

Strategies for Improving Flossing Behavior Among Dental Patients Living with HIV/AIDS

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HIV Oral Health Collaborative

- Grant funding from Special Projects of National Significance
- Designed HIV Oral Health Collaborative utilizing Dental Case Managers
- Increase accessibility and affordability of services for PLWHIV/AIDS
- Five year project includes a Multi-site evaluation

Multi-Site Data Collection

- Interviews conducted at Baseline and every 6 months for 2 years
- Baseline questions include:
 - Demographics
 - Oral Health History
 - Medical History
 - Knowledge, behaviors and attitudes

Respondent Characteristics

N= 104

Male 86% (89)

Mean Age 45.78 years [SD 8.96]

Race

White 82 % (85)

Black 8 % (8)

Hispanic 8 % (8)

Respondent Characteristics

N= 104

Publically Insured 81% (84)

Employment Status

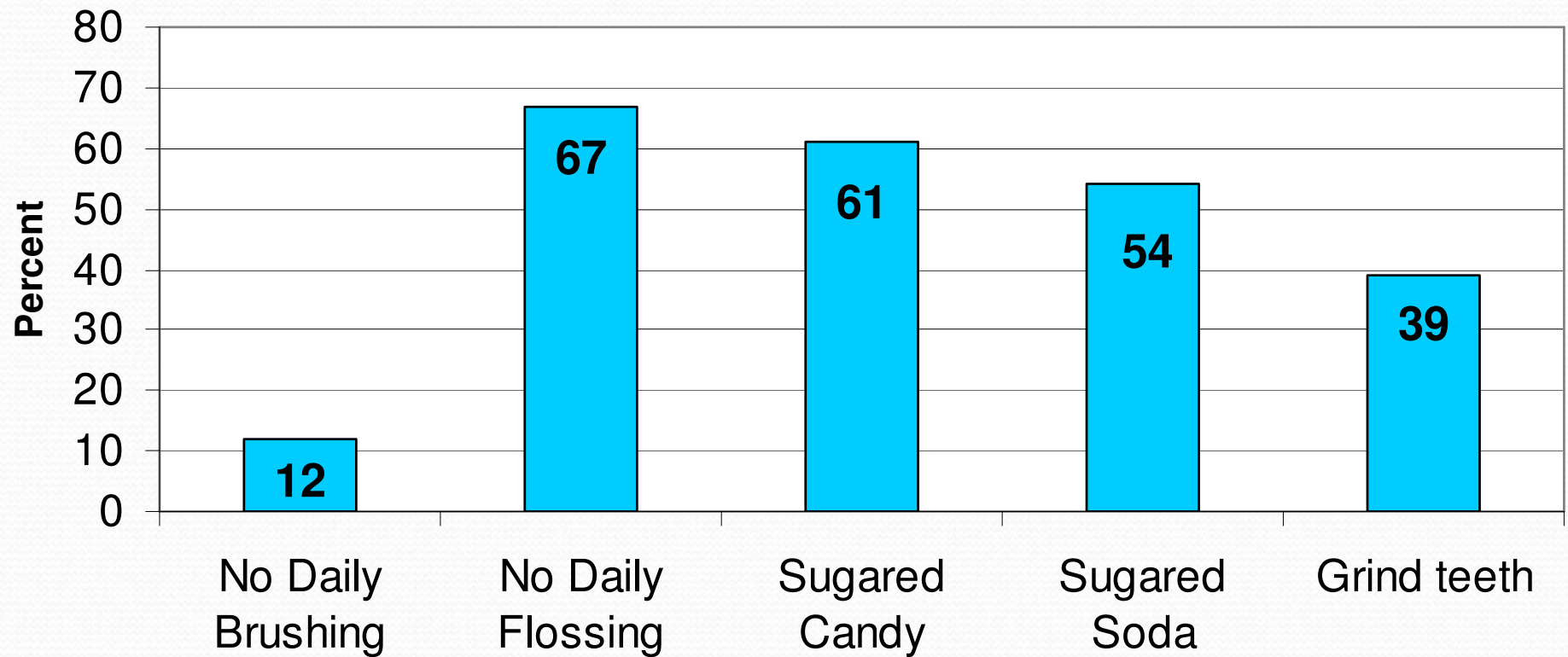
Employed 39% (40)

Unemployed 29% (30)

