Exploring access in a volunteer free-service dental clinic

Maria G Kallal[*], BSc, RDH; **Sharon M Compton**[§], PhD, RDH; **Arlynn R Brodie**[†], MHS, RDH; **Breanne L Moran**[Δ], BSc RDH; **Minn N Yoon**[◊], PhD

PRACTICAL IMPLICATIONS OF THIS RESEARCH

- Improving access to oral health care for marginalized people is complex and often involves multiple stakeholders.
- Health brokers support marginalized people in obtaining needed services.
- Gaps in communications and delivery of services must be considered when establishing programs to meet a need in society.

ABSTRACT

Introduction: Marginalized, low-income individuals face many barriers to dental care, including but not limited to cost. The Student Health Initiative for the Needs of Edmonton (SHINE) dental clinic is a student-operated volunteer clinic offering free services to low-income individuals. This study aimed to explore the access to dental care needs of low-income groups, from community health brokers' perspectives. **Case description:** The study was deemed exempt from ethical approval (Pro00074745). Five semistructured interviews exploring access to dental care were conducted with health brokers purposefully selected from 4 different community outreach centres. Access was defined and analysed using Penchansky and Thomas' theory of access as modified by Saurman. **Results:** Interviews revealed lack of awareness of the SHINE clinic. Translation and interpretation support was an identified need, and there was concern for clients who fear discrimination in health care settings. **Conclusion:** Preliminary barriers to care at SHINE were identified. However, further investigation is required to understand how SHINE aligns with population needs.

RÉSUMÉ

Introduction : Les personnes marginalisées et à faible revenu sont confrontées à plusieurs obstacles en matière de soins dentaires, y compris, mais sans s'y limiter au coût. La clinique dentaire *Student Health Initiative for the Needs of Edmonton* (SHINE) est une clinique gérée par des étudiants bénévoles qui offre des services gratuits aux personnes à faible revenu. La présente étude vise à explorer les besoins d'accès aux soins dentaires de groupes à faible revenu du point de vue des intervenants de la santé communautaire. **Description du cas :** L'étude a été déclarée exempte de l'approbation éthique (Pro00074745). Cinq entrevues semi-structurées qui explorent l'accès aux soins dentaires ont été réalisées avec des intervenants de la santé, délibérément sélectionnés dans 4 centres d'assistance communautaire différents. L'accès a été défini et analysé au moyen de la théorie d'accès aux soins de Penchansky et Thomas, telle que modifiée par Saurman. **Résultats :** Les entrevues ont révélé un manque de connaissance de la clinique SHINE. Un soutien en matière de traduction et d'interprétation était un besoin établi et on s'inquiétait des clients qui craignent la discrimination dans les milieux de soins de santé. **Conclusion :** Des obstacles préliminaires aux soins chez SHINE ont été reconnus. Cependant, une enquête plus approfondie est requise pour comprendre dans quelle mesure SHINE correspond aux besoins de la population.

Keywords: access to care; dental clinic; fear of discrimination; free; health brokers; language barriers; low income; oral health; student; volunteer
CDHA Research Agenda category: access to care and unmet needs

INTRODUCTION

Poor oral health contributes to pain, infection, problems with speech and mastication, and increased inflammatory mediators correlated to systemic illnesses.[1,2] In addition to systemic effects, poor oral health impacts mental health by affecting one's ability to engage with people and the surrounding environment, creating stigma and social isolation.[1,3] Even though oral health is a significant component and predictor of general health and well-being, Canada's publicly funded health care system does not include dentistry.[4] Due to cost barriers alone, 22.4% of Canadians avoided seeking dental care in 2018.[5] Those in the lowest income quintile were least likely to seek dental care, even if dental coverage was available to them, suggesting there are further barriers.[5]

Health services in high-income countries are recognizing challenges in engaging marginalized populations.[6] Marginalized populations are defined as those experiencing inequalities in access to power and resources, and those

[*]MSc candidate, Dental Hygiene Program, School of Dentistry, University of Alberta, Edmonton, AB, Canada
[§]Professor & director, Dental Hygiene Program; associate chair (dental hygiene), School of Dentistry, University of Alberta, Edmonton, AB, Canada
[†]PhD candidate, Rehabilitation Science Program, Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, AB, Canada
[Δ]Clinical instructor, Dental Hygiene Program, School of Dentistry, University of Alberta, Edmonton, AB, Canada
[◊]Associate professor, School of Dentistry, University of Alberta, Edmonton, AB, Canada

Correspondence: Maria Kallal; kallal@ualberta.ca
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who are socially excluded.[7] One solution to reducing health disparities faced by marginalized groups is to engage health brokers.[6] Health brokers are individuals who work or volunteer at community outreach centres that link marginalized populations to health services, producing beneficial health outcomes.[6] They possess knowledge of the needs and barriers their clients face in accessing health care, including dental care. Additionally, they are uniquely positioned to bridge boundaries between marginalized populations and health services to improve access.

