0	8,489	100.0	1,100	100.0	10,631	100.0	1,355	100.0	9,441	100.0	980	100.0
Federal poverty level																				
0–100%	327,192	62.8	51,096	59.8	310,127	62.8	48,484	58.9	304,082	61.3	46,259	56.4	316,202	60.7	50,050	56.0	313,693	60.9	38,132	57.1
101–138%	62,527	12.0	12,943	15.2	57,483	11.6	12,120	14.7	56,982	11.5	11,948	14.6	58,250	11.2	12,204	13.7	56,293	10.9	9,649	14.5
139–250%	85,237	16.4	15,865	18.6	81,950	16.6	15,798	19.2	84,533	17.0	16,871	20.6	91,892	17.6	19,126	21.4	90,399	17.6	13,414	20.1
251–400%	34,114	6.5	4,559	5.3	31,937	6.5	4,659	5.7	36,179	7.3	5,490	6.7	42,257	8.1	6,822	7.6	41,267	8.0	4,834	7.2
>400%	11,782	2.3	923	1.1	12,504	2.5	1,285	1.6	14,251	2.9	1,398	1.7	12,427	2.4	1,136	1.3	13,107	2.5	724	1.1
Subtotal	520,852	100.0	85,386	100.0	494,001	100.0	82,346	100.0	496,027	100.0	81,966	100.0	521,028	100.0	89,338	100.0	514,759	100.0	66,753	100.0
Health care coverage																				
Private employer	46,191	8.7	4,882	5.6	48,582	9.5	5,032	5.8	52,389	10.2	5,467	6.4	54,163	10.0	6,302	6.8	53,927	10.1	4,441	6.4
Private individual	41,157	7.7	6,874	7.8	39,130	7.7	6,798	7.9	41,412	8.1	7,424	8.7	45,888	8.5	8,571	9.2	50,210	9.4	7,599	10.9
Medicare	55,780	10.5	11,510	13.1	54,424	10.7	11,515	13.4	53,230	10.3	11,225	13.1	57,880	10.7	12,584	13.5	56,561	10.6	9,484	13.6
Medicaid	173,770	32.7	22,582	25.7	166,439	32.6	21,128	24.5	162,098	31.5	19,467	22.7	166,738	30.8	20,776	22.3	164,343	30.8	16,185	23.2
Medicare and Medicaid	40,060	7.5	8,694	9.9	39,303	7.7	8,956	10.4	40,612	7.9	8,606	10.0	41,786	7.7	8,818	9.5	40,144	7.5	6,305	9.0
Veterans Administration	1,518	0.3	335	0.4	1,342	0.3	321	0.4	1,317	0.3	323	0.4	1,313	0.2	291	0.3	1,180	0.2	240	0.3
Indian Health Service	181	<0.1	8	<0.1	229	<0.1	6	<0.1	201	<0.1	11	<0.1	170	<0.1	4	<0.1	90	<0.1	4	<0.1
Other plan	10,277	1.9	1,740	2.0	8,976	1.8	1,783	2.1	8,146	1.6	1,695	2.0	9,018	1.7	2,072	2.2	10,749	2.0	1,793	2.6
No coverage	109,247	20.6	19,983	22.8	103,008	20.2	19,590	22.7	103,350	20.1	19,968	23.3	110,645	20.4	21,838	23.5	103,746	19.4	15,086	21.6
Multiple coverages	53,255	10.0	11,123	12.7	48,755	9.6	11,028	12.8	51,548	10.0	11,543	13.5	54,037	10.0	11,776	12.7	52,493	9.8	8,652	12.4
Subtotal	531,436	100.0	87,731	100.0	510,188	100.0	86,157	100.0	514,303	100.0	85,729	100.0	541,638	100.0	93,032	100.0	533,443	100.0	69,789	100.0
Housing status																				
Stable	449,267	86.1	74,324	87.5	436,036	87.1	74,102	89.8	436,227	87.0	74,238	90.3	455,641	87.0	80,108	90.5	458,508	88.3	61,017	91.6
Temporary	45,764	8.8	7,091	8.3	39,203	7.8	5,409	6.6	38,436	7.7	5,112	6.2	38,830	7.4	5,363	6.1	35,678	6.9	3,660	5.5
Unstable	26,907	5.2	3,546	4.2	25,629	5.1	3,033	3.7	26,815	5.3	2,865	3.5	28,978	5.5	3,040	3.4	25,177	4.8	1,909	2.9
Subtotal	521,938	100.0	84,961	100.0	500,868	100.0	82,544	100.0	501,478	100.0	82,215	100.0	523,449	100.0	88,511	100.0	519,363	100.0	66,586	100.0
Total^f	551,564	—	88,458	—	534,903	—	86,676	—	533,758	—	85,992	—	567,803	—	93,691	—	561,416	—	70,758	—

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

^a Hispanics/Latinos can be of any race.

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

^c Includes hemophilia and blood transfusion.

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

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

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

Table 4. Ryan White HIV/AIDS Program clients (non-ADAP), by receipt of oral health services and state, 2018–2020—United States and 3 territories

	2018			2019			2020		
	All RWHAP clients	Oral health clients		All RWHAP clients	Oral health clients		All RWHAP clients	Oral health clients	
		N	%		N	%		N	%
State									
Alabama	9,389	641	0.8	10,092	2,115	2.4	9,989	1,685	2.5
Alaska	567	65	0.1	616	74	0.1	464	43	0.1
Arizona	7,956	939	1.2	9,463	1,100	1.2	9,731	531	0.8
Arkansas	2,553	574	0.7	2,682	1,045	1.2	2,833	905	1.4
California	55,884	9,990	12.3	57,172	10,095	11.4	56,188	7,711	11.6
Colorado	6,938	1,224	1.5	8,634	1,251	1.4	8,958	1,030	1.5
Connecticut	4,816	862	1.1	4,861	926	1.0	4,774	605	0.9
Delaware	1,998	0	0.0	2,143	0	0.0	2,100	0	0.0
District of Columbia	6,426	263	0.3	6,209	298	0.3	6,299	119	0.2
Florida	53,754	13,248	16.3	53,510	13,257	14.9	53,406	10,385	15.6
Georgia	22,982	4,893	6.0	24,706	5,426	6.1	23,361	3,976	6.0
Hawaii	1,123	0	0.0	1,171	179	0.2	1,361	101	0.2
Idaho	887	133	0.2	945	138	0.2	984	80	0.1
Illinois	25,119	3,896	4.8	26,108	3,617	4.1	26,256	2,185	3.3
Indiana	4,169	92	0.1	7,965	88	0.1	6,071	50	0.1
Iowa	1,805	190	0.2	1,948	212	0.2	2,090	113	0.2
Kansas	691	22	<0.1	1,014	15	<0.1	1,129	45	0.1
Kentucky	5,099	704	0.9	5,493	821	0.9	5,643	672	1.0
Louisiana	12,372	1,878	2.3	13,549	1,958	2.2	13,007	1,360	2.0
Maine	849	415	0.5	933	441	0.5	1,220	336	0.5
Maryland	15,391	2,455	3.0	16,192	2,928	3.3	15,411	2,056	3.1
Massachusetts	12,550	2,516	3.1	14,311	2,796	3.1	13,288	1,973	3.0
Michigan	9,179	1,471	1.8	9,712	2,064	2.3	9,559	1,736	2.6
Minnesota	4,510	548	0.7	6,201	551	0.6	6,972	480	0.7
Mississippi	4,392	647	0.8	4,660	588	0.7	4,727	379	0.6
Missouri	8,656	2,032	2.5	8,665	1,788	2.0	8,494	1,366	2.0
Montana	404	86	0.1	478	98	0.1	487	83	0.1
Nebraska	937	246	0.3	1,172	249	0.3	1,198	168	0.3
Nevada	4,408	780	1.0	5,208	478	0.5	5,262	278	0.4
New Hampshire	900	42	0.1	1,017	160	0.2	1,112	158	0.2
New Jersey	15,204	2,265	2.8	16,060	2,688	3.0	15,290	2,031	3.0
New Mexico	2,127	0	0.0	2,168	147	0.2	2,275	85	0.1
New York	48,583	2,882	3.6	51,244	2,759	3.1	50,865	3,279	4.9
North Carolina	16,448	2,164	2.7	16,252	2,463	2.8	15,468	1,508	2.3
North Dakota	275	29	<0.1	315	37	<0.1	310	24	<0.1
Ohio	11,582	1,454	1.8	13,172	1,472	1.7	13,505	1,329	2.0
Oklahoma	3,116	368	0.5	3,416	287	0.3	3,698	349	0.5
Oregon	3,423	21	<0.1	3,644	19	<0.1	3,700	52	0.1
Pennsylvania	23,995	2,573	3.2	25,558	3,623	4.1	24,436	2,963	4.4
Rhode Island	2,023	226	0.3	2,168	221	0.2	2,335	185	0.3
South Carolina	11,369	1,697	2.1	12,784	1,918	2.2	17,032	1,648	2.5
South Dakota	379	230	0.3	487	272	0.3	383	88	0.1
Tennessee	17,501	2,744	3.4	15,796	2,414	2.7	15,849	1,062	1.6
Texas	43,784	8,379	10.3	45,948	9,435	10.6	46,647	7,966	12.0
Utah	1,471	2	<0.1	1,528	507	0.6	1,850	390	0.6
Vermont	579	0	0.0	604	0	0.0	621	0	0.0
Virginia	9,863	2,553	3.2	10,460	2,743	3.1	10,617	1,981	3.0
Washington	6,607	1,249	1.5	9,404	1,351	1.5	8,225	747	1.1
West Virginia	758	2	<0.1	1,520	319	0.4	1,553	271	0.4
Wisconsin	5,000	1,294	1.6	5,375	1,327	1.5	2,299	25	<0.1
Wyoming	247	62	0.1	233	81	0.1	209	65	0.1
Subtotal	511,038	81,046	100.0	544,966	88,839	100.0	539,541	66,657	100.0
Territory									
Guam ^a	35	0	0.0	—	—	—	—	—	—
Puerto Rico	11,381	2,315	99.2	12,309	2,572	99.1	11,542	1,808	99.2
U.S. Virgin Islands	226	18	0.8	232	23	0.9	266	15	0.8
Subtotal	11,642	2,333	100.0	12,541	2,595	100.0	11,808	1,823	100.0
Total	522,680	83,379	—	557,507	91,434	—	551,349	68,480	—

