



Engaging people who experience homelessness with dental care

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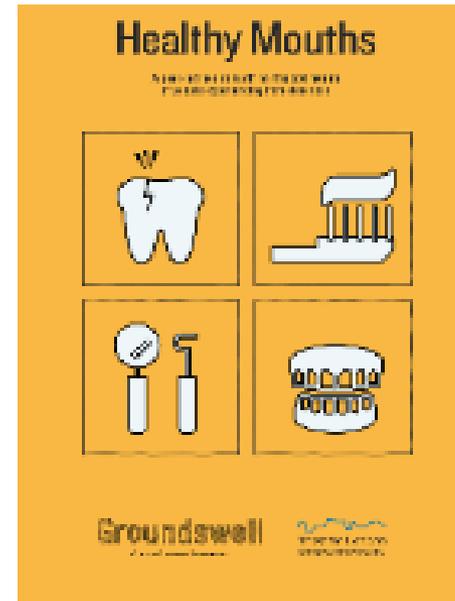
Background information

- Being homeless is a traumatic and isolating experience (Shelter, 2018; Coles et al., 2011).
- Associated with a range of physical and mental health issues (Leng, 2017).



Homelessness and dental health

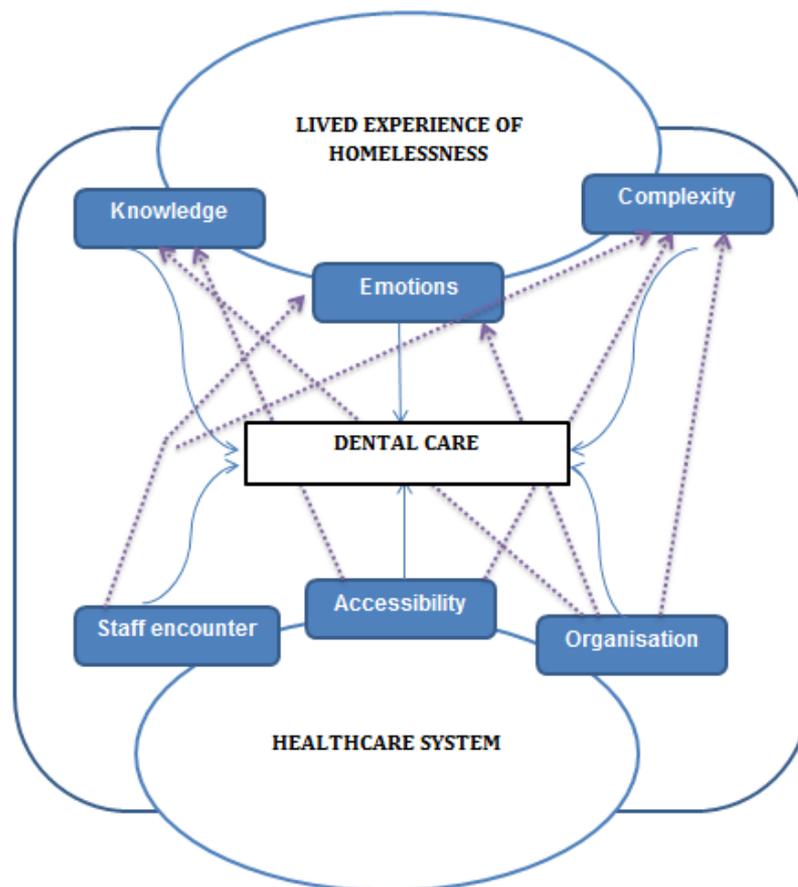
- Poor dental health among the most common physical health problems (Homeless Link, 2014; Groundswell, 2017).
- Among 260 people, 60% had experienced toothache since they became homeless, while another 15% had pulled out their own teeth (Groundswell, 2017).



“The people we spoke to really wanted to get their teeth sorted – they just needed the opportunity to do it.”