CASE DESCRIPTION

Recognizing that significant gaps exist in access to oral health care, undergraduate dentistry students at the University of Alberta (Edmonton, Canada) established the Student Health Initiative for the Needs of Edmonton (SHINE) dental clinic in 2004. SHINE is a free service operated by volunteer undergraduate dentistry and dental hygiene students from the university. The initiative aims to reduce inequalities in dental health by increasing access to oral health services among low-income individuals.[8] Services offered at SHINE include dental hygiene care, restorative dentistry, and emergency procedures, such as tooth extractions. Clients are seen on a walk-in basis and triaged for treatment based on their age, level of pain, and infection. SHINE gives priority to youth but provides services to anyone who cannot afford dental care. Referrals to the University of Alberta School of Dentistry dental clinic are made for cases deemed too complex to be managed through SHINE. The referral process allows for continued care, free of charge, for children under the age of 18. However, depending on the type of treatment required, adults referred from SHINE may pay all or partial costs associated with receiving dental care at the School of Dentistry.

While SHINE is providing needed dental and dental hygiene treatment in the inner city, there is limited insight into SHINE's connection with the marginalized populations it aims to serve. Access is the measure of fit between a service and the population's needs.[9] Using Saurman's modified version of Penchansky and Thomas' theory of access, this study sought to gain the perspective of health brokers at community agencies in the inner city on SHINE's alignment with the access needs of the marginalized populations they serve.[9,10]

METHODS

Ethics approval was sought from the University of Alberta's Research Ethics Board (REB, Pro00074745). As a needs assessment to optimize services for populations the SHINE dental clinic aims to serve, the project was deemed outside the mandate of the REB.

This exploratory qualitative descriptive study used purposeful sampling to select health brokers who work closely with low-income and homeless individuals in the urban inner city area, arranging health and other services to meet their basic human needs. Five health brokers were selected from 4 different community outreach facilities, as their position and direct involvement with the inner city population made them ideal information-rich sources that could speak to this population's needs. Health brokers were not given any information regarding SHINE prior to the interviews.

Two undergraduate student research assistants, one in dentistry and one in dental hygiene, under the guidance of a principal investigator conducted semistructured individual interviews of approximately 40 minutes each. Interviews were audiorecorded and transcribed verbatim for latent content analysis. After completion of the interviews, an oral presentation was given to participants and others at the community agencies to improve awareness of SHINE. Saurman's modified version of Penchansky and Thomas' theory of access, as outlined in Table 1, was used to define access, and the data were coded according to Saurman's 6 domains of access.

Table 1. The dimensions of access

Dimension of access	Definition
Availability	Supply and demand
Accessibility	Ease of access to the location
Acceptability	Consumer perception of the service
Accommodation	Organization of the service to accommodate clients (e.g., adequate hours of operation)
Affordability	Financial and incidental costs associated with the service
Awareness	Communication and information about the service is known to stakeholders, clients, and community

Adapted from: Saurman E. Improving access: Modifying Penchansky and Thomas's theory of access. *J Heal Serv Res Policy.* 2016;21(1):36–39. Table 1. The dimensions of access (p. 37).[10]

RESULTS

Awareness

Awareness of SHINE was not a prerequisite for participation in this study. Interviews explored health brokers' awareness of SHINE, its services, the clients it serves, and more. Only 1 of the 5 participants was aware of SHINE, but all were familiar with the community health facility where SHINE is located.

The interviews confirmed how the health brokers support access to needed services: "We're a lot of the times, the first connection, or one of the few connections that they [marginalized individuals] have to the...public health system." Furthermore, health brokers acknowledged the need for dental services, explaining, "Oral health is probably one of the biggest things that I see people struggle with." Although the health brokers noted a lack of awareness among clients—"It's just that, they don't know that [dental care is] out there. They don't know what they

can do about it."—they also expressed a need for support to source dental care for their clients:

> *We probably do need more support to find dentists who would be willing to work with our families...it would be great if we could have some navigational support.*

Health brokers' awareness of SHINE's services would enable them to link their clients to SHINE, thus raising awareness of the clinic among marginalized population groups. Lack of awareness of SHINE among both health brokers and their clients led us to conclude that awareness is an access barrier. A secondary benefit of the interviews was the opportunity to share information about SHINE with the health brokers.

Overall, health brokers lacked awareness of the SHINE dental clinic. As a result, data available for analysis in other domains were limited. However, health brokers' knowledge of their clients' needs and the community location of SHINE enabled them to speak to aspects of each domain.

