

## HEALING HANDS



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## Filling the Gaps in Dental Care

*Limited access to dental care increases homeless people's high risk for oral pathologies, often resulting in loss of function, self-esteem and well-being. Health Care for the Homeless projects are endeavoring to fill the gaps in dental services for this vulnerable, hard-to reach population through public/ private partnerships. Over 200 HCH grantees and their subcontractors currently provide dental care, either directly or indirectly through other agencies. The following articles spotlight a few of these programs, representing a variety of service models, and describe the complex oral health problems their homeless clients experience.*

Grossly decayed and missing teeth too often disfigure the faces of homelessness. Malnutrition, poor oral hygiene, tobacco use and trauma wreak havoc on the oral and general health of homeless people. Exacerbating these problems is their limited access to preventive and restorative dental care, primarily due to financial barriers, an insufficient supply of dental providers willing to treat them, and fear of willing providers. Lack of transportation and disabling conditions further complicate access to dental services, even when they are available. As a result, homeless persons are at even higher risk for poor dentition and associated comorbidities than are low-income people in stable housing,<sup>1,2</sup> reminiscent of a time over a century ago when most Americans lost their teeth by middle age.<sup>3</sup>

Over half of homeless adults surveyed nationally had not seen a dentist in two years or more, and 46% said they were unable to obtain needed dental care within the preceding year.<sup>1,4</sup> Two-thirds of homeless Native Americans needed but were unable to obtain dental care during the same period.<sup>4</sup> Compared to the general population, homeless adults are at least twice as likely to have serious dental pathologies, but only half as likely to have received dental care during the past 12 months.<sup>2,5</sup> Untreated dental caries were found in over 90% of homeless adults examined in Boston shelters.<sup>6</sup>

Lack of insurance, a major barrier to dental care for all persons below the poverty level, is especially so for single, homeless adults, two-thirds of whom are uninsured. Although a few disabled persons (11%) manage to qualify for Medicaid, it covers only dental extractions for adults, not preventive or restorative care, in most states.<sup>1,4</sup>



Photo by McMicken HCH Dental Project, Cincinnati, Ohio

The rate of poor dentition is ten times higher among homeless children than in the general population, according to providers of homeless health care.<sup>7</sup> One-third of surveyed homeless families said their child had never visited a dentist, and 17% had a child who needed dental care within the last year but couldn't get it, despite the fact that 73% had Medicaid coverage for their children, who were entitled to comprehensive dental services.<sup>4</sup> Scarcity of dental providers in some areas, reluctance of existing providers to accept patients with Medicaid coverage or none at all, and the mobility of homeless families, who place a higher priority on meeting survival needs than preventive dental care, explain their low service use. ■

# Why Dental Care Matters to Homeless People

Tooth pain is the number one reason for hospital emergency room visits, reports **Judith Allen, DMD**, Clinical Director of the McMicken Dental Center for the Homeless in Cincinnati, Ohio. Most ERs just dispense pain pills and tell patients to find a dentist elsewhere, she says. Limited access to free or low-cost dental care forces many homeless people to fend for themselves. Some get desperate and try to remove their own teeth, leaving root tips that eventually abscess and increase their pain, says Allen.

Dental pain can be excruciating. It interrupts sleep, makes people irritable, and interferes with regular attendance and performance at work or school. Homeless children, who experience higher levels of dental disease than other children, often do poorly in school for this reason, says Allen. "People with rotten or missing teeth look unhealthy, uneducated, unintelligent, and unreliable to employers." They often have trouble eating and avoid social interactions, exacerbating the isolation of homelessness.

**MORE ADVANCED DISEASE** Far more serious dental and oral health problems are seen in homeless than in stably housed patients, according to HCH providers. Among the most common problems seen in homeless clients are profound dental decay requiring extractions, periodontal (gum) disease, and dental problems associated with medical conditions, according to **Amaliz Torrez, CDA**, manager of the HCH dental clinic in Albuquerque, New Mexico.

**Rampant dental caries** "It is not unusual to see young homeless people in their 20's who require extraction of all 28-30 teeth," observes Judi Allen. Substance use is common among homeless youth. Alcohol (one of the early dental anesthetics) and illicit drugs such as cocaine dull the perception of pain and interfere with nutrition. Drug users often crave sugar, which suppresses their appetite for more nourishing food and creates an acidic environment in which the microorganisms contained in dental plaque thrive.

They feed on teeth and gums, causing chronic oral infection, dental caries, and periodontal disease."

