Social responsibility in action

Corwin Hine, Rosie Pritchett, Luke Fisher-Brown, and Mark Franks recently received the Undergraduate Management Bursary Gold Award from the Association of Dental Groups (ADG) for their project 'Oral health education for the homeless community of East London'. Here they discuss their project and the motivation behind its conception.

Through our clinical studies as dental undergraduates and our unique location in the East End of London we became acutely aware of the inequalities faced by different demographics of the local population in accessing dentistry. As dental professionals it is our duty to put our patient's interests first and ensure that there is no discrimination based on personal, financial or social circumstance. One group we felt requires particular focus are the many persons of 'no fixed abode' within London.

After exploring the services that are currently available to the homeless population, we contacted the local Community Dental Service (CDS) with a proposal to assist them in their delivery of treatment. We had realised there is often little time during the CDS sessions to provide essential preventative oral health advice, which should serve as the cornerstone to any dental care.

Often with short appointment times there is little space to discuss basic prevention, which is essential to reduce the need for further restorative treatment. Levels of oral health knowledge and compliance amongst the homeless tend to be low so that basic concepts need to be reinforced over subsequent appointments.

Homeless people have significantly higher levels of untreated dental disease than the housed population, which has a direct impact on their quality of life. Through the provision of restorative dental treatment, both psychosocial and physical functioning can be improved. Due to the high burden of dental disease, the cost of providing the care to meet these needs is substantial. Emphasising the importance of oral hygiene at an early stage has the potential to significantly reduce the effects of dental disease within this population. By taking a preventative stance it is also hoped that with time the level of dental morbidity within this demographic will diminish.

It is well documented that conflicts of interest arise when facing the challenge of providing dental care to the homeless population. Despite efforts to remain open and unprejudiced in the provision of the service our profession provides, many dentists have apprehensions when taking homeless patients onto their treatment lists. This often stems from the misconception that homeless patients will be irregular attenders and may not complete long term treatment plans. In addition, many qualify for free treatment on the NHS which is often complex and poorly remunerated under the current NHS contract. Whilst some of these concerns are valid, evidence from on-going dental care provided by the CDS suggests that homeless patients are motivated to complete their course of treatment.

We therefore established our oral health education initiative to address this barrier of misconception, giving students and dental practitioners the opportunity to meet face-to-face with members of the homeless community and understand the concerns and difficulties they face when attempting to access dental services.

After considering how prevention could be best implemented and how to maintain interest during each session we decided to deliver prevention in a relatively informal way, to allow patients to see us as a “friendly face of dentistry”. To maintain uniformity we also developed primary intervention sheets giving key information on diet and oral health, smoking and oral cancer, periodontal disease and access to NHS dentistry. The information sheets were produced to provide a framework for verbal prevention advice, but also to serve as hand-outs, which could be distributed to the clients and re-visited in their own time. These hand-outs were approved by two clinicians at the Dental Institute and within the CDS with efforts made to design them in a user-friendly style, with simple explanations and diagrams.

Toothbrushes, toothpaste and mouthwash samples were provided by GSK and proved invaluable in attracting initial interest from our target audience. We then organized a 2 week placement within the CDS of Tower Hamlets, City and Hackney fixed site and mobile clinics whose patients mainly include the homeless and other excluded populations. During this time we delivered oral health prevention after each appointment. This allowed us to tailor each conversation to the particular patient’s needs, for example, an in-depth discussion about the progression of gum disease for those who were periodontally involved. This partnership also enabled us to gain an invaluable insight and experience from a service that we hadn’t previously encountered within our undergraduate curriculum.

The feedback received from the homeless encountered during this project, and from those working within the CDS was positive. The homeless persons attending the mobile and fixed clinic found it useful talking to the students about their oral health. This interest, along with the free samples, may encourage them to seek dental care and become more adapted to mainstream services. This is important financially as it is estimated that the mobile service is 2.4 times more expensive than fixed site appointments.

Over the course of our sessions, we experienced a wide variety of homeless people, a unique situation in which to practice the delivery of previously taught knowledge of fundamental topics such as oral cancer. The project is now continuing, with workshops run within St. Mungo’s hostels led by student volunteers. We are also setting up a University society to ensure continuation of the project after our graduation and are keen to support its expansion next year to involve different areas of London. We feel that the continuation of this project will benefit the homeless community of Tower Hamlets, City and Hackney and could serve as a model for

other boroughs within Greater London. Furthermore, it provides students with the opportunity to experience practical applications of dental public health and addressing inequalities in oral health.

We set out to identify a means by which dental students could bridge the inequality in the delivery of dental care to this demographic of the population. Dental public health and the importance of social responsibility is clearly emphasised within the BDS curriculum, but when should these concepts be put in to action? It is clear that the impact of oral disease on global health is a problem that needs to be addressed by healthcare professionals. Part of this responsibility should be shared with and experienced by the next generation of dental practitioners through health promotion outreach programs within the undergraduate curriculum. Not only will this benefit the recipients within excluded populations such as the homeless, but also develop and encourage the philosophy of social responsibility throughout the careers of undergraduate dental and hygiene/therapy students.

For more information about the ADG visit www.dentalgroups.co.uk.