2020-08-14

Strategies to improve oral health behaviours and dental access for people experiencing homelessness: a qualitative study

Paisi, Martha

10.1038/s41415-020-1926-7
British Dental Journal
Springer Science and Business Media LLC

Strategies to improve oral health behaviours and dental access for people experiencing homelessness: a qualitative study.

Abstract

Objectives: The present study aimed to identify strategies to improve oral health behaviours, access to and provision of dental care for people experiencing homelessness.

Method: We conducted focus groups with people living in a residential homeless centre and semi-structured interviews with other stakeholders working with or supporting people experiencing homelessness. Following an inductive approach, thematic analysis was used to synthesise the findings on NVivo software.

Results: Participants included 11 British males experiencing homelessness and 12 other stakeholders from various professional backgrounds. Themes identified included awareness and empowerment; supportive environment and dental health system; flexible and holistic care; outreach and community engagement; collaboration with other health and social services; and effective communication.

Conclusions: Efforts to improve oral health among people experiencing homelessness via improved oral health habits and engagement with services need to be directed at both the recipients of care and the healthcare teams. Well-powered empirical studies are needed to evaluate whether the strategies identified can improve engagement and care provision for this population.

Keywords: Homeless persons, dental care, oral health, adults, qualitative research

Introduction

Homelessness in countries with developed economies remains a significant challenge.[1] In the UK, at least 320,000 people are currently estimated to live in temporary accommodation or on the streets,[2] whilst an increase in the number of young people and families living in temporary or overnight accommodation has been reported.[3]

Homelessness impacts negatively on health and overall wellbeing,[4,5] with poor dental health being among the most common concerns.[6] People who experience homelessness present with more extensive untreated dental disease, and have more missing teeth than the housed population.[7] A study by the charity Groundswell in London showed that 60% of 260 participants had suffered from toothache since they became homeless, and 15% had removed their own teeth.[8] Poor oral health can be attributed to a variety of factors including chaotic lifestyles, poor oral hygiene and diet, competing priorities such as securing accommodation, tobacco use, and drug and alcohol misuse, as well as mental health issues.[8-10]

Despite high treatment needs,[11] utilisation of dental services and levels of treatment completion among this population are reportedly low.[12] A systematic review on accessing dental services in the UK by people experiencing homelessness, found barriers emanating from both the “lived experience of homelessness” and the “healthcare system”.[13] The themes identified within the former, included complexity relating to living conditions and health, emotions such as fear and embarrassment, and lack of knowledge of health services. Within the healthcare system, themes identified included lack of staff experience with this patient group, reduced accessibility due to dental teams not offering care for various reasons, logistics and cost.

The reported poor oral hygiene and use of dental services in this population,[12,14-15] as well as the negative impact of poor oral health on quality of life,[16] call for strategies to achieve good oral health habits and improved access to care. The present study sought to identify such strategies from the twin perspectives of people experiencing homelessness and those working with or supporting them.

Methods

This qualitative study was conducted in Plymouth, a relatively deprived city (as determined by the Index of Multiple Deprivation[17]) in the Southwest of England.

Recruitment

Purposive sampling was used to recruit adults aged ≥18 years experiencing homelessness and living in temporary accommodation – a residential homeless centre. There were no exclusions based on gender or nationality, but if participants were unable to provide informed consent due e.g. to intoxication, they were excluded from the study. Individuals working with or supporting people experiencing homelessness in various capacities (charity, healthcare provision, volunteering) were also interviewed. No exclusions were applied.

Invitation posters were displayed in the centre to recruit residents. In addition, information was distributed via a volunteer with long-term experience in the centre and other support programmes in the city, and who served as a gatekeeper for the study. The volunteer leafleted the centre dining room and approached residents at meal times to share information about the study. Individuals working with or supporting people experiencing homelessness were invited via email. All were given at least a week to decide whether they wanted to take part, and had the opportunity to ask

questions prior to providing signed consent to participate. Interviews were conducted during February and March 2018, and the focus groups in March 2018. Sampling continued until data saturation was achieved.

Ethics

The study was approved by the University of Plymouth Faculty of Health and Human Sciences ethics committee (ref. 17/18-854).

Data collection

Two 45min focus groups were conducted with centre residents by a peer researcher (SM) working for the health and homelessness charity Groundswell, and not known in advance to the participants. Having this person with lived experience of homelessness lead the focus groups was a unique feature of our study.