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

Data are based on provider location. Clients receiving services in multiple states were not included in state-specific totals or column subtotals and totals.

^a 2019 and 2020 data for Guam are unavailable.

RWHAP DENTAL REIMBURSEMENT PROGRAM AND COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

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

First funded in 1994, the DRP expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. To achieve its goal, the DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.

First funded in 2002, the CBDPP increases access to oral health care for people with HIV, providing education and clinical training for dental care providers, especially those practicing in community-based settings. To achieve its goal, the CBDPP works through multipartner collaborations between dental and dental hygiene education programs and community-based dentists and dental clinics. Community-based program partners help design programs and assess their impact.

Eligible applicants for both the DRP and the CBDPP are institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation. These could include dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs.

HIGHLIGHTS OF ANALYSES

DRP and CBDPP Program Trainees

Since July 2003, the DRP has provided training, on average, to 12,000 people each year. From July 2019 through June 2020, 10,506 providers were trained through the DRP (Table 5a). Nearly three-quarters of provider trainees enrolled were predoctoral dental students (72.2%), 22.7% were dental residents or postdoctoral dentists, and 5.1% were dental hygiene students (Table 6a).

- From July 2019 through June 2020, 8,599 providers trained through the DRP received formal didactic instruction (Table 6a). Nearly two-thirds of providers trained through the DRP who received formal didactic instruction were predoctoral dental students (68.6%), and 22.9% were dental residents or postdoctoral dentists.
- From July 2019 through June 2020, 5,610 providers trained through the DRP received formal clinical training (Table 6a). More than half of these providers were predoctoral dental students (59.4%), and 29.8% were dental residents or postdoctoral dentists.

Since January 2003, the CBDPP has provided training, on average, to 3,300 people each year. In 2020, 4,009 providers were trained through the CBDPP (Table 5b). More than three-quarters of provider trainees enrolled were predoctoral dental students (78.9%), 11.9% were dental residents or postdoctoral dentists, and 9.2% were dental hygiene students (Table 6b).

- In 2020, 2,169 providers trained through the CBDPP received formal didactic instruction (Table 6b). Nearly three-quarters of providers trained through the CBDPP who received formal didactic instruction were predoctoral dental students (72.5%), and 9.6% were dental residents or postdoctoral dentists.
- In 2020, 913 providers trained through the CBDPP received clinical training (Table 6b). Approximately two-thirds of providers trained through the CBDPP who received clinical training were predoctoral dental students (59.9%), and 17.7% were dental residents or postdoctoral dentists.

DRP and CBDPP Oral Health Care Visits

DRP-reimbursed sites support, on average, approximately 230,000 oral health care visits each year. However, from July 2019 through June 2020, the DRP supported 122,002 oral health visits (Table 5a). This decrease may be due to a variety of COVID-19 pandemic–related factors, such as the closure of dental clinics in early 2020. The greatest number of oral health care visits supported by DRP reimbursements was 298,490 in the July 2011 through June 2012 reporting period (Table 5a).

From July 2019 through June 2020, 28.8% of oral health care visits by DRP clients were for diagnostic services, 13.3% were for preventive services, 10.1% were for oral health education/health promotion, and 10.0% were for restorative services (Table 7a).

CBDPP-funded sites support, on average, approximately 30,000 oral health care visits each year. In 2020, the CBDPP supported 34,640 oral health visits (Table 5b). During 2004 through 2020, the number oral health visits supported by the CBDPP ranged from 17,349 to 59,746 visits (Table 5b).

In 2020, 26.7% of oral health care visits by CBDPP clients were for diagnostic services, 13.3% were for preventive services, 10.9% were for oral health education/health promotion services, and 9.4% were for restorative services (Table 7b).

DRP and CBDPP Clients

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

- From July 2019 through June 2020, 17,933 clients received services from DRP-reimbursed providers (Table 5a). The number of clients who received services from DRP-reimbursed providers each funding cycle peaked at 41,464 clients (July 2011–June 2012) (Table 5a).
- In 2020, 5,076 clients received services from CBDPP-funded providers (Table 5b). The number of clients who received services from CBDPP-funded providers during 2004 through 2020 ranged from 3,234 to 6,519 (Table 5b).
- **More than half of DRP clients are aged 45 and older.** From July 2019 through June 2020, people aged 45 and older accounted for 73.4% of all DRP clients (Table 8a). In 2020, 71.2% of all CBDPP clients were aged 45 and older (Table 8b). The percentage of DRP clients aged 45 and older increased over time from 55.9% (July 2015–June 2016); the percentage of CBDPP clients aged 45 and older increased over time from 67.1% in 2016.