(Rob Edgar, Groundswell, 2017)

Barriers and enablers to accessing dental services



'Teeth Matter' – A pilot study



- To examine whether 'Peer Education' using motivational interviewing could yield improved plaque management among people experiencing homelessness.

“Someone who’s been through the same experience. Because if they’ve been through it, then they can understand it and properly input it to me, maybe in a better way than someone who hasn’t lived it.”



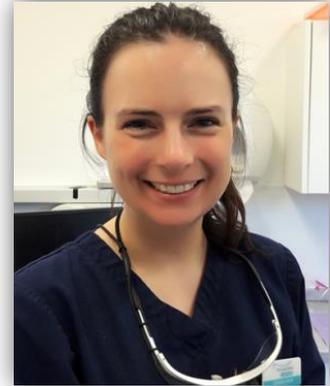
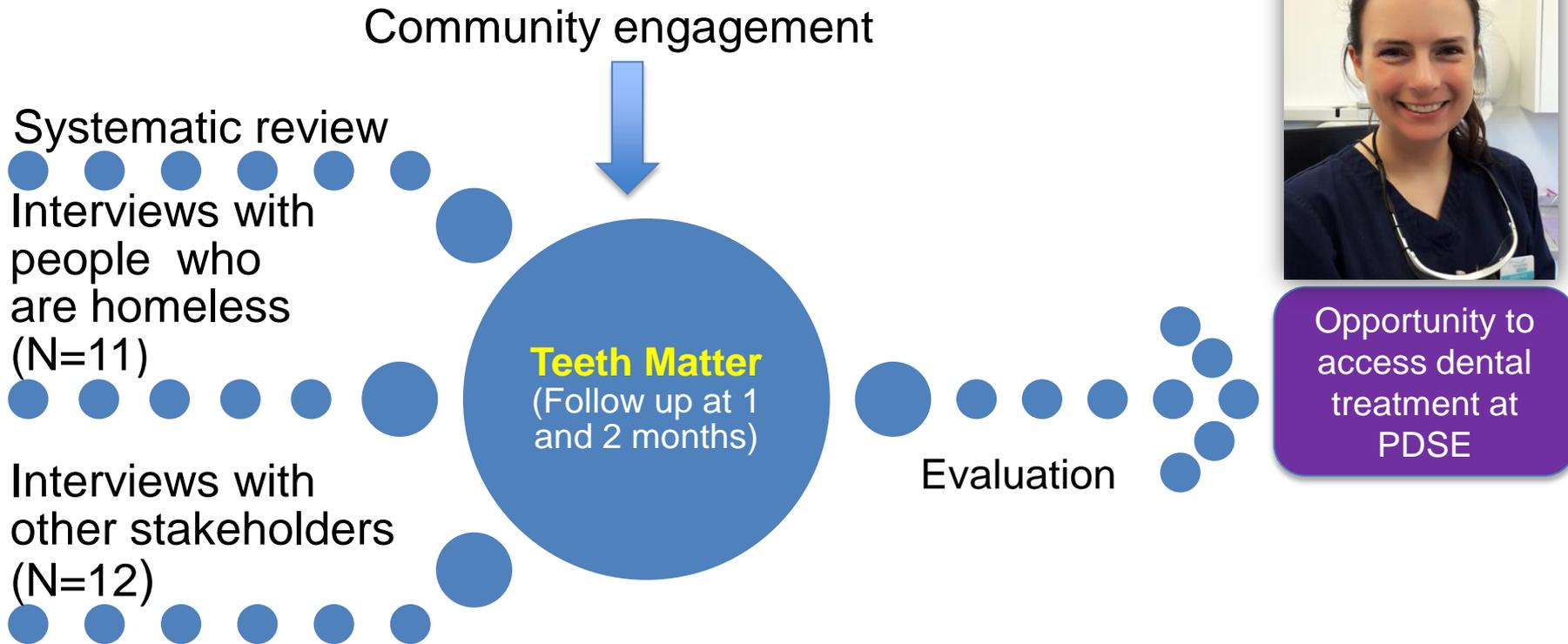
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Groundswell