The lead researcher (MP) attended the focus groups as an observer. At the time, she was a postdoctoral research fellow in public health dentistry and also volunteered in a homeless support service. The focus groups explored the importance of oral health to participants, how they felt about the condition of their teeth, their previous experience with oral health promotion efforts and use of dental services, perceived barriers to maintaining good oral health and accessing dental services, and factors that could help them adopt good oral health habits and access treatment. The focus groups findings informed the design and content of a subsequent oral health intervention.[18]

The 30-45min face-to-face interviews of other stakeholders were conducted by MP. The interviews started with interviewees describing their current position, and their responsibilities and experience of providing care to people affected by homelessness.

We then explored the same topics as the focus groups, plus views on factors that could influence care provision. Interviews were audio recorded and transcribed by MP.

Data analysis

Interview transcripts were uploaded onto NVivo 12 software. Thematic analysis was then applied to analyse the findings.[19] MP and AP independently coded the interviews, using an inductive approach. They then discussed differences, identified links between the codes, and merged them into agreed themes. Any disagreements were resolved by consensus.

Results

Participants included 11 British males aged on average 34.10 (SD± 10.59, range: 21.20-55.30) years, living in a residential homeless centre, and 12 other stakeholders from various professional backgrounds (Table 1).

Please insert Table 1 here

Themes identified

Awareness and empowerment

The need to raise awareness on the importance of oral health and its impact on overall health was highlighted. Improving and/or updating basic oral health knowledge among people experiencing homelessness (particularly around diet and oral hygiene), was recommended. Empowering support workers to give basic up-to-date dental health advice can enable them to instill oral hygiene in their clients' routines into the long term.

It is about education, awareness, finding some trick that comes into their habit of the day... And then it's about enabling … and just reminding people … that what they are

doing today may have an impact later down the line. (Medical and other healthcare staff)

More awareness of what food stuff to avoid (Participant experiencing homelessness)

I'm not the best of cooks so maybe being shown how to even cook healthier food is beneficial. (Participant experiencing homelessness)

When should you brush your teeth: every time after you finish eating or ...? (Participant experiencing homelessness)

… there's lots of stuff I don't even know about oral health. (Professional working with people experiencing homelessness)

Staff and volunteers should be encouraged to ask and prompt about oral health, and signpost clients to dental services. Thus, knowledge of available services and how the system works can empower them to support clients meaningfully. They are also in an ideal position to remind patients of appointments or attend them with them, and thereby improve attendance.

We often don't ask about oral health … I always say "how is your mental health and …. any other health issues?" .. and that's may be something that we need to start doing... (Professional working with people experiencing homelessness)

We try and empower all those organisations to support people because they are the people who see them every day, who are trusted, who are known…. (Community engagement officer)

Reminders would be helpful.. (Participant experiencing homelessness)

Improving understanding of oral health among other healthcare professionals is also seen as important, as is encouraging prevention and targeting people when young, either through the care system or probation services.

I think other health professionals need to have an understanding of oral health; that is definitely missing. (Community engagement officer)

*You have to start really early because by the time the people are homeless, my experience is that most of them already have terrible dental health. (*Medical and other healthcare staff)

Provision of care can be enhanced by improving dental practitioners' knowledge of health and social issues commonly affecting this population.

And a barrier that I have encountered … for my treatment planning is actually lack of education for me on some of the medical effects of alcohol and drugs ... in terms of doing extractions really, how that it's going to affect the bleeding? (Dental staff)

Supportive environment and dental health system

Regular free provision of toothbrushes and toothpaste, particularly in residential and drop-in centres, and drawing attention to the availability of these products can help facilitate routine oral hygiene. Residential services could promote healthy eating through educational activities, and by providing healthier meal and snack options to their clients.

I think an infinite supply of toothbrushes and toothpaste [is needed]. Never let that be a barrier. Never, ever, ever. (Volunteer)

You can stay away from grease, sugar, you can choose [if you have your own place]. Here [hostel] you can't. (Participant experiencing homelessness)

Adequate funding is fundamental for service provision. Redesigning the dental NHS renumeration system or having salaried dental services could encourage more NHS dentists to take on patients experiencing homelessness, who often present with more complex needs and who may require longer courses of treatment. Longer appointments could improve both provision and continuity of care.