- **A significant proportion of DRP and CBDPP clients are from racial/ethnic minority populations.** From July 2019 through June 2020, 39.6% of DRP clients identified as Black/African American and 29.3% identified as Hispanic/Latino (Table 8a). In 2020, 31.2% of CBDPP clients identified as Black/African American and 25.6% identified as Hispanic/Latino (Table 8b).
- **More than two-thirds of DRP clients and more than three-quarters of CBDPP clients are male.** From July 2019 through June 2020, 71.4% of DRP clients were male, 27.8% were female, and 0.8% were transgender (Table 8a). In 2020, 78.5% of CBDPP clients were male, 20.2% were female, and 1.3% were transgender. The percentage distribution has remained consistent over time.
- **More than half of DRP clients and approximately two-thirds of CBDPP clients are living at or below 100% of the federal poverty level (FPL).** From July 2019 through June 2020, 52.1% of DRP clients were living at or below 100% FPL (Table 8a), a decrease from 68.1% during July 2015 through June 2016. In 2020, 62.1% of CBDPP clients were living at or below 100% FPL (Table 8b), a slight increase from 2016 (57.3%).
- **More than half of DRP and CBDPP clients had at least partial health care coverage.** From July 2019 through June 2020, 60.2% of DRP clients had at least partial health care coverage (Table 8a), an increase from July 2015 through June 2016 (48.5%). Among DRP clients with health care coverage from July 2019 through June 2020, 66.8% were covered by Medicaid. In 2020, 57.0% of CBDPP clients had health care coverage (Table 8b), a slight decrease from 2016 (60.2%). Among CBDPP clients with health care coverage in 2020, 57.3% were covered by Medicaid.
- **Nearly two-thirds of DRP clients and almost half of CBDPP clients visited a primary medical provider at the same institution and site as where they received oral health care.** From July 2019 through June 2020, 65.8% of DRP clients visited a primary medical provider at the same institution and site as where they received oral health care (Table 8a). In 2020, 43.2% of CBDPP clients visited a primary medical provider at the same institution and site as where they received oral health care (Table 8b).

TECHNICAL NOTES

The DRP and CBDPP section of the report includes data reported to the DSR for all clients served by and providers trained through the DRP (July 2003–June 2020) and the CBDPP (January 2004–December 2020). DSR data do not include information about services funded through RWHAP Parts A–D (including oral health services) or the RWHAP ADAP; this information is reported through other data systems. Clients represented in the DSR data may have also received services funded through RWHAP Parts A–D and/or ADAP services.

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

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

Presentation of Data

The data in this section of the report include information submitted to HRSA HAB about clients served by and providers trained through the DRP (July 2003–June 2020) and the CBDPP (January 2004–December 2020). Tables 5a and 5b present data since the first application of the DSR to the DRP (2003) and CBDPP (2004). Consistent with the previous RWHAP Oral Health Report, Tables 6a–6b, 7a–7b, and 8a–8b display information for the 5 most recent years of data.

Tables 8a and 8b display subtotals for each subpopulation, as well as the overall total. Subtotals are displayed to reflect the denominator used for the percentage calculation of each subpopulation. Due to missing data, the values in each column may not sum to the column total.

Age Group

RWHAP DRP and CBDPP grant recipients report the aggregate number of clients in discrete age categories. For the tables in this report displaying age groups, client ages were categorized as follows: <13 years, 13–24, 25–44, 45–64, and ≥65 years.

Race and Ethnicity

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

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

The race variable is categorized as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, and more than one race (identifies with more than one racial category).

The ethnicity variable is categorized as Hispanic/Latino and non-Hispanic/Latino.

Gender

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

Federal Poverty Level

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

Health Care Coverage

DRP and CBDPP grant recipients report the aggregate number of clients who received oral health care with no or partial third-party payor coverage.

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

Service Type

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

Staffing and Training

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

Tables

DENTAL REIMBURSEMENT PROGRAM AND COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

Table 5a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP), by year and selected characteristics, July 2003–June 2020—United States

Year	Total clients served	New clients served		Number of visits by all clients	Number of providers trained
		N	%		
July 2003–June 2004	31,050	9,863	31.8	188,306	13,753
July 2004–June 2005	34,394	10,894	31.7	197,908	13,377
July 2005–June 2006	32,819	10,273	31.3	196,389	11,838
July 2006–June 2007	36,193	12,667	35.0	227,696	12,146
July 2007–June 2008	35,474	12,389	34.9	244,580	11,380
July 2008–June 2009	35,659	10,515	29.5	268,918	12,609
July 2009–June 2010	37,194	10,058	27.0	270,773	11,745
July 2010–June 2011	39,810	11,529	29.0	282,091	12,277
July 2011–June 2012	41,464	12,366	29.8	298,490	12,290
July 2012–June 2013	39,138	10,460	26.7	287,538	12,529
July 2013–June 2014	37,532	10,005	26.0	237,063	13,247
July 2014–June 2015	38,436	10,929	29.1	256,946	11,596
July 2015–June 2016	36,455	9,637	26.4	256,020	12,395
July 2016–June 2017	27,847	7,495	26.9	181,002	11,473
July 2017–June 2018	26,334	6,695	25.4	166,695	10,777
July 2018–June 2019	26,929	5,059	18.8	181,048	9,945
July 2019–June 2020	17,933	3,206	17.9	122,002	10,506

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

Table 5b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and selected characteristics, 2004–2020—United States

Year	Total clients served	New clients served		Number of visits by all clients	Number of providers trained
		N	%		
July 2003–June 2004	3,234	948	29.3	17,349	1,599
July 2004–June 2005	3,996	1,542	38.6	19,863	2,231
July 2005–June 2006	4,328	1,560	36.0	22,567	2,536
July 2006–June 2007	4,745	2,030	42.8	24,564	3,076
July 2007–June 2008	5,384	1,505	28.0	24,653	3,081
July 2008–June 2009	5,879	2,042	34.7	33,668	3,206
July 2009–June 2010	5,888	1,860	31.6	42,884	3,380
July 2010–June 2011	6,011	1,663	27.7	41,234	3,639
July 2011–June 2012	5,364	1,317	24.6	32,442	4,001
July 2012–June 2013	6,337	1,312	20.7	34,514	3,162
July 2013–June 2014	5,189	1,205	23.2	19,426	3,808
July 2014–June 2015	5,963	1,537	25.8	34,149	3,705
July 2015–June 2016	4,745	1,284	27.1	38,491	3,453
July 2016–June 2017	4,855	1,210	24.9	38,634	3,768
July 2017–June 2018	6,467	1,952	30.2	59,746	3,901
July 2018–June 2019	6,519	1,935	29.7	53,754	3,897
July 2019–June 2020	5,076	1,097	21.6	34,640	4,009

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

Table 6a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) provider trainees, by year and selected characteristics, July 2015–June 2020—United States

	July 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Provider trainees enrolled										
Predoctoral dental students	8,636	69.7	8,315	72.5	7,833	72.7	7,087	71.3	7,587	72.2
Dental residents or postdoctoral students	3,018	24.3	2,484	21.7	2,321	21.5	2,352	23.7	2,386	22.7
Dental hygiene students	741	6.0	674	5.9	623	5.8	506	5.1	533	5.1
Subtotal	12,395	100.0	11,473	100.0	10,777	100.0	9,945	100.0	10,506	100.0
Provider trainees who received formal didactic instruction										
Predoctoral dental students	7,401	65.6	6,864	70.9	6,363	70.1	5,357	67.9	5,895	68.6
Dental residents or postdoctoral students	2,669	23.7	2,042	21.1	1,952	21.5	1,840	23.3	1,973	22.9
Dental hygiene students	672	6.0	585	6.0	535	5.9	466	5.9	505	5.9
Other non-student dental providers	534	4.7	185	1.9	229	2.5	228	2.9	226	2.6
Subtotal	11,276	100.0	9,676	100.0	9,079	100.0	7,891	100.0	8,599	100.0
Provider trainees who received clinical training										
Predoctoral dental students	3,767	52.5	3,666	59.8	3,836	60.4	3,257	59.4	3,335	59.4
Dental residents or postdoctoral students	2,370	33.0	1,779	29.0	1,796	28.3	1,599	29.2	1,672	29.8
Dental hygiene students	411	5.7	377	6.1	349	5.5	313	5.7	320	5.7
Other non-student dental providers	631	8.8	312	5.1	373	5.9	314	5.7	283	5.0
Subtotal	7,179	100.0	6,134	100.0	6,354	100.0	5,483	100.0	5,610	100.0

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

Table 6b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP) trainees, by year and selected characteristics, 2016–2020—United States