When a tooth is eaten away at the gumline, the nerve is killed or a root canal is required to salvage it, explains Allen. "Gumline caries are the most devastating because they are least fixable without extraction. Without treatment, oral infection can result in brain abscesses and Ludwig's angina, with life-threatening consequences." Regular dental cleaning and check-ups, the main ways to prevent these pathologies, are not available to many homeless people.

"We see ourselves, and others see us, in terms of the face we present to the world. Diminish that image in any way and we risk the loss of self-esteem and well-being."

*Oral Health in America:  
A Report of the Surgeon General, 2000<sup>3</sup>*

**Periodontal disease** (gum disease resulting in loss of bone supporting the teeth) is the leading cause of tooth loss, and may also play an important role in heart and lung disease, stroke, low birthweight and premature births.<sup>3</sup> Periodontal disease is exacerbated by smoking, and over two-thirds of homeless people smoke.<sup>2</sup>

**Oral cancer** Heavy use of tobacco by homeless people also increases their risk for oral cancer. Use of smokeless tobacco is particularly toxic. Left in the mouth for hours at a time, "dips" contain additives (slate, sand) that exacerbate cell changes in the mouth.

**TRAUMA** Damaged teeth secondary to assault are frequently seen in homeless people. "One woman who slept in doorways was kicked by kids while she slept, resulting in a fractured jaw," recalls Allen. "When the swelling didn't subside after three weeks, she went to the city clinic, where she was told she had an abscess, given antibiotics, and told to come back, but did not return. Unable to eat, she

finally came to the HCH clinic, where medical providers found with maggots living in her cheek. She required extraction of a tooth and hospitalization to clean out the wound and wire her jaw."

**COMORBIDITIES** Diabetes and HIV/AIDS are among the chronic conditions frequently seen in homeless patients that exacerbate oral disease. People with diabetes don't heal well and are three times more likely to have periodontal disease than persons with normal blood sugar levels, reports Allen. Immunocompromised patients with AIDS or receiving chemotherapy frequently have opportunistic infections such as oral candidiasis ("thrush").

Certain medications can exacerbate existing dental disease, adds Amalia Torrez. For example, Dilantin (phenytoin), used to treat seizure disorders, can cause teeth to loosen. Other medications cause dry mouth, reducing the flow of saliva, which protects teeth against decay-causing bacteria.<sup>3</sup>

**SELF-ESTEEM** Eliminating dental disease in homeless persons often involves getting rid of their teeth," says Allen. "But promoting oral health and well-being involves much more than eliminating disease." Medical providers should consider the effects of dental problems on how people present to others, she advises. "When you fix someone's smile, you enhance their self-esteem."

Amalia Torrez recalls a homeless patient with heart and lung problems who came to the HCH clinic for smoking cessation services. "Toothless except for a couple of broken teeth in his lower jaw, he initially responded to questions in a gruff manner and seemed extremely embarrassed and self-conscious. When asked what would most improve his life, he answered, 'Dentures.' Getting dentures dramatically improved his self-confidence and his attitude toward his health. He has since cut down on smoking, communicates easily with others, and can eat nuts, the food he missed most when he didn't have teeth." ■

# Models of Care that Work for Homeless Clients

HCH projects have established dental clinics in large part by practicing the art of the possible. Although strategies used to fund and staff them are based on collaborative opportunities in particular communities, some common themes recur from project to project:

**“HEALTH COMMONS” APPROACH** Pooling public and private resources to address complex health issues that exceed the scope of any single entity<sup>8</sup> is a common practice among HCH projects, which by definition are primary care safety-net providers that integrate medical, behavioral health, and social services. Adding oral health care to this mix, optimally co-located with other health services, has proven particularly effective in attracting homeless patients and addressing medical, behavioral and oral health problems that are interrelated. **Health Care for the Homeless, Albuquerque, New Mexico**, exemplifies this model.

The dental clinic began in a converted garage, 15 years ago, with two rooms separated by a curtain, equipment donated by the VA, and city funding. Eventually they secured state funding through the Rural Primary Health Care Act, county money from Partners in Health, and for the last eight years, federal money from the Bureau of Primary Health Care. Absent a dental school in New Mexico and only minimal interest among private dentists in volunteering, the HCH dental program has maintained three staff employees since its inception: a program manager, dentist, and a dental assistant. Currently, it also contracts with a dentist from the University of New Mexico’s new School of Dental Hygiene.

**DENTAL SCHOOL AFFILIATIONS** Dental training programs in California and New York provide fruitful opportunities for collaborative relationships with HCH projects and other safety-net providers. The **Union Rescue Mission in Los Angeles** has forged such a partnership with the University of Southern California’s School of Dentistry. Dental residents rotate through the Union Rescue Mission and two other community clinics, providing oral health care to 20,000 people near Skid Row.

