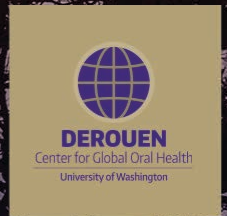


ORAL HEALTH IMPLICATIONS OF ADVANCES IN THE TREATMENT AND PREVENTION OF HIV: OPPORTUNITIES FOR INTER-PROFESSIONAL COLLABORATION

Research Day 2023

School of Dentistry - University of Washington



Ana Lucia Seminario, DDS, PhD, MPH
Pediatric Dentistry, School of Dentistry/ Global Health, School of Public Health
Timothy A. DeRouen Center for Global Oral Health
University of Washington
alsadem@uw.edu

OUTLINE

OUTLINE



Integrating oral health within HIV Kenyan national policy system

Oral innate immune system - West Kenya

Alcohol use disorders - Peru

Acknowledgment



COVID-19 information and updates

[Oral health information from CDC](#) | [NIH Resources](#) | [NIDCR Resources](#)

Español



Search

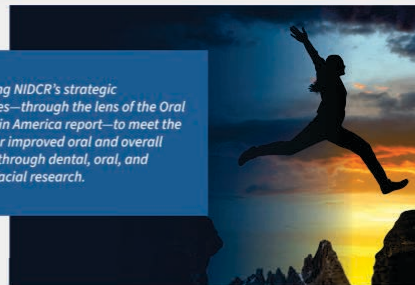
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Leap into Action for Oral Health!

Join us on Tuesday May 10 at 3pm ET for a one-hour online event that will show how NIDCR is moving dental, oral, and craniofacial research forward.

[Learn More](#)

Realizing NIDCR's strategic priorities—through the lens of the Oral Health in America report—to meet the need for improved oral and overall health through dental, oral, and craniofacial research.



NIH Fogarty International Center

Advancing Science for Global Health

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Global Health Matters



Rethinking the scientific diaspora

As the global conversation has shifted focus to health equity and decolonization, many in scientific diasporas are now leading the movement for more equitable partnerships in LMICs, benefiting both U.S. and LMIC institutions.



Current Issue: March / April 2022
Global Health Matters

[From brain drain to brain circulation](#)

Featured News



CUGH 2022 examines pandemic corruption, anti-science: The annual conference hosted more than 2,000 scientists and students representing a range of disciplines.



H3Africa resources endure beyond its end: Since 2012, H3Africa has funded 51 projects, launched H3ABionet, and spawned H3Africa Consortium which created three regional biorepositories.

Fogarty Fellows



Fogarty Fellow investigates nurse-led PrEP delivery in Uganda: His pilot study evaluates the feasibility and acceptability of a health delivery model that integrates oral PrEP into family planning clinics.

[More featured Fogarty Fellows](#)

OUTLINE



Integrating oral health within HIV Kenyan national policy system

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Alcohol use disorders - Peru

Acknowledgment





NATIONAL AIDS & STI CONTROL PROGRAMME

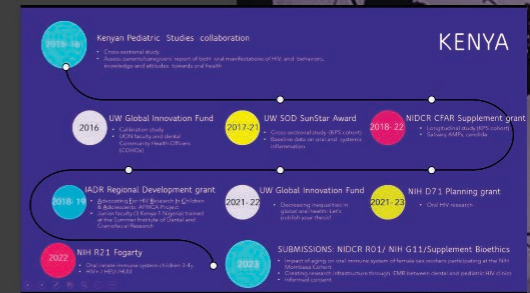


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NASCOP

Committed to continue on the path towards HIV and STI epidemic control as a means of achieving universal health coverage (UHC).

Kenya HIV Prevention and Treatment Guidelines 2022



NIH D71: TABAGAMA A public/private collaboration on expanding research capacity in oral health and HIV/AIDS. The aim of TABAGAMA (Kenya in health) is to identify a generation of oral health researchers, create a network of mentors, and to develop an educational program (MPhD) for long term training in oral health and HIV.





NATIONAL AIDS & STI CONTROL PROGRAMME



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NAS COP

Committed to continue on the path towards HIV and STI epidemic control as a means of achieving universal health coverage (UHC).

Kenya HIV Prevention and Treatment Guidelines 2022



KENYA

2015-16

Kenyan Pediatric Studies collaboration

- Cross-sectional study
- Assess parents/caregivers' report of both oral manifestations of HIV, and behaviors, knowledge and attitudes towards oral health

2016

UW Global Innovation Fund

- Calibration study
- UON faculty and dental Community Health Officers (COHOs)

2017-21

UW SOD SunStar Award

- Cross-sectional study (KPS cohort)
- Baseline data on oral and systemic inflammation

2018-22

NIDCR CFAR Supplement grant

- Longitudinal study (KPS cohort)
- Salivary AMPs, candida

2018-19

IADR Regional Development grant

- Advocating Eor HIV Research In Children & Adolescents: AFRICA Project
- Junior faculty (3 Kenya 1 Nigeria) trained at the Summer Institute of Dental and Craniofacial Research

2021-22

UW Global Innovation Fund

- Decreasing inequalities in global oral health: Let's publish your thesis!

2021-23

NIH D71 Planning grant

- Oral HIV research

2022

NIH R21 Fogarty

- Oral innate immune system children 3-4y
- HIV+ / HEU / HUU

2023

SUBMISSIONS: NIDCR R01/ NIH G11/Supplement Bioethics

- Impact of aging on oral immune system of female sex workers participating at the NIH Mombasa Cohort.
- Creating research infrastructure through EMR between dental and pediatric HIV clinics
- Informed consent



NIH D71: "TABASAMU: A multidisciplinary collaboration on expanding research capacity in oral health and HIV/AIDS." The aims of TABASAMU (smile in Swahili) are to identify a pioneer generation of oral health researchers, create a network of mentors, and to develop an educational program (MPH/PhD) for long-term training in oral health and HIV.



ETHIOPIA

Lake
Turkana

• Lodwar

• Moyale

UGANDA

KENYA

SOMALIA

• Wajir

• Maralal

• Baringo

• Nyahururu

• Kisumu

• Nakuru

△ Mt. Kenya

Lake
Victoria

• Nyeri

• Garissa

★ Nairobi

TANZANIA

• Lamu

Indian Ocean

• Malindi

• Mombasa



LIBYA

EGYPT

SAUDI ARABIA

Sahara Desert

BAHRAIN

QATAR
UNITED ARAB EMIRATES

INDIA

OMAN

MALI

NIGER

CHAD

SUDAN

ERITREA

YEMEN

TANZANIA

GUINEA

BURKINA FASO

NIGERIA

CENTRAL AFRICAN REP.

SOUTH SUDAN

ETHIOPIA

SOMALIA

GUINEA

CÔTE D'IVOIRE

GHANA

CAMEROON

EQUATORIAL GUINEA

REP. OF THE CONGO

UGANDA

KENYA

CONGO

RWANDA

BURUNDI

TANZANIA

Gulf of Guinea

SÃO TOMÉ AND PRÍNCIPE

ANGOLA

ZAMBIA

MALAWI

COMOROS

MAYOTTE (FR.)