	2016		2017		2018		2019		2020	
	N	%	N	%	N	%	N	%	N	%
Trainees/students enrolled										
Predoctoral dental students	2,459	71.2	2,744	72.8	3,111	79.7	3,123	80.1	3,165	78.9
Dental residents or postdoctoral students	684	19.8	464	12.3	435	11.2	400	10.3	477	11.9
Dental hygiene students	310	9.0	560	14.9	355	9.1	374	9.6	367	9.2
Subtotal	3,453	100.0	3,768	100.0	3,901	100.0	3,897	100.0	4,009	100.0
Trainees/students who received formal didactic instruction										
Predoctoral dental students	1,907	60.9	1,636	77.9	1,711	75.9	1,704	67.8	1,572	72.5
Dental residents or postdoctoral students	607	19.4	204	9.7	163	7.2	158	6.3	208	9.6
Dental hygiene students	232	7.4	194	9.2	319	14.2	294	11.7	330	15.2
Other non-student dental providers	386	12.3	67	3.2	60	2.7	359	14.3	59	2.7
Subtotal	3,132	100.0	2,101	100.0	2,253	100.0	2,515	100.0	2,169	100.0
Trainees/students who received clinical training										
Predoctoral dental students	966	45.7	919	64.0	664	58.1	767	64.0	547	59.9
Dental residents or postdoctoral students	528	25.0	242	16.8	139	12.2	128	10.7	162	17.7
Dental hygiene students	238	11.3	194	13.5	295	25.8	268	22.4	176	19.3
Other non-student dental providers	380	18.0	82	5.7	44	3.9	35	2.9	28	3.1
Subtotal	2,112	100.0	1,437	100.0	1,142	100.0	1,198	100.0	913	100.0

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

Table 7a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP), by year and service type, July 2015–June 2020—United States

Service type	July 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Anesthesia/sedation/nitrous oxide analgesia/palliative care	5,759	2.2	3,744	2.1	2,465	1.5	2,639	1.5	1,540	1.3
Diagnostic	63,870	24.9	51,884	28.7	51,465	30.9	54,727	30.2	35,079	28.8
Emergency services	8,548	3.3	6,023	3.3	5,276	3.2	3,956	2.2	2,203	1.8
Endodontic	5,576	2.2	4,651	2.6	3,496	2.1	3,498	1.9	1,798	1.5
Nutrition counseling	15,397	6.0	6,387	3.5	5,196	3.1	4,870	2.7	5,053	4.1
Oral and maxillofacial surgery	16,779	6.6	11,742	6.5	13,057	7.8	11,088	6.1	8,367	6.9
Oral health education/health promotion	24,365	9.5	14,648	8.1	12,913	7.7	17,438	9.6	12,380	10.1
Oral medicine/oral pathology	5,769	2.3	2,542	1.4	2,057	1.2	1,167	0.6	825	0.7
Periodontic	16,620	6.5	14,955	8.3	12,772	7.7	14,267	7.9	7,964	6.5
Preventive	26,288	10.3	16,128	8.9	15,547	9.3	21,036	11.6	16,235	13.3
Prosthodontic	18,368	7.2	17,081	9.4	13,641	8.2	15,421	8.5	11,069	9.1
Restorative	29,528	11.5	20,861	11.5	19,934	12.0	21,259	11.7	12,205	10.0
Tobacco prevention/cessation	12,000	4.7	4,813	2.7	4,438	2.7	4,270	2.4	2,949	2.4
Other	7,153	2.8	5,543	3.1	4,438	2.7	5,412	3.0	4,335	3.6
Total	256,020	100.0	181,002	100.0	166,695	100.0	181,048	100.0	122,002	100.0

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

Table 7b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP), by year and visit type, 2016–2020—United States

Service type	2016		2017		2018		2019		2020	
	N	%	N	%	N	%	N	%	N	%
Anesthesia/sedation/nitrous oxide analgesia/palliative care	206	0.5	178	0.5	892	1.5	276	0.5	227	0.7
Diagnostic	9,349	24.3	11,124	28.8	18,066	30.2	17,250	32.1	9,257	26.7
Emergency services	1,041	2.7	964	2.5	1,543	2.6	1,232	2.3	1,111	3.2
Endodontic	290	0.8	249	0.6	435	0.7	372	0.7	270	0.8
Nutrition counseling	1,687	4.4	1,096	2.8	1,633	2.7	2,295	4.3	2,336	6.7
Oral and maxillofacial surgery	2,166	5.6	1,720	4.5	4,222	7.1	2,139	4.0	1,810	5.2
Oral health education/health promotion	4,158	10.8	4,868	12.6	5,565	9.3	5,743	10.7	3,763	10.9
Oral medicine/oral pathology	102	0.3	114	0.3	35	0.1	438	0.8	226	0.7
Periodontic	2,812	7.3	2,822	7.3	4,660	7.8	4,479	8.3	2,454	7.1
Preventive	5,582	14.5	5,422	14.0	5,991	10.0	5,875	10.9	4,592	13.3
Prosthodontic	2,881	7.5	1,977	5.1	3,920	6.6	3,621	6.7	2,649	7.6
Restorative	5,454	14.2	4,844	12.5	8,557	14.3	6,164	11.5	3,251	9.4
Tobacco prevention/cessation	1,353	3.5	1,234	3.2	1,166	2.0	2,069	3.8	1,432	4.1
Other	1,410	3.7	2,022	5.2	3,061	5.1	1,801	3.4	1,262	3.6
Total	38,491	100.0	38,634	100.0	59,746	100.0	53,754	100.0	34,640	100.0

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

Table 8a. Ryan White HIV/AIDS Program Dental Reimbursement Program (DRP) clients, by year and selected characteristics, July 2015–June 2020—United States

	July 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Clients served, overall	36,455	100.0	27,847	100.0	26,334	100.0	26,929	100.0	17,933	100.0
New clients served	9,637	26.4	7,495	26.9	6,695	25.4	5,059	18.8	3,206	17.9
Age group (yrs)										
<13	94	0.3	73	0.3	83	0.3	50	0.2	48	0.3
13–24	1,177	3.2	684	2.5	532	2.0	542	2.0	301	1.7
25–44	15,103	40.7	7,438	26.7	6,718	25.5	7,193	26.7	4,415	24.7
45–64	17,396	46.8	15,853	57.0	15,052	57.2	15,198	56.5	10,502	58.7
≥65	3,366	9.1	3,772	13.6	3,935	15.0	3,908	14.5	2,623	14.7
Subtotal	37,136	100.0	27,820	100.0	26,320	100.0	26,891	100.0	17,889	100.0
Race										
American Indian/Alaska Native	156	0.4	96	0.3	77	0.3	85	0.3	111	0.6
Asian	326	0.9	268	1.0	249	0.9	299	1.1	235	1.3
Black/African American	15,222	41.9	13,087	47.2	12,320	47.0	12,453	46.7	7,028	39.6
Native Hawaiian/Pacific Islander	220	0.6	28	0.1	36	0.1	38	0.1	37	0.2
White	16,755	46.1	9,493	34.3	9,369	35.7	9,746	36.5	6,203	34.9
Multiple races	3,674	10.1	4,734	17.1	4,179	15.9	4,070	15.2	4,142	23.3
Subtotal	36,353	100.0	27,706	100.0	26,230	100.0	26,691	100.0	17,756	100.0
Ethnicity^a										
Hispanic/Latino	12,140	33.3	7,602	27.3	7,427	28.2	8,552	31.8	5,239	29.3
Non-Hispanic/Latino	24,315	66.7	20,245	72.7	18,907	71.8	18,377	68.2	12,664	70.7
Subtotal	36,455	100.0	27,847	100.0	26,334	100.0	26,929	100.0	17,903	100.0
Gender										
Male	24,839	68.4	18,684	67.1	17,817	67.7	19,053	70.9	12,787	71.4
Female	11,210	30.9	9,037	32.5	8,356	31.8	7,600	28.3	4,980	27.8
Transgender	275	0.8	124	0.4	134	0.5	207	0.8	143	0.8
Subtotal	36,324	100.0	27,845	100.0	26,307	100.0	26,860	100.0	17,910	100.0
Federal poverty level										
0–100%	21,282	68.1	14,272	62.2	13,443	60.6	12,854	58.9	7,199	52.1
101–200%	6,748	21.6	5,835	25.4	5,948	26.8	6,215	28.5	5,034	36.4
201–300%	1,843	5.9	1,517	6.6	1,615	7.3	1,632	7.5	831	6.0
>300%	1,367	4.4	1,306	5.7	1,179	5.3	1,104	5.1	757	5.5
Subtotal	31,240	100.0	22,930	100.0	22,185	100.0	21,805	100.0	13,821	100.0
Third-party health care coverage										
None	18,797	51.5	12,552	47.0	13,404	52.1	13,008	49.7	7,036	39.8
Partial	17,667	48.5	14,156	53.0	12,325	47.9	13,187	50.3	10,647	60.2
Subtotal	36,464	100.0	26,708	100.0	25,729	100.0	26,195	100.0	17,683	100.0
Type of partial health care coverage^b										
Medicaid	10,866	67.1	8,455	63.2	8,375	62.1	9,622	66.2	7,560	66.8
Medicare	1,022	6.3	764	5.7	729	5.4	662	4.6	341	3.0
Other public insurance (e.g., TRICARE, Veterans Administration)	552	3.4	910	6.8	1,020	7.6	814	5.6	810	7.2
Private insurance	2,308	14.3	1,591	11.9	1,629	12.1	2,183	15.0	1,422	12.6
Other	1,445	8.9	1,651	12.3	1,738	12.9	1,258	8.7	1,191	10.5
Subtotal	16,193	100.0	13,371	100.0	13,491	100.0	14,539	100.0	11,324	100.0
Location of primary medical provider										
Same institution and site providing oral health care	15,907	46.3	15,801	63.2	15,200	63.0	16,050	66.1	10,499	65.8
Same institution providing oral health care, different site	7,644	22.3	3,098	12.4	3,444	14.3	2,731	11.2	1,862	11.7
Different institution and site providing oral health care	10,794	31.4	6,087	24.4	5,476	22.7	5,509	22.7	3,585	22.5
Subtotal	34,345	100.0	24,986	100.0	24,120	100.0	24,290	100.0	15,946	100.0