I see a dental case every day, which never used to be … and I am always having to say to people "I am not a dentist, I can't do this". So, there is no doubt that there has been a reduction in provision of NHS dentistry ...I think the situation is as bad as it can be. (Medical and other healthcare staff)

… you can have all the goodwill in the world,… but you can't work on your own … there needs to be … a system in place that will help that happen. And I think it needs to come from the state, from the NHS. (Dental staff)

Having someone accompanying patients to their appointments (particularly volunteers or peers) can help with attendance.

… it's about us being able to hand-hold and take people there…. (Professional working with people experiencing homelessness)

I think volunteers could be really good in this…. My relation with the residents is much simpler that the staff relationship. (Volunteer)

Flexible and holistic care

One size definitely doesn't fit all. Accommodating the local context and incorporating flexibility into service delivery are important; and once patients have been assessed, it is best to offer treatment promptly.

… tailoring healthcare services to local needs, … rolling out national policies ,.., but allowing flexibility within those policies to make necessary changes to help the local community. (Academic)

So, we initially had only afternoon appointments but we found that quite a lot of the people … might be inebriated by the afternoon. So morning is better for them. (Dental staff)

Knowing the additional social, financial and health burdens that this population faces, and providing training to dental teams on trauma-informed treatment can support the provision of holistic care. Understanding the stage each person is in their life and their dental journey, and that being homeless is not their entire identity is important, and can support service sustainability.

I've always looked at the holistic approach, so it's everything about that individual, it's an important part of their journey … their teeth is not something they worry about until they are feeling better. (Professional working with people experiencing homelessness)

Being in a better place in my head, knowing that if I had an appointment, I would keep to it. Before I wouldn't, because I had a certain lifestyle. But now I would because I want to help myself. Basically I want my body to be healthy as it possibly can now. (Participant experiencing homelessness)

It's all routine with me, its stability and routine. Everything I'm looking at now, it's about

having routine and structure in my life. (Participant experiencing homelessness)

Different strokes for different folks isn't it, that's why it's hard to do because everybody wants something different so, yes, questionnaires to find out what each individual wants and then they can cater for the client or patient around that (Participant experiencing homelessness)

Outreach and community engagement

Academics and support services strongly recommended community outreach activities (promoting prevention and raising awareness about oral health and access to treatment). Such activities are thought to be particularly valuable for people who have a history of marginalisation and may find engagement with services particularly challenging. Enabling dental students to have contact with different groups of people early in their training will also promote understanding of homelessness, the reality of patients' daily lives and their vulnerability, as well as promoting students' communication skills.

*The triage session held here [by students] was amazing. We lined up as many people as we could (*Volunteer)

…. [they] don't proactively access services. So, our ethos is very much taking the service to the individuals … using a community engagement approach which … builds their confidence, builds their awareness of what services are available to them … It's about making those community links and giving those personalised contacts to build [a] mutual relationship of trust. (Dental staff)

… when you are training it is good to have contact with different groups of people …. you'll be thinking about those groups of people when you start practising. (Dental staff)

However, it needs protected time for outreach activities to happen.

... allowing healthcare professionals protected time to do that, because … outreach services … that don't directly impact on their clinical practice fall down the prioritisation list … (Academic)

Collaboration with other health and social services

Establishing relationships with other healthcare professionals (e.g. GP outreach) and homeless support organisations can promote a holistic approach to care, help with signposting, and improve attendance and compliance rates.

I think support from the shelters is really important as well, so our reception work with them to confirm the appointments, and they tell people what time their appointment is and remind them to come. (Dental staff)

If there was one place where all kinds of people with complex needs can walk in and they can get the care they need, I think that's what we should aim at. And dentistry would be really important to be part of that. (Medical and other healthcare staff)

Effective communication

The conduct of the dental team, including reception staff is a crucial element in the dental journey of patients. Training can help increase awareness and understanding among dental teams of the complexities of homelessness and promote patient-centred care.