NAMIBIA

MOZAMBIQUE

ZIMBABWE

MADAGASCAR

MAURITIUS

BOTSWANA

REUNION (FR.)

Indian

GRANT YEAR 1												GRANT YEAR 2																				
JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY									
IRB							CREATING MENTORING NETWORK						CREATING TRAINEE NETWORK						SUBMIT FOR PUBLICATION PROCEEDINGS OF THE MEETING		FINALIZE D43 APPLICATION		D43 SUBMISSION									
STAKEHOLDER ANALYSIS							Identifying mentors		Send out survey		Virtual and in-person meetings		Database of mentors and their research areas		Finalizing webinar logistics		Webinar on oral health and HIV								Identifying trainee candidates		Finalizing Tabasamu social media group as pipeline tool for trainee recruitment		Launching Tabasamu social media group		Meeting trainee candidates	
Planning		Virtual interviews and meeting			On-site interviews and meetings																										Final report	

DTI Questionnaire

"Good afternoon. My name is [Name]. Thank you for meeting with us for this interview. The purpose of this interview is to gather information for a study on developing an environment for oral HIV research that engages investigators as mentors and students as research workers for Kenya. The information will then be used to create a framework. As a participant, you can decide to answer any question that you don't want to answer. Your responses are confidential and will only be reported as research work."

"I would like to record the interview to create a transcript. After the transcript is produced, the recording will be erased. Do you consent for me to begin the recording now?"

"Thank you. The goal is to ask you some questions about the research and healthcare environment for oral HIV research."

SUPPORT & RESOURCES

1. What do you understand "increasing oral health research capacity within HIV research" to mean?
2. Do you consider increasing oral health research capacity within HIV research in Kenya? Why or why not?
3. What are the potential benefits or disadvantages to you and/or your organization by increasing oral health research capacity within HIV research in Kenya?
4. a. What resources are available to you or your organization to assist with increasing oral health research capacity within HIV research in Kenya?
 - a. Are these resources immediately available or would you and/or your institution need to allocate time, funds, or space, or people?
 - b. Would this support be useful?

8. Would you partner with any other persons or organizations for these resources? If so, which organizations?

MENTORS

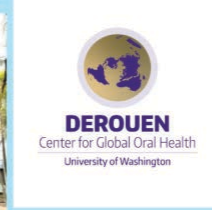
5. From your perspective, how would you define a good mentor?
6. From your experience, what do you suggest is a good way to get a successful mentor?
7. What do you think would be a good incentive for someone to become a mentor?
8. What would be a barrier or obstacle that would cause an HIV researcher to hesitate about being a mentor? How could we overcome this barrier?

RESEARCH AND HEALTHCARE ENVIRONMENT

9. Do you know of any existing programs, workshops, or centers for increasing mentors?
10. Can you connect up with any names of researchers whom you think would be a good mentor candidate?
11. How do you define a good mentor?
12. From your perspective, what would be the best practices, activities, etc. to find good mentors?
13. Do you have directly personal experience, in your experience, what would be the best strategies for finding good candidates?
14. What factors would prevent a student from working in this program? This could be a combination of these?
15. What do you think would be the most barriers that you representational of HIV? Especially from which level?

16. In your experience, what initiatives would be helpful to empower someone to be successful mentor?
17. a. FOR NON-RESEARCHERS:
 - Do you have suggestions on how to increase professional collaboration with oral health researchers?
 - Do you have suggestions on how to increase professional collaboration with non-orals health researchers?
18. From your perspective, what challenges or research questions are the top priorities for oral HIV research?
19. What would be an effective way for oral health to be integrated into HIV research?
20. What is the best way to establish connections with the Health Ministry and the leaders of HIV programs in Kenya?
21. Where do the best professional training in about oral health research capacity within Kenya?

"Thank you for your time today. Do you have any questions for me?"



STAKEHOLDER ANALYSIS

module 7

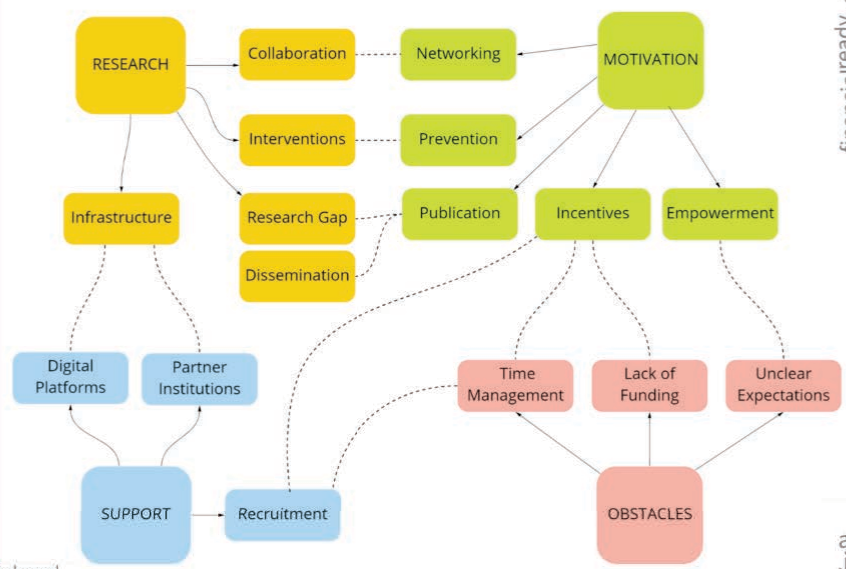
MODULE 7 PART 2
The role of non-governmental stakeholders in HAP/Whole-of-society approaches

World Health Organization



screening resource interest better effort lesions dentist space chief program training aids collaboration suitable time extent integrate capacity bacteria lead team activity union tissue oh data orol approach health research recruitment gap hiv goal kids impact drugs care soft funding write makingo translocation researched decision

D71 TABASAMU AFFINITY DIAGRAM



resources potential guide training zero ideas team learn time output want share see leadership mentee monetary research career passion engagement success used gauge financial ready stakeholders prevalence women interest recognition entire ground teams pull willingness

mentors resources shared students support teach good hospital referral university moji hospitals ampath health kenya training public granth health kenya staff mentor potential willing

demandshindrances networks assist clarity knowledge women institutional expectations. income cut area constraints faculty funding lack research costtech people benefits many site space resources uncler interests access competing direct timelines value women's university phd grants



CONFERENCE ROOM WAS
OFFICIALLY OPENED BY
Prof ISAAC O. KIBWAGE
PRINCIPAL, COLLEGE OF HEALTH
SCIENCES UNIVERSITY OF NAIROBI
ON 21st OCTOBER 2011