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

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

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

Table 8b. Ryan White HIV/AIDS Program Community-Based Dental Partnership Program (CBDPP) clients, by year and selected characteristics, 2016–2020—United States

	2016		2017		2018		2019		2020	
	N	%	N	%	N	%	N	%	N	%
Clients served, overall	4,745	100.0	4,855	100.0	6,467	100.0	6,519	100.0	5,076	100.0
New clients served	1,284	27.1	1,210	24.9	1,952	30.2	1,935	29.7	2,097	21.6
Age group (yrs)										
<13	1	<0.1	1	<0.1	4	0.1	2	<0.1	1	<0.1
13–24	117	2.5	103	2.1	80	1.2	116	1.8	89	1.8
25–44	1,442	30.4	1,526	31.6	1,683	26.2	1,815	27.9	1,373	27.0
45–64	2,585	54.6	2,637	54.6	3,855	59.9	3,628	55.7	2,730	53.8
≥65	591	12.5	565	11.7	810	12.6	951	14.6	883	17.4
Subtotal	4,736	100.0	4,832	100.0	6,432	100.0	6,512	100.0	5,076	100.0
Race										
American Indian/Alaska Native	19	0.4	22	0.5	87	1.3	95	1.5	92	1.8
Asian	66	1.4	58	1.2	87	1.3	79	1.2	55	1.1
Black/African American	1,291	27.2	1,612	33.3	2,476	38.3	2,290	35.1	1,584	31.2
Native Hawaiian/Pacific Islander	5	0.1	3	0.1	12	0.2	20	0.3	12	0.2
White	3,141	66.2	2,908	60.0	3,589	55.5	3,804	58.4	2,841	56.0
Multiple races	223	4.7	242	5.0	216	3.3	231	3.5	492	9.7
Subtotal	4,745	100.0	4,845	100.0	6,467	100.0	6,519	100.0	5,076	100.0
Ethnicity^a										
Hispanic/Latino	1,043	22.0	1,081	22.3	1,629	25.2	1,805	27.7	1,298	25.6
Non-Hispanic/Latino	3,702	78.0	3,774	77.7	4,838	74.8	4,714	72.3	3,778	74.4
Subtotal	4,745	100.0	4,855	100.0	6,467	100.0	6,519	100.0	5,076	100.0
Gender										
Male	3,627	76.5	3,605	75.8	4,969	77.2	5,037	77.4	3,973	78.5
Female	1,074	22.6	1,103	23.2	1,394	21.7	1,356	20.8	1,021	20.2
Transgender	42	0.9	51	1.1	75	1.2	116	1.8	67	1.3
Subtotal	4,743	100.0	4,759	100.0	6,438	100.0	6,509	100.0	5,061	100.0
Federal poverty level										
0–100%	2,318	57.3	2,009	49.7	3,473	63.6	3,553	59.9	2,930	62.1
101–200%	1,315	32.5	1,563	38.7	1,362	24.9	1,539	26.0	1,252	26.5
201–300%	330	8.2	389	9.6	460	8.4	566	9.5	282	6.0
>300%	79	2.0	82	2.0	169	3.1	269	4.5	257	5.4
Subtotal	4,042	100.0	4,043	100.0	5,464	100.0	5,927	100.0	4,721	100.0
Third-party health care coverage										
None	1,797	39.8	1,858	41.9	2,607	44.7	2,437	39.9	2,114	43.0
Partial	2,720	60.2	2,579	58.1	3,228	55.3	3,668	60.1	2,805	57.0
Subtotal	4,517	100.0	4,437	100.0	5,835	100.0	6,105	100.0	4,919	100.0
Type of partial health care coverage^b										
Medicaid	1,854	56.1	1,481	49.8	2,345	48.9	2,491	53.9	1,922	57.3
Medicare	408	12.3	500	16.8	274	5.7	128	2.8	322	9.6
Other public insurance (e.g., TRICARE, Veterans Administration)	90	2.7	55	1.9	133	2.8	62	1.3	36	1.1
Private insurance	880	26.6	936	31.5	857	17.9	1,257	27.2	685	20.4
Other	74	2.2	0	0.0	1,188	24.8	682	14.8	391	11.7
Subtotal	3,306	100.0	2,972	100.0	4,797	100.0	4,620	100.0	3,356	100.0
Location of primary medical provider										
Same institution and site providing oral health care	619	15.2	850	20.0	2,172	45.6	2,244	43.4	1,884	43.2
Same institution providing oral health care, different site	1,326	32.6	1,137	26.8	1,082	22.7	1,218	23.5	1,446	33.2
Different institution and site providing oral health care	2,117	52.1	2,253	53.1	1,510	31.7	1,714	33.1	1,028	23.6
Subtotal	4,062	100.0	4,240	100.0	4,764	100.0	5,176	100.0	4,358	100.0

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

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

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

RWHAP AIDS EDUCATION AND TRAINING CENTER PROGRAM ORAL HEALTH TRAININGS

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

Overall, the eight RWHAP Regional AETCs aim to achieve the following:

- Increase the size and strengthen the skills of the current HIV clinical workforce in the United States.
- Improve outcomes along the HIV care continuum—including diagnosis, linkage to care, retention in care, and viral suppression.
- Decrease HIV transmission and, ultimately, reduce HIV incidence by training the front-line workforce.

The primary audiences for trainings conducted by the RWHAP Regional AETCs are novice and low-volume HIV treatment providers, allied health professionals, and health care support staff who treat people with HIV and those who are vulnerable to HIV acquisition. Trainings conducted by the RWHAP Regional AETCs are intended for dentists and dental assistants, traditional prescribers (e.g., physicians, physician assistants, and nurse practitioners), and other health professionals (e.g., psychologists and pharmacists).

HIGHLIGHTS OF ANALYSES

Training Events and Modalities

From September 2015 through June 2020, RWHAP AETCs conducted a total of 1,917 oral health training events, with an average of 383 training events per year. These trainings reached an average of 5,127 unique oral health training participants each year, ranging from 4,334 to 6,149 participants (Table 9).

From July 2019 through June 2020, the training modalities or technologies used most frequently during the oral health training events included in-person clinical preceptorships (23.1%), followed by in-person didactic presentations (22.4%) and in-person interactive presentations (20.3%; Table 10).