**Project Renewal Health Services**, an HCH grantee in New York City with Ryan White funding, used educational and research incentives to attract participation from the WE CARE mobile oral health program sponsored by Columbia University’s School of Dentistry and Oral Surgery,<sup>9</sup> and the Mailman School of Public Health in planning and staffing a brand new, comprehensive dental clinic for homeless and indigent New Yorkers. The facility is being built by a former policeman-turned-social worker and stabilized clients. To solve transportation problems for homeless clients who must travel outside their neighborhood to reach the clinic, the clinic will provide Metro cards and small vans driven by clients recovering from substance use. Dental services will include

preventive and restorative dentistry, removable and fixed prosthodontics (crowns and bridges), endodontic (root canal) therapy, minor oral surgery, periodontal therapy, oral cancer screening, and eventually, a smoking cessation program.

**VOLUNTEER DENTISTRY** In January 2001, former dentist-turned-case manager **Kris Volcheck, DDS, MBA**, initiated a collaborative relationship between Central Arizona Shelter Services (CASS) and the **Maricopa County Department of Public Health’s HCH project** in Phoenix, Arizona, to create a dental program that is closely linked to primary care. Initially supported by a combination of federal and private funding, this innovative dental clinic depends entirely upon volunteer dentists and hygienists for staffing and 80 laboratories around the country to contribute free prosthodontics for a limited number of cases. Two staff employees order all dental supplies for volunteers. The dental clinic treats emergencies referred by the HCH clinic, and dental patients have access to comprehensive medical and behavioral health care and case management.

Volcheck’s enthusiasm, persuasiveness, and experience in the dental community are important to the success of this enterprise. He has recruited 100 volunteers to date at professional meetings and CME courses, allowing them to choose what procedures they want to do and when, with variable scheduling of cases. The laboratories’ incentive is that participating dentists will showcase their crowns and bridges. Dentists use the opportunity to demonstrate their skills to colleagues in the community. The only down-side is that volunteer dentists sometimes cancel or reschedule appointments, and labs sometimes delay services; but homeless clients are more than willing to put up with this uncertainty, given the availability of free and comprehensive dental care.

## WHAT EVERY HCH DENTAL PROGRAM NEEDS

- **Preventive program** with a dental hygienist, sealants to prevent primary decay in children, and provision of toothbrushes, toothpaste & dental floss to all patients at every visit.
- **Interdisciplinary team** - collaborative, ongoing relationships among medical, dental, and behavioral health programs; use of case managers to accompany patients to dental appointments.
- **Compassionate service providers** who understand the needs of homeless patients.
- **Pharmacy access** for antibiotics & pain medications, preferably on-site.
- **Relationships with oral surgeons** for extractions of impacted molars, removal of excess bone from the palate or floor of the mouth, etc.
- **Proper diagnostic equipment** - as your program becomes more sophisticated, panoramic x-ray equipment and an endodontic system that allows completion of root canals in one session are recommended.

*Amalia Torrez, CDA, Albuquerque Health Care for the Homeless, Inc.*

**MOBILE OUTREACH** If you build it, sometimes they *won't* come without creative outreach and engagement strategies. **Care for the Homeless, New York City**, has taken this lesson to heart by transporting dental services to places in Brooklyn and the Bronx where homeless people receive other services, including soup kitchens, shelters and drop-in centers, using mobile dental equipment stored in the HCH clinic. Dental services provided by the outreach team include examinations, cleanings, scaling, x-rays, extractions, and prosthodontics. More complicated procedures are referred to the HCH project's dental clinics. The program conducts group and individual education sessions at a drop-in center for homeless single adults to promote appropriate oral self-care. Lower start-up costs using mobile dental equipment make it economically feasible to establish part-time clinics in smaller service sites.<sup>10</sup>

**Boston Health Care for the Homeless Program** established a portable dental program in 1988 for persons residing in area shelters. Since 1993, BHCHP has operated a two-chair dental clinic at the Barbara McInnis House, an adult medical respite facility. In 2000, the project expanded its dental services by creating a new five-chair dental clinic shared by the South End Community Health Center, designed to serve all homeless people in Boston, including homeless families, children and adolescents. Mutually beneficial partnerships with several area dental schools provide ample staffing for the clinic and respite care centers. One of the longest lived HCH dental projects, BHCHP exemplifies a number of the models of care just specified — co-location of dental and primary care services, affiliations with area dental schools enabling supplementation of staffing with student volunteers, and mobile outreach. ■

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