CONFERENCE ROOM RENOVATIONS
FUNDED BY
UNIVERSITY OF WASHINGTON
AUGUST 2011



GRANT YEAR 1												GRANT YEAR 2																
JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY					
IRB							CREATING MENTORING NETWORK						CREATING TRAINEE NETWORK						SUBMIT FOR PUBLICATION PROCEEDINGS OF THE MEETING		FINALIZE D43 APPLICATION		D43 SUBMISSION					
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Planning		Virtual interviews and meeting			On-site interviews and meetings																							
Virtual interviews and meeting		On-site interviews and meetings			Final report		Stakeholder analysis manuscript submission		Finalizing Tabasamu social media group as pipeline tool for trainee recruitment						Launching Tabasamu social media group						Meeting trainee candidates							
																					Focus groups in Nairobi, Mombasa, and Kisumu		Oral Health Mini session at Inter-CFAR symposium					

OUTLINE



Integrating oral health within HIV Kenyan national policy system

Oral innate immune system - West Kenya

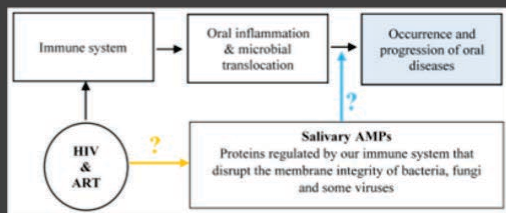
Alcohol use disorders - Peru

Acknowledgment



NIH R21: "Dynamics of HIV-infection, Oral Innate Immunity and The Development of Oral Diseases in Children"

To assess the extent to which HIV infection influences the occurrence and progression of oral diseases among HIV/AIDS Kenyan children and to create research capacity in global oral health by expanding current lab infrastructure to allow analysis of salivary AMPs in the context of HIV



Study Aim	Objective	Methodology	Timeline	Resources	Risks	Impact
Aim 1	Assess the extent to which HIV infection influences the occurrence and progression of oral diseases among HIV/AIDS Kenyan children	Longitudinal study	2018-2022	NIH, Kenyan partners	Low	Global oral health
Aim 2	Create research capacity in global oral health by expanding current lab infrastructure to allow analysis of salivary AMPs in the context of HIV	Lab expansion	2018-2022	NIH, Kenyan partners	Low	Global oral health

Figure 1. Study Hypotheses: Arrows show known associations. Colored question marks (& ?) indicate hypothesized associations to be assessed in this longitudinal study. Orange arrow (→) represents Aim 1. Light blue arrow (→) represents Aim 2.

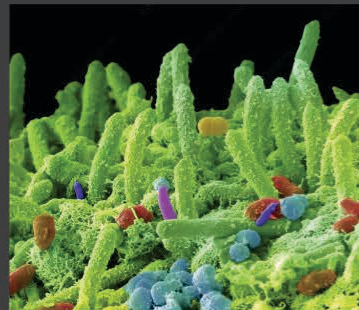
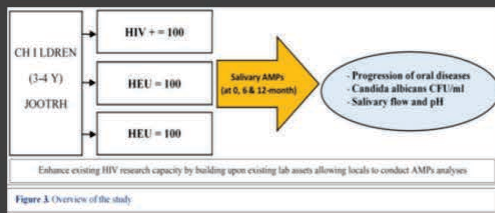