Oral Health Trainee Demographics, Service Delivery Characteristics, and Employment Setting

During the July 2019–June 2020 reporting period, nearly half of RWHAP AETC oral health training participants self-identified as White (43.5%), 26.0% as Hispanic/Latino, and 17.9% as Black/African American (Table 11). Nearly two-thirds of AETC oral health training participants were female (70.2%), 28.9% were male, and less than 1% were transgender (0.3% transgender female [i.e., assigned male at birth]; 0.2% transgender male [i.e., assigned female at birth]; 0.4% with another gender identity; Table 11).

Dentists and other dental professionals accounted for 41.0% of RWHAP AETC oral health trainees, followed by social workers (12.9%); nurses, advanced practice nurses, and nurse practitioners (10.5%); and physicians (9.3%; Table 11).

Nearly one-third of RWHAP AETC oral health trainees were care providers/clinicians, regardless of whether they prescribed HIV treatment (27.2%); 20.8% were students/graduate students; and 12.7% were case managers (Table 11).

The majority of RWHAP AETC oral health training participants (80.0%) provided direct services, and nearly three-quarters (72.2%) of RWHAP AETC oral health training participants provided direct services to people with HIV (Table 12). More than 40% of RWHAP AETC oral health training participants provided HIV prevention counseling and testing (40.7%), 12.8% prescribed pre-exposure prophylaxis (PrEP), and 14.0% prescribed antiretroviral therapy (ART; Table 12).

Nearly one-quarter (23.2%) of RWHAP AETC oral health training participants have 1 year of experience or less providing direct services to people with HIV; 23.5% have 2–4 years of experience, 15.8% have 5–9 years, 19.0% have 10–19 years, and 18.6% have 20 or more years (Table 12). Approximately one-fifth of RWHAP AETC oral health training participants treated 1–9 people with HIV per year (22.7%), 10.9% treated 10–19 people with HIV, 14.1% treated 20–49 people with HIV, and 41.5% treated 50 or more people with HIV (Table 12).

Approximately half of RWHAP AETC oral health training participants (49.1%) served patient populations in which at least half of the clients with HIV belonged to a racial/ethnic minority group (Table 12).

Approximately two-thirds of RWHAP AETC oral health training participants reported that at least half of their clients with HIV were receiving ART (64.7%; Table 12). Approximately 8.9% of RWHAP AETC oral health training participants reported that at least half their clients with HIV were co-infected with hepatitis B or C (Table 12).

The top three employment settings for RWHAP AETC oral health training participants were academic health centers (19.3%), HIV or infectious disease clinics (12.0%), and Federally Qualified Health Centers (11.1%; Table 13). Nearly all RWHAP AETC oral health training participants worked in suburban/urban settings (90.5%). Overall, 52.4% of RWHAP AETC oral health training participants worked in an organization that received RWHAP funding (Table 13).

TECHNICAL NOTES

Presentation of Data

The data in this report include information received by HRSA HAB for clients served during specified calendar years (refer to table titles). Data are submitted to HRSA HAB each year and contain information on all activities that occurred during a specific time frame.

Table 9 presents data since the inception of the ADR in 2010. Consistent with the previous RWHAP Oral Health Report, Tables 10–13 display information for the five most recent reporting periods: September 2015–June 2016, July 2016–June 2017, July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020.

Report Changes

During the July 2016–June 2017 reporting period, a new Event Record (ER) data collection form was implemented, which resulted in the concurrent use of old and new forms during the transition. Similar to the ER form changes made during the July 2016–June 2017 reporting period, Participant

Information Form (PIF) changes also were implemented during the same period. However, the new participant data categories could not be cross-walked to the previous variables; therefore, participant data are not available for the July 2016–June 2017 reporting period. Tables displaying participant data over a 5-year period do not show data for July 2016–June 2017 (Tables 11–13).

Tables displaying 5 years of data have been modified to accommodate the changes in the ER and PIF.

Table 11: Program participants, by year and selected characteristics: Categories are combined where the definitions between forms match one another exactly over the 5-year period displayed. Dashes denote that a category did not apply for that period. The gender categories have been updated to include male (i.e., cisgender [non-transgender] male), female (i.e., cisgender female), transgender male (i.e., a person who was assigned female sex at birth but whose gender identity is male), transgender female (i.e., a person who was assigned male sex at birth but whose gender identify is female), and other gender identity (i.e., a person whose gender identity does not fit within the binary division of female/male or transgender male/transgender female). The professional discipline categories Nurse/Advanced Practice Nurse (non-prescriber) and Nurse Practitioner were replaced with Nurse Practitioner/Nurse professional (prescriber) and Nurse professional (non-prescriber).

Table 12: Program participants, by service delivery and client characteristics: Data categories are presented for the years in which they were included on the PIF. Because of form changes, PIF data are not available for the July 2016–June 2017 reporting period. Data for the July 2019–June 2020 reporting period include a new antiretroviral therapy (ART) prescription variable.

Table 13: Program participants, by year and employment setting: Data categories are presented for the years in which they were included on the PIF. Geographic work setting(s) changed with the updated PIF. Data presented for the September 2015–June 2016 reporting period uses participant-identified rural/urban classification of primary work settings. Beginning with the July 2017–June 2018 reporting period, participants reported up to five ZIP codes for their work setting(s). Data presented for this and subsequent reporting periods use rural/urban classifications of ZIP codes reported by participants, according to the HRSA Federal Office of Rural Health Policy’s rural-urban commuting area designation⁹ and identify participants as working only in rural settings, in both rural and suburban/urban settings, or only in suburban/urban settings. Data for the July 2019–June 2020 reporting period include a new employment setting category: *Employment setting does not involve the provision of care or services to patients/clients*.

RWHAP AETC DATA SYSTEM: RWHAP AETC ORAL HEALTH TRAININGS

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

Each year, RWHAP AETC Program grant recipients report data to HRSA HAB about the sponsored training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands.

⁹ USDA.gov. Rural-Urban Commuting Area Codes. Available at www.ers.usda.gov/data/products/rural-urban-commuting-area-codes/documentation.

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

Information collected on participants includes demographic information (e.g., profession, functional role, race/ethnicity, and gender). In addition, information about participants' employment setting(s) is collected (e.g., if the setting is in a rural or suburban/urban area; if the setting is a faith-based organization [for data through June 2016 only]; if the setting receives RWHAP funding). Patient care information also is collected from participants (e.g., if they provide services directly to people with HIV and, if so, how many years of experience they have providing such services; the average number of people with HIV they serve; and percentage estimates of clients to whom they provide services that meet certain characteristics—for example, those who are of racial/ethnic minorities or are receiving ART).

Tables

AIDS EDUCATION AND TRAINING CENTERS' ORAL HEALTH TRAININGS

Table 9. RWHAP AIDS Education and Training Center (AETC) Program oral health training events and participants, by year, July 2010–June 2020—United States and 3 territories

Year	Events	Participants ^a
July 2010–June 2011	1,666	14,342
July 2011–June 2012	1,436	11,312
July 2012–June 2013	1,834	11,909
July 2013–June 2014	1,357	8,656
July 2014–August 2015	1,078	8,556
September 2015–June 2016	380	4,334
July 2016–June 2017	485	—
July 2017–June 2018	444	6,149
July 2018–June 2019	327	4,940
July 2019–June 2020	281	5,085

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

^a Participant data unavailable for July 2016–June 2017.