Some people find it intimidating enough going in there [to the dental practice]…. So if they've got someone who's, say, like not being very I don't know nice then it can put them even more on edge (Participant experiencing homelessness)

… I think we'd all be so close to that situation with bad luck. And often it's mental health issues, relationship problems, job loss and then not having family or friends to support them. … Often you hear some of the things people have been through and you think "Oh God I'd probably be the same in this situation". (Dental staff)

Explaining to patients what the dentist is going to do without the use of jargon, helping them understand treatment options, and answering questions can provide reassurance. It is also important to manage expectations and be honest about what is expected from the patients, while being pragmatic and realistic about what they can do in their circumstances. Continuity of care by the same clinician is important in establishing trust and rapport with patients.

"I am going to access your root canal now" I mean, what is happening, what does 'access' mean?...Think a bit about language. (Volunteer)

…building a relation of trust and breaking down barriers [in] a non-clinical approach initially. It's just talking to people and building their confidence explaining what we can offer but also explaining what we can't … we have to be really upfront with people. The other thing … is actually explaining to them what will happen if they come for an appointment and what we expect in terms of compliance. (Dental staff)

Important qualities of a dentist as highlighted by people experiencing homelessness and support staff include being non-judgmental, respectful, gentle, empathetic, open-minded, a good listener, not making assumptions about how people arrived at their current situation, and not blaming. Not giving up on patients and constant motivation are paramount.

… I think lots of reassurance, lots of orientation, answering questions … helping them to understand certain things, being warm and kind and smiling and friendly, and decent. (Professional working with people experiencing homelessness)

Discussion

Our study has identified strategies to improve oral health and access to dental services among people experiencing homelessness. We offer some recommendations for practice at the system level, in the surgery, and in homeless centres, involving policy makers, practitioners and patients.

Homelessness can often mean that people live from one day to the next, focusing on immediate survival needs (shelter, food, addiction) and not addressing health. This can deprioritise the importance of good health habits and utilisation of services among this population. Yet, having their dental health restored can be a positive step towards a healthier lifestyle and a foundation for a more secure recovery.[20] When people begin to achieve some stability in their lives and plan for the future e.g. job seeking, there can be an opportunity for interventions that promote improved engagement with

services and better self-care.[14,21] Our results, in line with Coles and Freeman,[21] indicate a need to identify the stage where each person is in their oral health journey, and for dental health teams to provide personalised care based on individual needs.

Similarly to a recent systematic review,[13] our findings highlight that dental services need to be more flexible and accessible to accommodate the multiple adversities of homelessness. Due to the complex care needs of this population, the integration of dental health care with other services such as mental health, GP and addiction support within a holistic model of healthcare would be beneficial.[14] This can provide dental health professionals with the opportunity to improve their awareness of co-morbidities associated with homelessness, and increase their confidence to deliver treatment tailored to this patient group's needs. Considering the stigma that many people experience with healthcare providers[8] and society overall, effective communication is essential to motivating behavioural change and encouraging use of services.

Community outreach has a vital part to play linking practitioners, students, support workers/volunteers and patients.[22] There is a need to understand which elements of such programmes can be effectively utilised to improve attitudes and willingness to work with people experiencing homelessness, and how this can be done. Furthermore, taking into consideration the often strong relationship between support workers/volunteers and people experiencing homelessness, further research is warranted into optimising the roles of the former in promoting oral health, signposting and encouraging use of dental services.

Strengths and limitations

A strength of this study was that the viewpoints of people experiencing homelessness, those supporting/caring for them and healthcare providers were all equally considered,

thereby reducing bias towards either patient or system-related factors. Furthermore, to our knowledge, this is the first research study where a person with a lived experience of homelessness facilitated focus groups. Based on the experience of the observer (MP), following the introduction of the peer advocate, the group dynamics changed and participants appeared to be more keen to share their experiences, possibly leading to more honest answers and rich data.

Although purposive sampling may limit the extrapolation of findings to the broader homeless population, the transient nature of homelessness makes representative sampling methods difficult to implement.[8] The potential under-representation of rough sleepers was mitigated by some interviewees' past experience of street homelessness. Another factor that may limit the generalisability of our findings is the homogeneity of the sample in terms of gender.

Conclusions

Undoubtedly, efforts need to be directed both at the recipients of care but also at healthcare teams. Well-powered empirical studies are needed to examine whether the strategies we identified can sustainably improve oral health behaviours as well as access and engagement with dental services for people with experience of homelessness.

Acknowledgements: We would like to thank all our participants for their contributions, and the Oral and Dental Research Trust (GSK Research Award) for funding this study.