Figure 3. Overview of the study

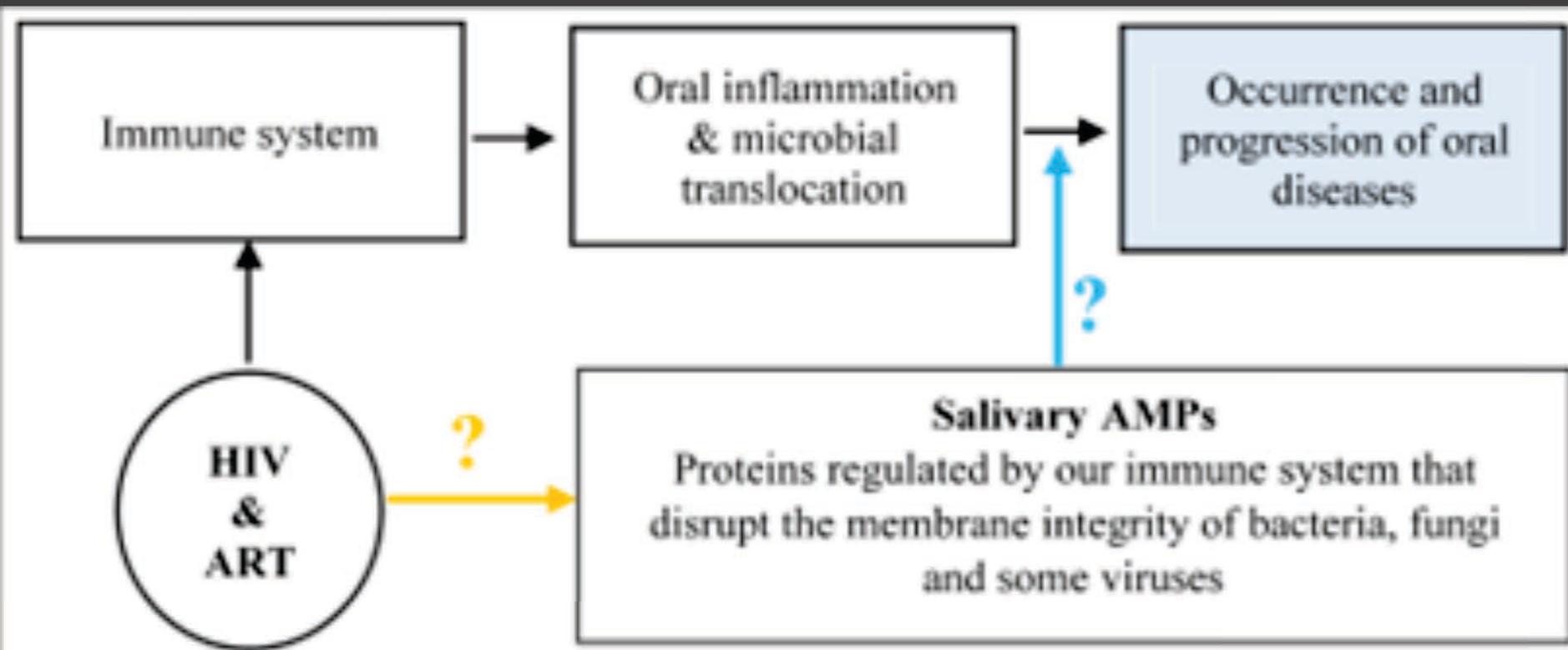


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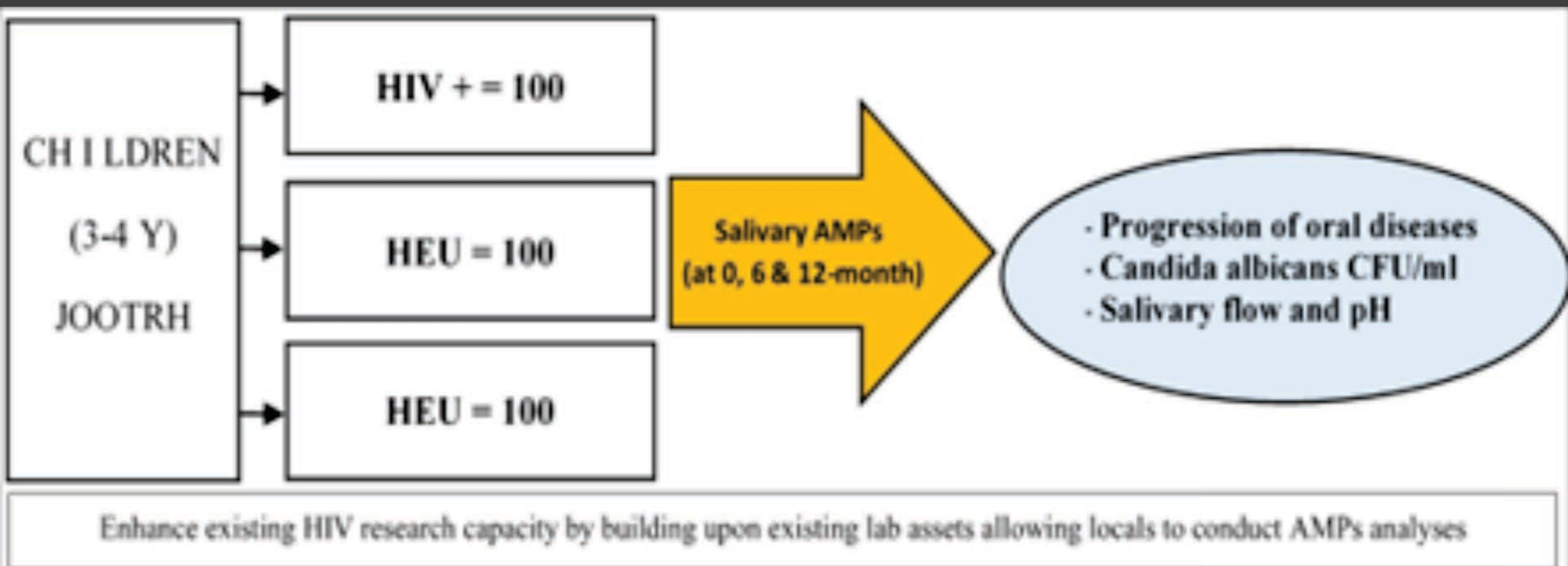
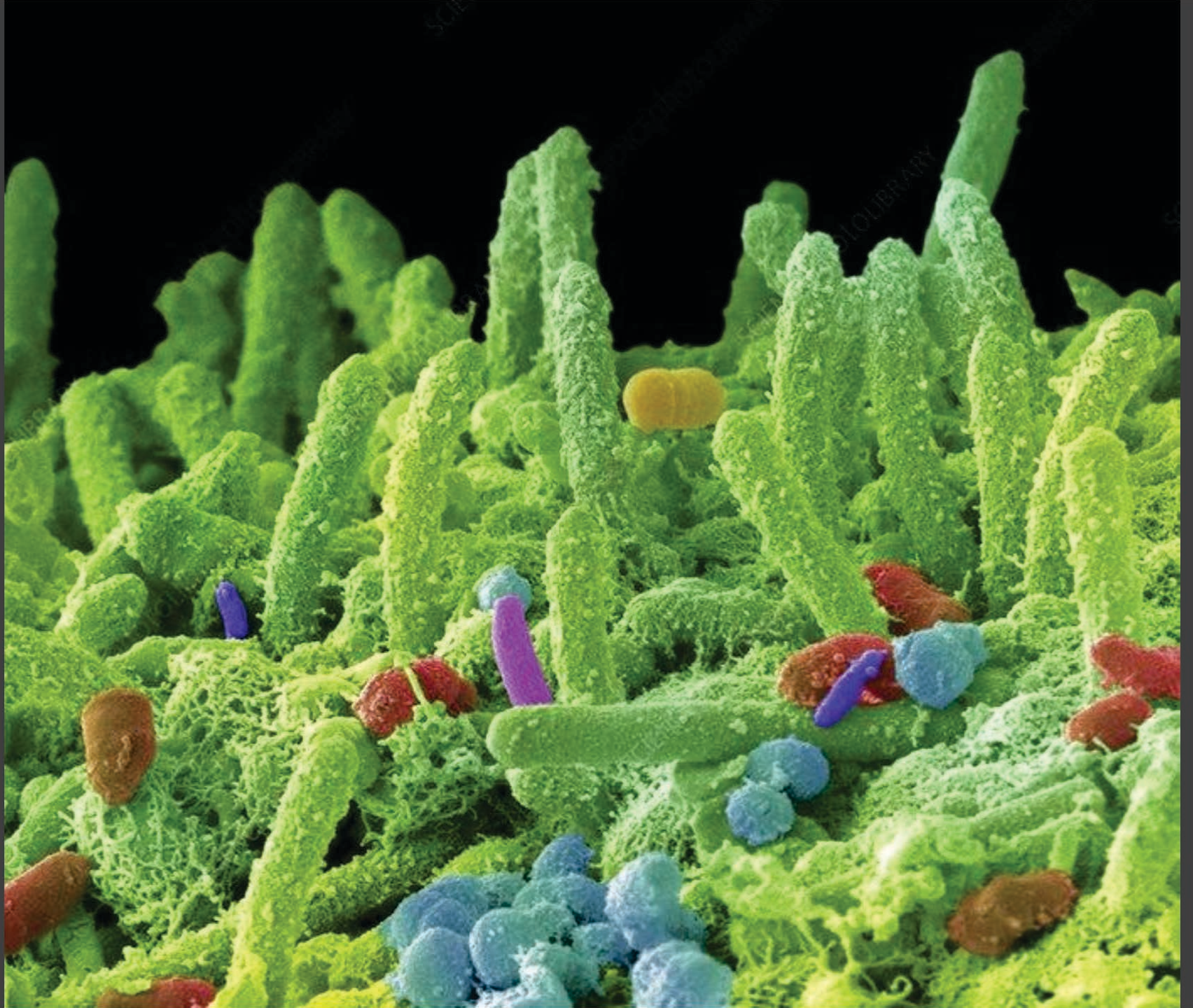


Figure 3. Overview of the study





ETHICS
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OUTLINE



Integrating oral health within HIV Kenyan national policy system

Oral innate immune system - West Kenya

Alcohol use disorders - Peru

Acknowledgment



NIH R56: “Vitamin D and Alcohol Use Disorder (AUD) on Progression of Dental Disease in MSM with and without HIV”

To generate foundational evidence on the association of AUD and oral health in MSM with HIV, strengthen electronic systems of care to integrate HIV and related dental care by enhancing research capacity for future intersectional research on oral health and HIV, and create and refine our study protocol procedures for a future NIH R01 looking into Vitamin D, AUD, and dental disease in MSM in Peru

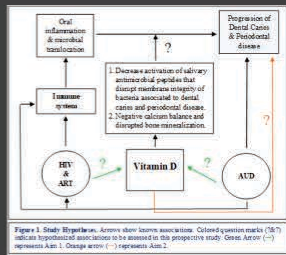
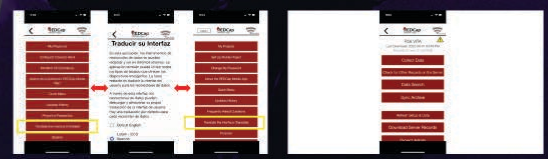
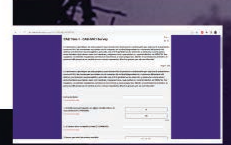
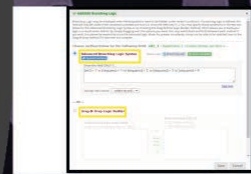
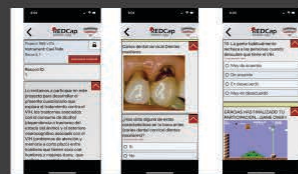


Figure 1. Study Hypotheses. Arrows show known associations. Colored question marks (?) indicate hypothesized associations to be tested in the prospective study. Green Arrow (?) represents Act 1. Orange arrow (?) represents Act 2.