Table 10. RWHAP AIDS Education and Training Center (AETC) Program oral health training events, by year and training modality, September 2015–June 2020—United States and 3 territories

	September 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	% of training events	N	% of training events	N	% of training events	N	% of training events	N	% of training events
Training modalities or technologies applied in the training event										
Chart/case review	144	44.2	34	25.2	—	—	—	—	—	—
Clinical preceptorship/mini-residency	117	35.9	20	14.8	—	—	—	—	—	—
Computer-based learning	35	10.7	29	21.5	—	—	—	—	—	—
Conference call/telephone	58	17.8	25	18.5	—	—	—	—	—	—
Lecture/workshop	142	43.6	43	31.9	—	—	—	—	—	—
Role play/simulation	20	6.1	29	21.5	—	—	—	—	—	—
Self-study	29	8.9	2	1.5	—	—	—	—	—	—
Telemedicine	7	2.1	5	3.7	—	—	—	—	—	—
Webcast/webinar	30	9.2	7	5.2	—	—	—	—	—	—
Didactic presentations, in-person	—	—	—	—	120	27.1	58	17.7	63	22.4
Didactic presentations, distance-based (live)	—	—	—	—	15	3.4	11	3.4	18	6.4
Didactic presentations, distance-based (archived)	—	—	—	—	71	16.1	30	9.2	22	7.8
Interactive presentations, in-person	—	—	—	—	147	33.3	112	34.3	57	20.3
Interactive presentations, distance-based (live)	—	—	—	—	6	1.4	2	0.6	23	8.2
Communities of practice, in-person	—	—	—	—	21	4.8	16	4.9	5	1.8
Communities of practice, distance-based (live)	—	—	—	—	9	2.0	2	0.6	8	2.8
Self-study, distance-based (archived)	—	—	—	—	59	13.3	4	1.2	—	—
Clinical preceptorships, in-person	—	—	—	—	133	30.1	83	25.4	65	23.1
Clinical preceptorships, distance-based (live)	—	—	—	—	2	0.5	0	0.0	18	6.4
Clinical consultation, in-person	—	—	—	—	26	5.9	13	4.0	28	10.0
Clinical consultation, distance-based (live)	—	—	—	—	6	1.4	4	1.2	3	1.1
Coaching for organizational capacity building, in-person	—	—	—	—	58	13.1	44	13.5	33	11.7
Coaching for organizational capacity building, distance-based (live)	—	—	—	—	28	6.3	19	5.8	14	5.0

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

Training modality categories are not mutually exclusive.

Table 11. RWHAP AIDS Education and Training Center (AETC) Program oral health training participants, by year and selected characteristics, September 2015–June 2020—United States and 3 territories

	September 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Race/ethnicity										
American Indian/Alaska Native	57	1.4	—	—	242	4.2	56	1.2	25	0.5
Asian	325	7.8	—	—	417	7.2	359	7.7	369	7.8
Black/African American	755	18.1	—	—	930	16.1	755	16.3	843	17.9
Hispanic/Latino ^a	757	18.2	—	—	1,233	21.4	972	21.0	1,227	26.0
Native Hawaiian/Pacific Islander	15	0.4	—	—	10	0.2	9	0.2	10	0.2
White	2,189	52.6	—	—	2,676	46.4	2,320	50.0	2,054	43.5
Multiple races	64	1.5	—	—	264	4.6	165	3.6	194	4.1
Subtotal	4,162	100.0	—	—	5,772	100.0	4,636	100.0	4,722	100.0
Gender										
Male	1,029	24.3	—	—	1,469	25.9	1,283	28.3	1,354	28.9
Female	3,199	75.5	—	—	4,192	73.8	3,236	71.3	3,291	70.2
Transgender	8	0.2	—	—	16	0.3	22	0.5	—	—
Transgender male	—	—	—	—	—	—	—	—	8	0.2
Transgender female	—	—	—	—	—	—	—	—	14	0.3
Other gender identity	—	—	—	—	—	—	—	—	18	0.4
Subtotal	4,236	100.0	—	—	5,677	100.0	4,541	100.0	4,685	100.0
Professional discipline										
Advanced practice nurse	162	3.8	—	—	—	—	—	—	—	—
Clergy/faith-based professional	2	<0.1	—	—	10	0.2	5	0.1	6	0.1
Community health worker	70	1.6	—	—	232	3.9	178	3.7	244	5.2
Dentist	823	19.2	—	—	1,282	21.7	1,165	24.4	1,229	26.3
Dietitian/nutritionist	13	0.3	—	—	16	0.3	11	0.2	16	0.3
Health educator	99	2.3	—	—	—	—	—	—	—	—
Mental/behavioral health professional	50	1.2	—	—	96	1.6	70	1.5	62	1.3
Midwife	—	—	—	—	2	<0.1	1	<0.1	1	<0.1
Nurse	611	14.2	—	—	—	—	—	—	—	—
Nurse/advanced practice nurse (non-prescriber)	—	—	—	—	630	10.7	517	10.8	370	7.9
Nurse practitioner	—	—	—	—	194	3.3	191	4.0	122	2.6
Nurse practitioner/nurse professional (prescriber)	—	—	—	—	—	—	—	—	—	—
Nurse professional (non-prescriber)	—	—	—	—	—	—	—	—	—	—
Other allied health professional	—	—	—	—	189	3.2	135	2.8	83	1.8
Other dental professional	1,043	24.3	—	—	1,067	18.1	735	15.4	687	14.7
Other non-clinical professional	400	9.3	—	—	370	6.3	234	4.9	250	5.3
Other public health professional	172	4.0	—	—	419	7.1	332	6.9	342	7.3
Pharmacist	114	2.7	—	—	184	3.1	265	5.5	194	4.1
Physician	359	8.4	—	—	534	9.1	490	10.3	433	9.3
Physician assistant	79	1.8	—	—	41	0.7	44	0.9	63	1.3
Practice administrator or leader	—	—	—	—	66	1.1	41	0.9	48	1.0
Social worker	284	6.6	—	—	506	8.6	459	9.6	605	12.9
Substance abuse professional	13	0.3	—	—	89	1.5	37	0.8	40	0.9
Subtotal	4,294	100.0	—	—	5,896	100.0	4,779	100.0	4,675	100.0

Table 11. RWHAP AIDS Education and Training Center (AETC) Program oral health training participants, by year and selected characteristics, September 2015–June 2020—United States and 3 territories (cont.)

	September 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Role in their organization										
Administrator	315	7.4	—	—	456	7.8	288	6.1	326	7.2
Agency board member	6	0.1	—	—	9	0.2	7	0.1	5	0.1
Care provider/clinician	1,731	40.7	—	—	—	—	—	—	—	—
Care provider/clinician—can or does prescribe HIV treatment	—	—	—	—	570	9.8	479	10.1	352	7.8
Care provider/clinician—cannot or does not prescribe HIV treatment	—	—	—	—	1,366	23.4	1,004	21.1	880	19.4
Case manager	496	11.7	—	—	552	9.4	502	10.6	574	12.7
Client/patient educator	143	3.4	—	—	—	—	—	—	—	—
Client/patient educator (includes navigator)	—	—	—	—	214	3.7	181	3.8	151	3.3
Clinical/medical assistant	265	6.2	—	—	242	4.1	144	3.0	137	3.0
Health care organization non-clinical staff	—	—	—	—	87	1.5	74	1.6	95	2.1
HIV tester	—	—	—	—	111	1.9	133	2.8	166	3.7
Intern/resident	110	2.6	—	—	124	2.1	183	3.8	250	5.5
Researcher/evaluator	45	1.1	—	—	78	1.3	112	2.4	70	1.5
Student/graduate student	448	10.5	—	—	994	17.0	1,166	24.5	945	20.8
Teacher/faculty	199	4.7	—	—	187	3.2	133	2.8	205	4.5
Other	493	11.6	—	—	908	15.5	575	12.1	509	11.2
Subtotal	4,251	100.0	—	—	5,844	100.0	4,756	100.0	4,536	100.0

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

Participant data are unavailable for July 2016–June 2017.

Participants reporting for September 2015–June 2016 selected only one profession/discipline and one primary functional role; percentages for these years are rounded and may not sum to 100.0% as displayed.

Participants reporting for July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020 selected all profession/disciplines and primary functional roles that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal and percentages may not sum to 100.0%.

^a Hispanics/Latinos can be of any race.

Table 12. RWHAP AIDS Education and Training Center (AETC) Program oral health training participants, by year and selected service delivery characteristics, September 2015–June 2020—United States and 3 territories (cont.)