Conflicts of interest: The authors declare no conflict of interest.

Funding: Oral and Dental Research Trust (GSK Research Award)

Key points

- Identifies strategies that can be used to improve oral health behaviours and engagement with services for people experiencing homelessness.
- Provides insight into strategies than can help dental teams to improve care provision for this population.

References

1) Organisation for Economic Co-operation and Development (OECD). HC3.1 Homeless population. France: OECD ;2019.
2) Shelter. 320,000 people in Britain are now homeless, as numbers keep rising; 2018. Available from: https://england.shelter.org.uk/media/press_releases/articles/320,000_people_in_britain_are_now_homeless,_as_numbers_keep_rising
3) Wilson W, Barton C. Households in temporary accommodation (England). London: House of Commons; 2019.
4)Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet 2014; 384:1529 – 40 .
5)Morrison DS. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. Int J Epidemiol 2009; 38(3):877-83.
6)Simons D, Pearson N, Movasaghi Z. Developing dental services for homeless people in East London. *Br Dent J.* 2012;213:E11.
7)Daly B, Newton T, Batchelor P, Jones K. Oral health care needs and oral health-related quality of life (OHIP-14) in homeless people. Community Dent Oral Epidemiol. 2010; 8:136-44.
8) Groundswell. Healthy Mouths: A peer-led health audit on the oral health of people experiencing homelessness. London: Groundswell; 2017.
9) Caton S, Greenhalgh F, Goodacre L. Evaluation of a community dental service for homeless and 'hard to reach' people. *Br Dent J*. 2016;220(2):67–70.
10) Csikar J, Vinall-Collier K, Richemond JM, Talbot J, Serban ST, Douglas GVA. Identifying the barriers and facilitators for homeless people to achieve good oral health. Community Dent Health. 2019;36(2):137–142. Published 2019 May 30.
11) Parker EJ, Jamieson LM, Steffens MA, Cathro P, Logan RM. Self-reported oral health of a metropolitan homeless population in Australia: comparisons with population-level data. Aust Dent J. 2011; 56(3):272-7.
12) Daly B, Newton TJ, Batchelor P. Patterns of dental service use among homeless people using a targeted service. J Public Health Dent. 2010; 70:45-51.

13) Paisi M, Kay E, Plessas A, Burns L, Quinn C, Brennan N, White S. Barriers and enablers to accessing dental services for people experiencing homelessness: A systematic review. Community Dent Oral Epidemiol. 2019;47(2):103-111.
14) Coles E, Edwards M, Elliot GM, Freeman R, Heffernan A, Moore A. The oral health of homeless people across Scotland: Report of the homeless oral health survey in Scotland, 2008-2009. Dundee: University of Dundee, Dental Health Services Research Unit; 2011.
15) Hill KB, Rimington D. Investigation of the oral health needs for homeless people in specialist units in London, Cardiff, Glasgow and Birmingham. Prim Health Care Res Dev. 2011; 12:135–144.
16) Conte M, Broder HL, Jenkins G, Reed R, Janal MN. Oral health, related behaviors and oral health impacts among homeless adults. J Public Health Dent. 2006;66(4):276-8.
17) Public Health, Office of the Director of Public Health, Plymouth City Council. Index of Multiple Deprivation (IMD) 2019. Plymouth summary analysis. Plymouth: Plymouth City Council; 2019.
18) Paisi M, Witton R, Burrows M, Allen Z, Plessas A, Withers L, McDonald L, Kay E. Management of plaque in people experiencing homelessness using 'peer education': a pilot study. *Br Dent J*. 2019;226(11):860-866.
19) Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006; 3(2):77-101.
20) Nunez E, Gibson G, Jones JA, Schinka JA. Evaluating the impact of dental care on housing intervention program outcomes among homeless veterans. *Am J Public Health.* 2013;103(2):S368-73.
21) Coles E, Freeman R. Exploring the oral health experiences of homeless people: a deconstruction-reconstruction formulation. *Community Dent Oral Epidemiol.* 2016;44**:**53-63.
22) Webb L, Sandhu S, Morton L, Witton R, Withers L, Worle C, Paisi M. A dental student view on learning gained through Inter-Professional Engagement with people experiencing homelessness. *Educ Prim Care.* 2019;30(5):319-321.