A collection of data visualizations. On the left is a flowchart showing the study design. In the middle is a table with columns for 'Study ID', 'Participant ID', 'Date of Enrollment', 'Date of Last Visit', 'Status', and 'Notes'. On the right is a box plot showing the distribution of 'Vitamin D Levels' for two groups. At the bottom right is a large data table with many columns and rows of numerical data.

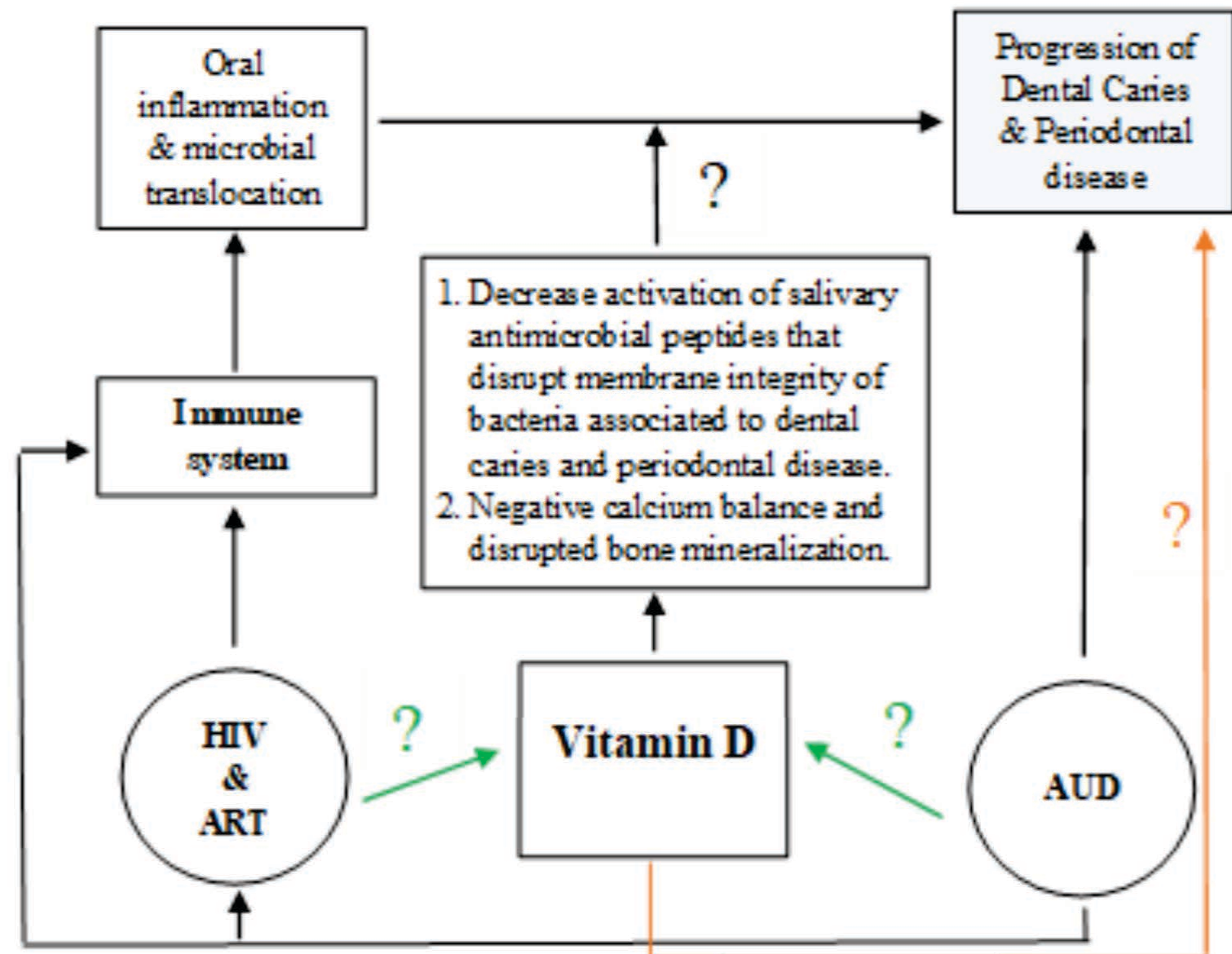
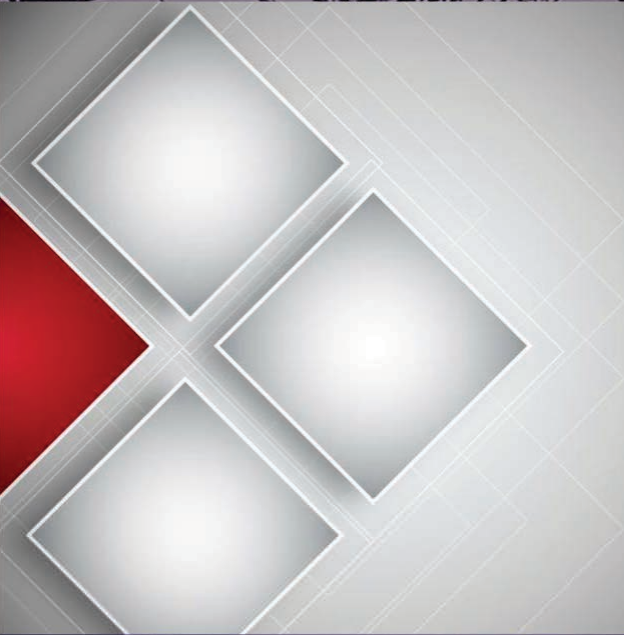


Figure 1. Study Hypotheses. Arrows show known associations. Colored question marks (?&?) indicate hypothesized associations to be assessed in this prospective study. Green Arrow (→) represents Aim 1. Orange arrow (→) represents Aim 2.