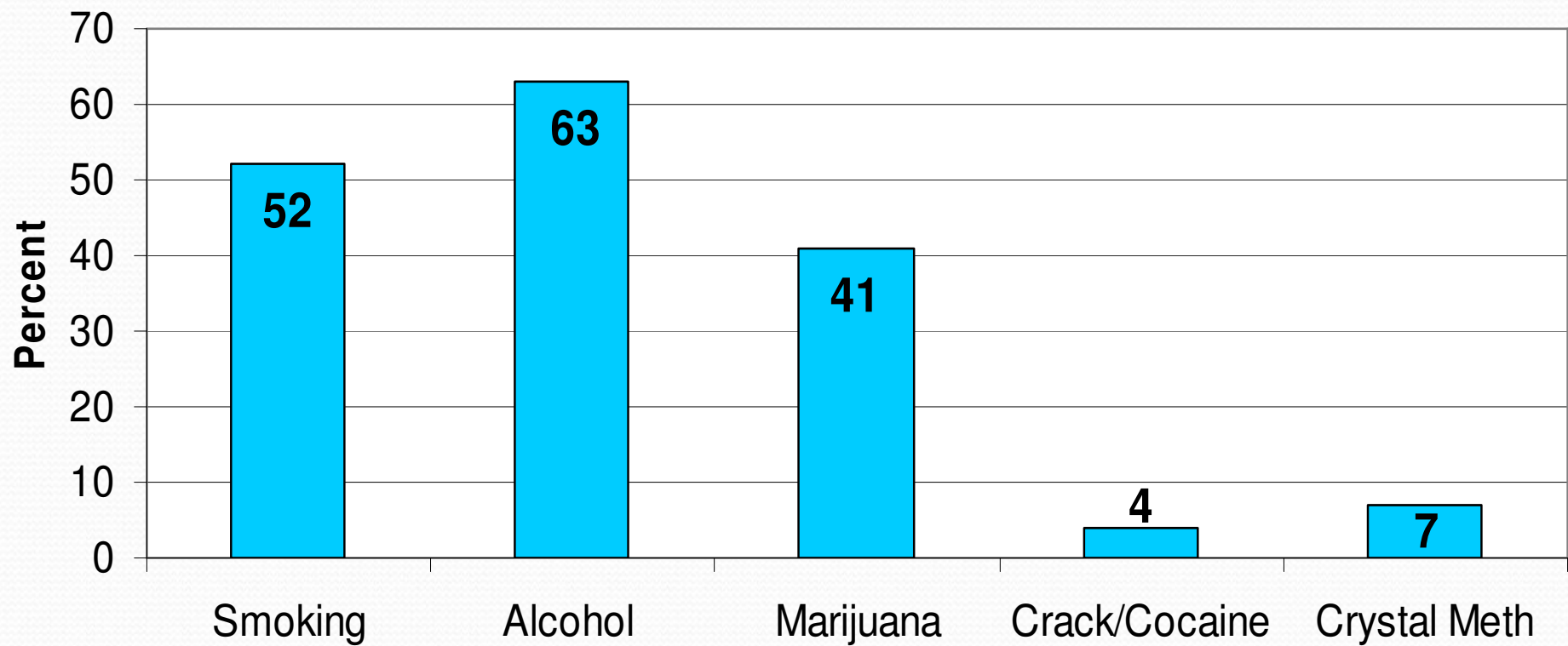
Disabled 26% (27)

HIV Status Mean Years 10.65 [SD 7.59]

Self-Reported Behaviors



Self-Reported Behaviors



Targeted Behavior-Flossing

Majority (67%) of respondents did not floss daily

One third (34) reported not flossing at all

One third (36) reported flossing less than daily

Future Interventions Plans

Smoking Cessation (52%)

Sugared Candy and Gum use (61%)

Flossers versus Non-Flossers

Those flossing daily were more likely to:

- Live in their own home/apartment ($p = 0.036$)
- Be older (49.7 vs 42.8, $p = 0.004$)
- Have a longer time since HIV diagnosis (13.7 vs 8.3, $p = 0.002$)
- Have attained higher level of education (14.2 vs 12.9, $p = 0.030$)
- Report higher Overall Dental Health (1.97 vs 1.18, $p = 0.014$)

Flossing Education Program

- Dental Providers/Hygienists provide education during routine visits
- Varies by provider
- Not systematic

Planned Intervention

Multi-pronged approach

- Share Findings
- Incorporate systematic flossing education
- Provide Alternative Flossing Tools
- Educate Dental Patients
- Utilize Dental Case Managers as Coaches

Development of Education Tools

- Shared data with Dental Providers
- Requested input from Dental Hygienists
 - Literature search
 - Current methods used
 - Methods of recording intervention
- Met with Dental Hygienists

Feedback from Dental Hygienists

- Concern about Behavior Targeted
- Concern about Intervention Plan
 - Patient Interaction
 - Alternates to dental floss
 - Self-management goal setting
 - Based on Study Data
- Unable to reach consensus

Mid Course Correction

- Identified Tobacco Cessation
- Intervention Plan
 - Identify free resources
 - Develop wallet card
 - Include gain-framed messages
- Wallet card provided at visits

Tobacco Cessation Card-Front

Cape Cod Hospital Group Support; free for MassHealth clients 877-729-7200

Massachusetts Smoker's Helpline 1-800-879-8698
www.quitworks.org

National Cancer Institute www.cancer.gov toll free tobacco line 877-448-7848

Nicotine Anonymous www.nicotine-anonymous.org toll free line 877-879-6422

www.quitnet.com - online support only

American Lung Assn 800-586-4872

American Cancer Society 800-227-234

American Heart Assn 800-242-8721

Tobacco Cessation Card-Back

In addition to the physical benefits of quitting smoking, it can also have a **positive** impact on your **social life**. You will have.....

A better complexion

Whiter teeth

Fresher breath

Better smelling clothes

More cash in your pocket

More stamina, endurance, and confidence



Lessons Learned

- Staff involvement prior to developing intervention
- Framing as Quality Improvement strategy
- One strong personality can influence decision
- Changing provider behavior can be as challenging as changing patient behavior

Next Steps

- Evaluate tobacco cessation wallet card
- Implement flossing education Quality Improvement
 - Have buy-in from Senior management and dentists
 - Contact hygienists individually to receive feedback
- Self-management goal setting
- Dental Case Managers as coaches