Availability

Dental services most needed by marginalized inner city populations, as described by health brokers, include oral health education, dental hygiene treatment, fillings, extractions, pain management, elimination of infections, and dentures. Pain was the motivating factor to seek care:

> *If you're not in pain [then] no one really thinks about the mouth.*

> *Common dental concerns are lack of hygiene leading to big cavities everywhere, and pain, and infection, stuff like that...we can't even put out crunchy peanut butter because they said that they are at risk of cracking a tooth.*

However, in pursuit of pain relief, marginalized people often undergo tooth extraction, resulting in extensive tooth loss: "So many of them have lost a lot of teeth... being able to set people up with getting dentures [would be valuable]." SHINE provides all of these services except for denture fabrication. Overall, the availability of dental services at SHINE was perceived as an asset. However, finding offices to pursue denture prosthetics for clients is an area for further investigation.

Accessibility

SHINE, located within a community health centre in the inner city, was thought to be a ideally situated by 3 of 5 health brokers. Its central location, proximity to other outreach facilities, and ease of access by public transit were considered assets. Location was deemed important because health brokers reported that their clients' primary sources of transportation were walking, bicycling, and public transit: "The majority of them either take the bus or walk." Two health brokers indicated that, although SHINE's location is in an ideal area for some low-income groups, it is not ideal for all of them, specifically new immigrant families. They described that different populations of low-income people require different settings to feel comfortable. Although the location was not deemed ideal for all low-income populations, SHINE was considered situated in a readily accessible location for many potential clients.

Acceptability

Data on the acceptability of SHINE were limited due to the health brokers' lack of awareness of the initiative. However, 1 broker suggested that the people who typically attend SHINE (e.g., individuals facing financial hardship, social barriers, and/or requiring addictions and mental health services)[11] may actually prevent other prospective clients from accessing its services:

> *Some of our mothers feel uncomfortable at that location. Without any discrimination of the population there...we actually don't bring our families to that health centre.*

Although SHINE was deemed to be geographically accessible, it may not be an acceptable setting for all prospective clients. Further inquiry into this perspective is required as it was reported by a single health broker.

Accommodation

Health brokers speculated that 2 barriers to care at SHINE might be limitations in language services and perceived discrimination. The language spoken by volunteers at SHINE is predominantly English. However, other languages may be understood and spoken depending on the available volunteers. One health broker explained:

> *We tend to work with [new immigrant and refugee] families who are most vulnerable, and so, the majority of them will have difficulties with English. So, my guess would be...maybe 70 percent of [this] population will have some English language barrier.*

Perceived oppression and marginalization among homeless and low-income individuals were also identified as an accommodation barrier to health care in general. As one health broker explained:

> *There's a lot of obstacles for people connecting with the healthcare system... Some of them are real, and some of them are perceived. You know, our demographic isn't always treated properly by the healthcare system... Oppression, marginalization, racism...*

As a result, "they don't like going to the doctor...they don't do anything until it's basically causing them an excessive amount of pain."

Affordability

SHINE offers free services. Although other cost barriers, such as transportation and childcare, may exist, no affordability barriers were identified.

DISCUSSION

A common theme that emerged from this project was low-income individuals' fear of discrimination in health care settings. There is a cultural incompatibility, indicating a poor fit of values, between the private practice model and the oral health needs of marginalized groups.[12] Dental clinics should consider how they can provide services in a culturally safe manner for marginalized population groups.[13] It is SHINE's goal to provide a culturally safe space. To that end, more insight is required into the acceptability of the clinic.

Unfortunately, among the 5 health brokers interviewed, there was limited awareness of the SHINE dental clinic. Awareness is an important dimension of access because health brokers cannot refer clients to a program they are not aware of.[10] This lack of awareness also hindered the gathering of data on availability, accommodation, and acceptability. Therefore, the project's ability to address the overall concept of access was limited. However, by interviewing health brokers and providing a post-interview presentation, the research team was able to inform them about SHINE, raising awareness and potentially more referrals to SHINE henceforth. This outcome will require further follow-up, which is already underway.

CONCLUSION

This exploratory qualitative study with health brokers who facilitate services in an inner city low socioeconomic area identified strengths and weaknesses of the SHINE dental clinic. Its strengths include affordability, accessibility, and availability of select services. Its weaknesses include lack of public awareness, limited translation services, and fear of discrimination among clients. Using individual interviews to collect the data resulted in a secondary outcome of educating, informing, and increasing awareness of SHINE among the health brokers, which may increase the use of the clinic by inner city groups.

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CONFLICTS OF INTEREST

The authors have declared no conflicts of interest.

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