About

- **Research Electronic Data Capture**
 - Electronic data capture software for clinical and translational research
- **Browser-based:** no need to download software, can access from any device at any time

Important Features for Global Oral Health Research



About

- **Research Electronic Data Capture**

 - Electronic data capture software for clinical and translational research

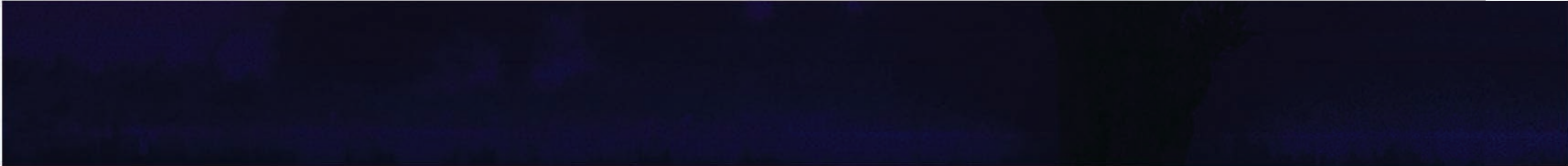
- **Browser-based**: no need to download software, can access from any device at any time
- **No-cost** for non-commercial research entities
- **User-friendly interface** for project building and design- no coding experience necessary
 - Cross-sectional and longitudinal projects across multiple sites

Important Features for Global Oral Health Research





Survey Instrument Design

- Enable any instrument as a survey with the click of a button
 - **Customizable features** such as:
 - Survey Pagination
 - Visual Display
 - Survey distribution modalities (QR code, url link, email)
 - Able to integrate videos, images, and hyperlinks into surveys
 - **Incorporate E-consent framework** into survey
- 

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Designer · Dictionary · Codebook
Project status: **Production**

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Survey Distribution Tools
Record Status Dashboard
Add / Edit Records
Show data collection instruments

Applications
Project Dashboards
Alerts & Notifications
Multi-Language Management
Calendar
Data Exports, Reports, and Stats
Data Import Tool
Data Comparison Tool
Logging and Email Logging
Field Comment Log
File Repository
User Rights and DAGs
Customize & Manage Locking
Data Quality
API and API Playground
REDCap Mobile App
Free REDCap Classes
ITHS REDCap (User) FAQ
ITHS REDCap Tip of the Month
REDCap Support Request

Reports Search Organize Edit

University of Washington Seattle
Institute of Translational Health Science (ITHS)

R56 VITA PID: 59521

Project Home Project Setup Other Functionality Project Revision History

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Current Users (13)

User	Expires
aekarcze@iu.edu (Ashley Karczewski)	never
alsadem@washing (Ana Lucia Seminari)	never
cstone17@washing (Chelsea Stone)	never
tablet1_citbm	never
tablet10_impacta	never
tablet2_citbm	never
tablet3_citbm	never
tablet4_citbm	never
tablet5_citbm	never
tablet6_citbm	never
tablet7_impacta	never
tablet8_impacta	never
tablet9_impacta	never

Project Statistics

Records in project	900
Most recent activity	06/09/2022 9:04pm
Space usage for docs	0.51 MB

Upcoming Calendar Events (next 7 days)

Time	Date	Description
		No upcoming events

→ Data Access Groups organized by tablet

Add/Edit Branching Logic

Branching Logic may be employed when fields/questions need to be hidden under certain conditions. If branching logic is defined, the field will only be visible if the conditions provided are true (i.e. show the field only if...). You may specify those conditions in the text box below for the Advanced Branching Logic Syntax or by choosing the Drag-N-Drop Logic Builder method, which allows you to build your logic in a much easier fashion by simply dragging over the options you want. You may switch back and forth between each method if you wish, but please be aware that since the advanced logic allows for greater complexity, it may not be able to be switched over to the Drag-N-Drop method if it becomes too complex.

Choose method below for the following field: **vit3_1 - Suplemento 1. ¿Cuánto tiempo (en años o ...**

Advanced Branching Logic Syntax

How to use: [Branching Logic](#)

[Smart Variables](#)

Special Functions

Show the field ONLY if...

[vit1] = '1' or [vitquanto] = '1' or [vitquanto] = '2' or [vitquanto] = '3' or [vitquanto] = '4'

[Clear logic](#)

Test logic with a record: -- select record --

— OR —

Drag-N-Drop Logic Builder

Field choices from other fields
(drag a choice below to box on right)

→
Drag
and
Drop
→

Show the field ONLY if...

ALL below are true
 ANY below are true

Save

Cancel

CASI Yale-1 - CASI-MH1 Survey



Lo invitamos a participar en este proyecto para desarrollar el presente cuestionario que explora el tratamiento contra el VIH, los trastornos asociados con el consumo de alcohol (dependencia o trastorno del estado del ánimo) y el deterioro neurocognitivo asociado con el VIH (problemas de atención y memoria a corto plazo) entre hombres que tienen sexo con hombres y mujeres trans, que reciben su control médico en IMPACTA. Por supuesto, no existen respuestas correctas o incorrectas a estas preguntas. Siendo el cuestionario anónimo, el personal del proyecto no tendrá acceso a estas respuestas. Muchas gracias por su contribución!

Page 1 of 7

Lo invitamos a participar en este proyecto para desarrollar el presente cuestionario que explora el tratamiento contra el VIH, los trastornos asociados con el consumo de alcohol (dependencia o trastorno del estado del ánimo) y el deterioro neurocognitivo asociado con el VIH (problemas de atención y memoria a corto plazo) entre hombres que tienen sexo con hombres y mujeres trans, que reciben su control médico en IMPACTA. Por supuesto, no existen respuestas correctas o incorrectas a estas preguntas. Siendo el cuestionario anónimo, el personal del proyecto no tendrá acceso a estas respuestas. Muchas gracias por su contribución!

Fecha de Visita:

* must provide value

1. ¿Usted está participando en algún estudio clínico en actualmente?[*] [148ASAA]

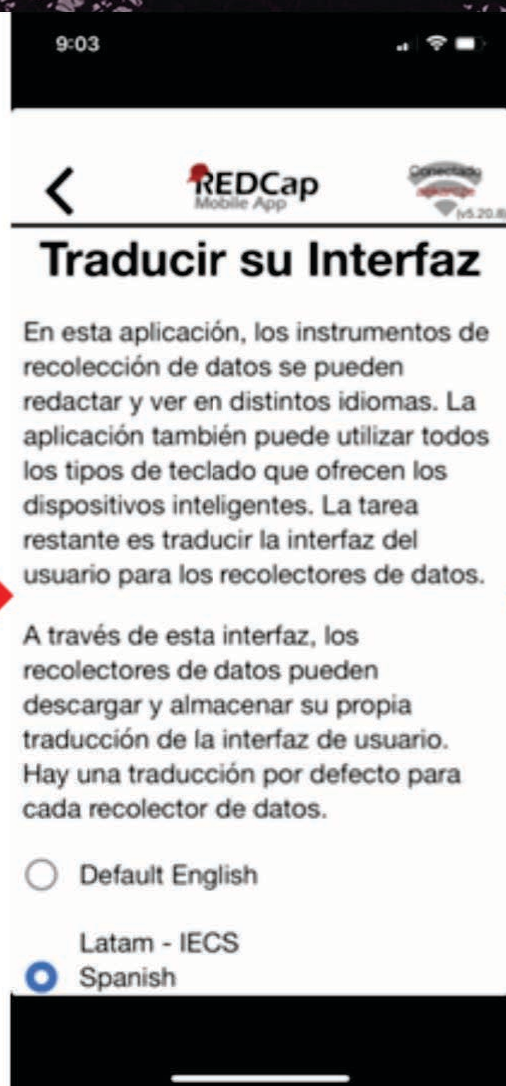
* must provide value

reset

2. ¿Cuántos años cumplidos tiene?[*] [148ASAB]