	September 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Estimated number of clients with HIV per year										
None per year	—	—	—	—	115	4.7	1,150	36.6	240	10.8
1–9 per year	—	—	—	—	664	27.2	551	17.5	504	22.7
10–19 per year	—	—	—	—	248	10.2	181	5.8	241	10.9
20–49 per year	—	—	—	—	403	16.5	345	11.0	312	14.1
≥50 per year	—	—	—	—	1,009	41.4	915	29.1	919	41.5
Subtotal	—	—	—	—	2,439	100.0	3,142	100.0	2,216	100.0
Percentage of clients with HIV who are racial/ethnic minorities										
None per year	111	4.9	—	—	467	16.6	392	16.5	208	9.3
1–24% per year	671	29.9	—	—	663	23.5	502	21.1	604	27.0
25–49% per year	503	22.4	—	—	501	17.8	472	19.8	327	14.6
50–74% per year	465	20.7	—	—	537	19.1	549	23.1	492	22.0
≥75% per year	493	22.0	—	—	650	23.1	466	19.6	606	27.1
Subtotal	2,243	100.0	—	—	2,818	100.0	2,381	100.0	2,237	100.0
Percentage of clients with HIV who are women										
None per year	431	19.4	—	—	—	—	—	—	—	—
1–24% per year	909	40.9	—	—	—	—	—	—	—	—
25–49% per year	614	27.6	—	—	—	—	—	—	—	—
50–74% per year	217	9.8	—	—	—	—	—	—	—	—
≥75% per year	52	2.3	—	—	—	—	—	—	—	—
Subtotal	2,223	100.0	—	—	—	—	—	—	—	—
Percentage of clients with HIV who are receiving antiretroviral therapy										
None per year	93	4.2	—	—	444	15.9	335	14.1	242	10.9
1–24% per year	546	24.7	—	—	498	17.8	361	15.2	399	18.0
25–49% per year	199	9.0	—	—	175	6.3	127	5.3	142	6.4
50–74% per year	370	16.7	—	—	283	10.1	226	9.5	238	10.7
≥75% per year	1,002	45.3	—	—	1,393	49.9	1,325	55.8	1,199	54.0
Subtotal	2,210	100.0	—	—	2,793	100.0	2,374	100.0	2,220	100.0
Percentage of clients with HIV who have hepatitis C co-infection										
None per year	341	13.8	—	—	—	—	—	—	—	—
1–24% per year	1,559	62.9	—	—	—	—	—	—	—	—
25–49% per year	396	16.0	—	—	—	—	—	—	—	—
50–74% per year	143	5.8	—	—	—	—	—	—	—	—
≥75% per year	40	1.6	—	—	—	—	—	—	—	—
Subtotal	2,479	100.0	—	—	—	—	—	—	—	—
Percentage of clients with HIV who have hepatitis B or hepatitis C co-infection										
None per year	—	—	—	—	622	22.5	560	23.8	407	18.3
1–24% per year	—	—	—	—	1,282	46.3	1,018	43.2	1,179	53.2
25–49% per year	—	—	—	—	597	21.6	571	24.2	436	19.7
50–74% per year	—	—	—	—	195	7.0	156	6.6	146	6.6
≥75% per year	—	—	—	—	72	2.6	50	2.1	50	2.3
Subtotal	—	—	—	—	2,768	100.0	2,355	100.0	2,218	100.0

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

Participant data are unavailable for July 2016–June 2017.

Percentages are rounded and may not sum to 100.0% as displayed.

Table 13. RWHAP AIDS Education and Training Center (AETC) Program oral health training participants, by year and employment setting, September 2015–June 2020—United States and 3 territories

	September 2015–June 2016		July 2016–June 2017		July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	%	N	%	N	%	N	%	N	%
Employment setting										
Academic health center	435	10.3	—	—	975	17.7	991	22.0	897	19.3
College/university/health professions school	273	6.4	—	—	175	3.2	197	4.4	160	3.4
Correctional facility	307	7.2	—	—	—	—	—	—	—	—
Emergency department	124	2.9	—	—	106	1.9	70	1.6	27	0.6
Employment setting does not involve the provision care or services to patients/clients	—	—	—	—	—	—	—	—	491	10.6
Family planning clinic	11	0.3	—	—	150	2.7	88	2.0	14	0.3
Federally Qualified Health Center	671	15.8	—	—	646	11.7	499	11.1	515	11.1
HIV clinic	354	8.4	—	—	—	—	—	—	—	—
HIV or infectious diseases clinic	—	—	—	—	878	15.9	789	17.5	557	12.0
HMO/managed care organization	42	1.0	—	—	70	1.3	90	2.0	45	1.0
Hospital-based clinic	110	2.6	—	—	344	6.2	295	6.5	177	3.8
Indian health services/tribal clinic	29	0.7	—	—	78	1.4	17	0.4	6	0.1
Infectious disease clinic	70	1.7	—	—	—	—	—	—	—	—
Long-term nursing facility	17	0.4	—	—	23	0.4	38	0.8	21	0.5
Maternal/child health clinic	2	0.1	—	—	97	1.8	71	1.6	9	0.2
Mental health clinic	18	0.4	—	—	145	2.6	99	2.2	30	0.6
Military or veterans health facility	16	0.4	—	—	32	0.6	25	0.6	20	0.4
Non-health	48	1.1	—	—	—	—	—	—	—	—
Not working	198	4.7	—	—	423	7.7	461	10.2	106	2.3
Other community-based organization	249	5.9	—	—	527	9.6	345	7.6	439	9.5
Other federal health facility	—	—	—	—	80	1.5	41	0.9	24	0.5
Other primary care setting	109	2.6	—	—	345	6.3	239	5.3	161	3.5
Pharmacy	36	0.9	—	—	203	3.7	266	5.9	95	2.0
Private practice	646	15.2	—	—	752	13.7	504	11.2	336	7.2
Rural health clinic	35	0.8	—	—	—	—	—	—	—	—
State or local health department	403	9.5	—	—	678	12.3	456	10.1	385	8.3
STD clinic	21	0.5	—	—	368	6.7	293	6.5	48	1.0
Student health clinic	—	—	—	—	294	5.3	269	6.0	202	4.3
Substance abuse treatment center	12	0.3	—	—	194	3.5	77	1.7	30	0.6
Subtotal	4,236	100.0	—	—	5,507	100.0	4,512	100.0	4,644	100.0
Rural and suburban/urban employment settings										
Rural settings only	981	24.5	—	—	735	13.8	332	7.7	272	7.6
Both rural and suburban/urban settings ^a	3,019	75.5	—	—	177	3.3	116	2.7	66	1.9
Suburban/urban settings only	—	—	—	—	4,416	82.9	3,881	89.7	3,221	90.5
Subtotal	4,000	100.0	—	—	5,328	100.0	4,329	100.0	3,559	100.0
Faith-based organization										
Yes	225	6.0	—	—	—	—	—	—	—	—
No/do not know	3,537	94.0	—	—	—	—	—	—	—	—
Subtotal	3,762	100.0	—	—	—	—	—	—	—	—
Organizations that received RWHAP funding										
Yes	1,829	50.3	—	—	2,418	44.1	2,205	47.2	2,189	52.4
No	1,808	49.7	—	—	1,814	33.1	1,173	25.1	1,090	26.1
Don't know/not sure	—	—	—	—	1,251	22.8	1,295	27.7	902	21.6
Subtotal	3,637	100.0	—	—	5,483	100.0	4,673	100.0	4,181	100.0

Abbreviations: HMO, health maintenance organization; STD, sexually transmitted disease.

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

Participant data are unavailable for July 2016–June 2017.

Participants reporting for July 2014–August 2015 and September 2015–June 2016 selected one primary employment setting; percentages for these years are rounded and may not sum to 100.0% as displayed.

Participants reporting for July 2017–June 2018 and July 2018–June 2019 selected all employment settings that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal and percentages may not sum to 100.0%. The subtotal for employment setting is the number of unique participants who selected at least one employment setting category.

^a Participants who reported more than one employment setting and reported both rural and suburban/urban settings.