Out of homelessness



Methodology



Intervention



- Dentist demonstrating tooth brushing technique;
- Peer educator (Groundswell) using motivational interview to develop self-efficacy regarding oral health (Duane , 2017; Groundswell, 2017; Kay *et al.*, 2016);
- ‘Delivering Better Oral Health guidelines’ messages (PHE, 2017);
- Importance of oral health to overall well being and maintaining preventive care after treatment;
- Information addressing participants’ queries;
- Poster in communal bathrooms;
- Goody bags and posters;
- Reminders



Results



- 24 British males aged on average 36.88 years (SD± 10.26, range: 21.20-58.60). 19 and 15 people completed the 1 and 2 month follow-up, respectively.
- High number of untreated decayed teeth and missing teeth.
- Oral health-related quality of life commonly affected by: discomfort in eating, being embarrassed and self-conscious.



What our participants have told us...



- *“I know for fact that I have got something to gain... I have been like this now for three years now. **And it is very embarrassing** when I go outside and talk to people. 'Cause I am very conscious that they notice I have no teeth. And I don't want to be like that.... And I want to be able to talk to someone with smile, teeth, everything ...”*
- *“I don't want my daughter to see me with horrible teeth. I pick her up from the school. I don't want her to see her dad with no teeth or bad teeth, I don't want that.”*
- *“I don't want to go back to fishing anymore. I have done it for twenty years. I have one son, one life and that's all what I want to do now. I want to get in touch with other jobs than fishing.....that's what I am working on at the minute...”*
- *“..at least three or four times a week I get **really bad depression** and I don't really want to participate or do anything really... I sometimes don't even get dressed, I don't bother with my meals ...I just stay in my room and I don't get out.”*
- *“It's a really nice study, to be honest with you. Everybody is really **polite and nice**. And you don't feel you are in danger in any way, shape or form. I mean, I can remember being a kid and going to the dentist. It was the scariest thing you ever come across.”*



Understanding
and effective
communication

Flexibility

Participatory
approach

Acknowledging
participants'
contribution

Outreach work

Dental

“I understood what they had experienced, respected them and felt it back-two-way respect. They were good as gold. They are good people who we need involved in helping us”

“Because if they’ve been through it, then they can understand it and properly input it to me, in a better way that someone who hasn’t lived it.”

Peer education

Every human matters



“...his decision was I either continue on this path of destruction, which was very much influenced by his childhood experiences, or I survive and thrive and I move forward.

And he chose the latter, and part of that was because he was linked to the Dental school” (**Support worker**)

Does dental treatment matter?



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Conclusions

- ‘Teeth Matter’ improved understanding of the needs of people experiencing homelessness with regard to their oral health.
- A stepping stone for our participants to getting access to dental treatment.
- Well-received by the participants.
- Dental treatment matters.
- Evidence based approach-Peer education-Community engagement.

- Our participants and team:

- Louisa McDonald
- Stephan Morrison
- Rob Edgar
- Martin Burrows



- Lyndsey Withers



- Robert Witton
- Elizabeth Kay
- Anastasios Plessas
- Zoe Allen
- Nicole Thomas
- Christina Worle and PDSE team



Selected references

- 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.
- Groundswell. *Healthy Mouths: A peer-led health audit on the oral health of people experiencing homelessness*. London: Groundswell; 2017.
- Homeless Link. *The unhealthy state of homelessness. Health audit results 2014*. London: Homeless Link; 2014.
- Leng G. *The impact of homelessness on health. A guide for local authorities*. London: Local Government Association; 2017.
- Shelter 2018. *320,000 people in Britain are now homeless, as numbers keep rising*. Shelter; 2018.



Thank You



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