* must provide value

3. Hasta que nivel educativo estudió:



9:04



REDCap
Mobile App



R56 VITA



Last Download: 2022-06-01 04:43 PM
Records (0 new; 0 modified)

Collect Data

Check for Other Records on the Server

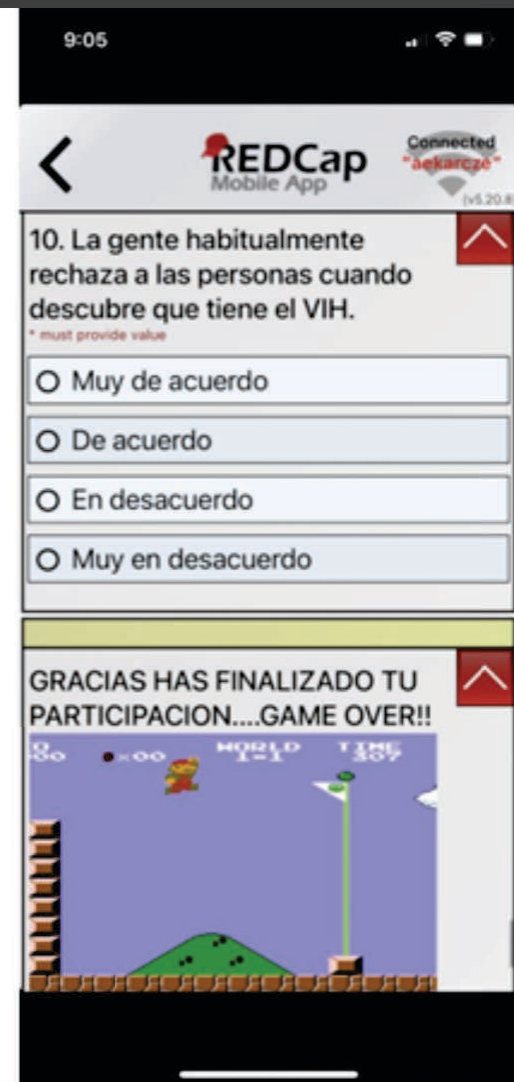
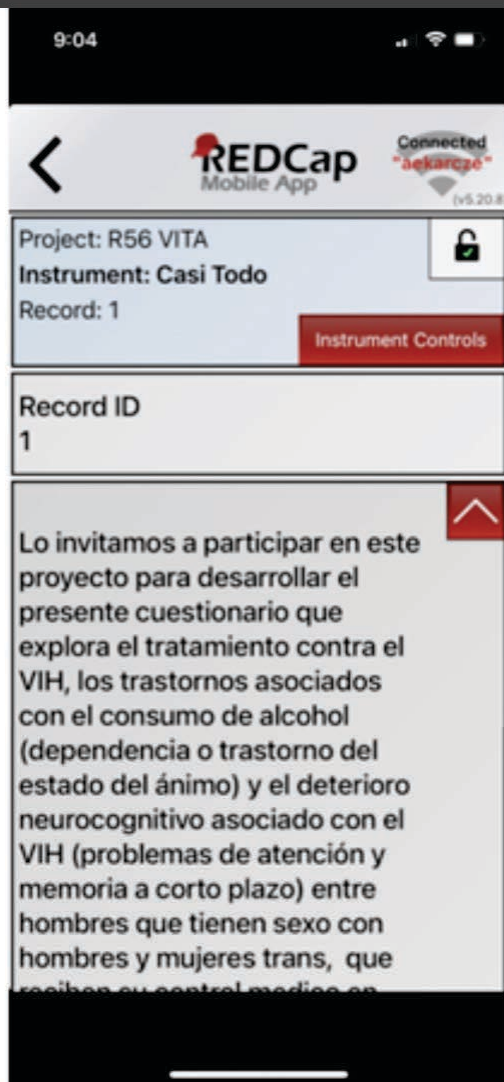
Data Search

Sync Archive

Refresh Setup & Data

Download Server Records

Project Admin



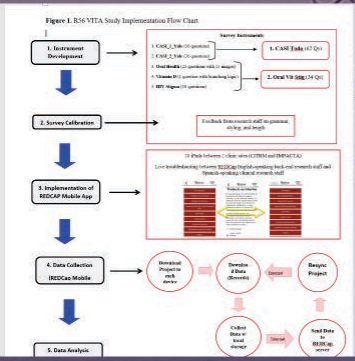


Table 1. Pre-Existing Factors, Training Resources, and Need Factors Related to HIV Care

	Total (n=1,766)	Overall HIV Awareness (n=1,250)	Non-Exposed HIV Care (n=516)	Exposed HIV Care (n=736)	p-value
Epidemiological Status					
High HIV	103 (5.8%)	103 (8.3%)	54 (10.5%)	49 (6.6%)	0.02
Medium HIV	303 (17.2%)	212 (16.9%)	104 (20.2%)	108 (14.6%)	
Low HIV	1,660 (93.9%)	1,135 (90.7%)	502 (97.1%)	658 (89.8%)	
Gender Identity					
Male	1,568 (88.3%)	1,024 (82.3%)	478 (92.6%)	546 (74.2%)	<0.001
Female	198 (11.3%)	226 (18.1%)	38 (7.4%)	188 (25.8%)	
Sexual Orientation					
Heterosexual	1,668 (94.1%)	1,212 (96.9%)	513 (99.4%)	700 (95.1%)	0.001
Bisexual	88 (5.0%)	88 (7.0%)	35 (6.8%)	53 (7.2%)	
Gay	110 (6.2%)	110 (8.8%)	47 (9.1%)	63 (8.5%)	
Trans	100 (5.7%)	100 (8.0%)	48 (9.3%)	52 (7.1%)	
Education Level					
High School	1,130 (64.0%)	758 (60.6%)	333 (64.7%)	415 (56.2%)	0.001
Some High School	210 (11.9%)	210 (16.8%)	88 (17.1%)	122 (16.5%)	
College	426 (24.0%)	382 (30.6%)	159 (30.7%)	223 (30.3%)	
Postgraduate	100 (5.7%)	100 (8.0%)	36 (7.0%)	64 (8.7%)	
Medical Comorbidity					
Hypertension	344 (19.5%)	238 (19.0%)	104 (20.2%)	134 (18.2%)	0.001
Diabetes	188 (10.7%)	132 (10.5%)	58 (11.3%)	74 (10.0%)	
Asthma	110 (6.2%)	88 (7.0%)	35 (6.8%)	53 (7.2%)	
Chronic Pain	150 (8.5%)	110 (8.8%)	47 (9.1%)	63 (8.5%)	
Depression	150 (8.5%)	110 (8.8%)	47 (9.1%)	63 (8.5%)	
Alcohol Use Disorder					
None	1,668 (94.1%)	1,212 (96.9%)	513 (99.4%)	700 (95.1%)	0.001
Low	88 (5.0%)	88 (7.0%)	35 (6.8%)	53 (7.2%)	
High	110 (6.2%)	110 (8.8%)	47 (9.1%)	63 (8.5%)	
Guidelines Adherence					
Adhering	1,668 (94.1%)	1,212 (96.9%)	513 (99.4%)	700 (95.1%)	0.001
Not Adhering	100 (5.7%)	100 (8.0%)	36 (7.0%)	64 (8.7%)	

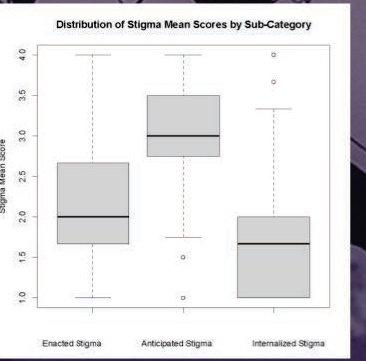


Table 4. Correlation between dental conditions, demographics and alcohol consumption

		Any dental condition		Any carious lesions		Broken / fractured teeth		Missing teeth		Fixed bridge		Prosthetic crown	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Age (18-30 reference)	31-45y	1.17	(0.72,1.91)	1.08	(0.67,1.75)	1.75	(1.04,2.96)	1.02	(0.57,1.83)	2.52	(0.84,7.54)	1.43	(0.53,3.88)
	41-50y	1.91	(1.02,3.57)	2.24	(1.24,16)	2.95	(1.57,5.56)	2.03	(1.04,3.96)	4.2	(1.31,13.48)	2.5	(0.87,7.2)
Education* (higher edu reference)	+ 51y	3.26	(1.29,8.23)	2.22	(0.94,5.23)	2.59	(1.16,6.09)	3.61	(1.52,8.59)	10.07	(2.65,38.24)	3.08	(0.79,12.02)
	Less HS	1.11	(0.69,1.8)	1.23	(0.77,1.96)	1.3	(0.8,2.11)	1.31	(0.77,2.23)	0.42	(0.16,1.1)	0.24	(0.08,0.71)
Living status (alone ref)	Live with a partner	0.88	(0.37,2.13)	2.56	(1.01,6.49)	0.36	(0.13,0.97)	0.52	(0.17,1.58)	3.44	(0.92,12.86)	5.23	(1.3,21)
	Other	0.97	(0.52,1.83)	0.91	(0.49,1.68)	0.63	(0.33,1.17)	0.67	(0.33,1.33)	1.77	(0.62,5.01)	2.3	(0.75,7.08)
	Reserve	0.94	(0.55,1.6)	1.02	(0.6,1.72)	0.59	(0.35,1.01)	0.72	(0.4,1.29)	0.79	(0.3,2.11)	1.44	(0.51,4.11)
Sexual orientation (Homosexual ref)	Bisexual	0.75	(0.35,1.56)	1.01	(0.45,2.11)	1.38	(0.65,2.91)	1.26	(0.56,2.81)	4.54	(1.57,12.91)	2.07	(0.66,6.48)
	Heterosexual	1											
Financial instability (never ref)	Monthly / Daily / Weekly	2.23	(0.7,7.15)	1.1	(0.34,3.55)	1.26	(0.35,4.58)	0.75	(0.15,3.68)	1.08	(0.11,10.35)	<0.001	NA
	Other	0.7	(0.16,3.15)	1.37	(0.31,6.07)	3.08	(0.63,14.97)	1.97	(0.45,8.57)	7.07	(0.95,52.7)	4.21	(0.33,54.11)
AUD classification (no binge ref)	Don't know / Other	1.51	(0.56,2.71)	2.01	(1.2,3.38)	1.74	(1.02,2.98)	1.32	(0.74,2.36)	1.13	(0.47,2.7)	1.51	(0.62,3.67)
	Binge drink	1.31	(0.77,2.24)	1.19	(0.71,2.01)	1.25	(0.72,2.17)	0.74	(0.42,1.32)	0.68	(0.28,1.61)	1.37	(0.53,3.58)
CD4 (200+ ref)	Heavy Drink	1.23	(0.58,2.63)	1.08	(0.51,2.28)	2.67	(1.23,5.61)	1.01	(0.45,2.27)	1.75	(0.55,5.59)	2.03	(0.64,7.72)
	Don't know	0.69	(0.35,1.45)	0.82	(0.51,1.33)	0.84	(0.5,1.41)	0.63	(0.35,1.15)	0.48	(0.17,1.33)	0.38	(0.13,1.1)

AUD=Alcohol Use Disorder; No risk: AUDIT score < 5; Low risk (1-7); harmful (8-14); AUD (>15)



**Centro de Investigaciones
Tecnológicas, Biomédicas
y Medioambientales**

OUTLINE



Integrating oral health within HIV Kenyan national policy system

Oral innate immune system - West Kenya

Alcohol use disorders - Peru

Acknowledgment



R21 FIC: Dynamics of HIV-infection, Oral Innate Immunity and The Development of Oral Diseases in Children (Grant #: 1R21TW012033-01A1)

Sponsor: NIH - FOGARTY INTERNATIONAL CENTER/NIDCR

Dates: 07/01/2022 – 06/30/2024

D71 TABASAMU: A multidisciplinary collaboration on building up research capacity in oral health and HIV/AIDS (5D71TW011823-02)

Sponsor: NIH - FOGARTY INTERNATIONAL CENTER/NIDCR

Dates: 06/07/2021 – 03/31/2023

R56 Vitamin D and Alcohol Use Disorder on Progression of Dental Disease in MSM with and without HIV (1R56DE029639-01)

Sponsor: NIH - NATIONAL INSTITUTE OF DENTAL & CRANIOFACIAL RESEARCH

Dates: 09/24/2021 – 09/23/2023

CFAR UW/Fred Hutch Center for AIDS Research: The impact of HIV on salivary antimicrobial peptides in Kenyan children (2P30 AI027757)

Sponsor: NIH – DIVISION OF AIDS – NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASE

Dates: 9/5/19 - 3/31/23

SunStar: Integrating oral health into the pediatric HIV care continuum: Baseline data of oral and systemic inflammation

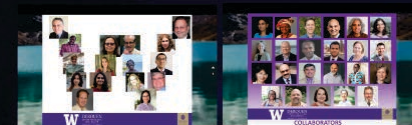
Sponsor: SunStar Gift Fund

Dates: 10/1/17 - 3/31/23

UW Global Innovation Fund: Decreasing research inequalities in global oral health: Let's publish your thesis!

Sponsor: UW Global Affairs

Dates: 12/7/20 – 3/12/23



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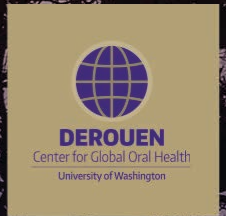
Acknowledgment



ORAL HEALTH IMPLICATIONS OF ADVANCES IN THE TREATMENT AND PREVENTION OF HIV: OPPORTUNITIES FOR INTER-PROFESSIONAL COLLABORATION

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