

# Improving oral health care accessibility for homeless and vulnerably housed pet-owning populations

Brianna M Jennings<sup>†</sup>, BA; Michelle Lem<sup>§</sup>, DVM, MSc, MSW, RSW; Susan Kilborn<sup>§</sup>, DVM, DVSc, DACVIM (SAIM); Blánaid Donnelly<sup>§</sup>, DVM, MPH, PhD; Amanda Acker<sup>§</sup>, DipDH, RDH

## ABSTRACT

Individuals experiencing homelessness face unique barriers to oral health care. In collaboration with local universities in Ottawa, Canada, research was conducted to explore the experiences of Community Veterinary Outreach (CVO) clients in accessing oral health care. CVO utilizes a One Health approach, providing preventive veterinary care alongside human health care services to promote health service uptake among pet owners experiencing homelessness. Based on the results of 4 research projects, this short communication proposes recommendations for promoting accessible oral health care and increasing service uptake at One Health clinics by CVO clients experiencing homelessness. Relevant themes leading to the recommendations were 1) barriers to care, including financial and individual circumstances, and discrimination by service providers; and 2) facilitators of care, including the presence of pets, compassionate care, and care received in community settings. Recommendations to improve accessibility of oral health services for CVO clients are 1) continuation of pet-friendly services; 2) delivery of oral health care in alternative settings; and 3) reduction of discrimination through continuing education for oral health professionals. It is hypothesized that the implementation of these recommendations will improve oral health care service accessibility and uptake among clients at CVO clinics and in the community.

## RÉSUMÉ

Les personnes sans abri sont confrontées à des obstacles uniques en matière de soins de santé buccodentaire. Une recherche a été menée en collaboration avec des universités locales d'Ottawa, au Canada, pour explorer les expériences des clients de la Community Veterinary Outreach (CVO) en matière d'accès aux soins buccodentaires. La CVO utilise une approche « One Health », offrant des soins vétérinaires préventifs en parallèle aux services de santé humaine en vue de promouvoir l'utilisation des services de santé par les propriétaires d'animaux sans abri. Cette brève communication propose des recommandations en fonction des résultats de 4 projets de recherche pour promouvoir l'accessibilité des soins de santé buccodentaire et faire en sorte que les clients sans abri de la CVO utilisent davantage les services des cliniques One Health. Les thèmes pertinents qui ont mené aux recommandations étaient : 1) les obstacles aux soins, y compris les circonstances financières et individuelles et la discrimination par les prestataires de services; et 2) les facilitateurs de soins, y compris la présence d'animaux de compagnie, les soins prodigués avec compassion et les soins obtenus en milieu communautaire. Les recommandations visant à améliorer l'accessibilité aux services de santé buccodentaire pour les clients de la CVO sont les suivantes : 1) continuer d'offrir des services adaptés aux animaux de compagnie; 2) fournir des soins de santé buccodentaire dans des milieux non conventionnels; et 3) réduire la discrimination au moyen d'une formation continue pour les professionnels de la santé buccodentaire. L'hypothèse est que les clients de la CVO auront un meilleur accès aux services de soins buccodentaires et utiliseront ces services dans les cliniques de la CVO et dans la communauté grâce à la mise en œuvre de ces recommandations.

**Keywords:** attitudes; community health centres; dental hygienists; dentists; health care delivery; health services accessibility; homeless persons; oral health

**CDHA Research Agenda category:** access to care and unmet needs; capacity building of the profession

## PRACTICAL IMPLICATIONS OF THIS RESEARCH

- Individuals experiencing homelessness face barriers to professional oral care, such as cost, discrimination, competing priorities, and past negative encounters.
- Offering compassionate oral health care services in alternative, community-based settings may reduce these barriers and help to build trusting relationships between clients and clinicians.
- Compassionate care training for oral health professionals and students is recommended.

## INTRODUCTION

Oral health is necessary for overall health, yet it is influenced by socioeconomic factors and health inequities.<sup>1,2</sup> For example, the privatization of the oral health care system renders oral health care inaccessible to individuals with

low incomes.<sup>2,3</sup> One in five Canadians cannot access sufficient oral health services because of cost.<sup>4</sup> Systemic barriers combined with access limitations result in poor oral health for people experiencing homelessness.<sup>1,5-8</sup>

<sup>†</sup>School of Social Work, Carleton University, Ottawa, ON, Canada

<sup>§</sup>Community Veterinary Outreach, Ottawa, ON, Canada

Correspondence: Dr. Michelle Lem; michelle.lem@vetoutreach.org

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Community Veterinary Outreach (CVO) offers oral health services at their One Health clinics. CVO is a Canadian registered charity that innovated a One Health approach to care, providing pro bono preventive veterinary health services alongside human health care to pet-owners experiencing homelessness.<sup>9</sup> The Canadian definition of homelessness includes individuals who are, or are at risk of being unsheltered, emergency sheltered or provisionally accommodated and therefore vulnerably housed.<sup>10</sup> One Health is a concept that human, animal, and environmental health are connected.<sup>9,11</sup> Optimum human health can only be obtained when animal and environmental health are equally prioritized through a collaboration between sectors and disciplines.<sup>9,11</sup> CVO utilises a One Health approach to promote human health service uptake with pet-owners experiencing homelessness and to increase trust between clients and clinic volunteers. As some estimates suggest that pet owners make up over 20% of people experiencing homelessness, using a One Health approach may help to increase health service uptake in this population.<sup>12</sup> This approach could be the cornerstone of services such as mobile oral health care service delivery and outreach community clinics that cater to underserved populations.

The purpose of this short communication is to propose recommendations on how CVO can promote accessible oral health care and increase service uptake by clients experiencing homelessness at One Health clinics. The recommendations were developed based on the analysis of findings from 4 research studies that explored the experiences of CVO clients in accessing oral health services.

## DESCRIPTION OF RESEARCH FINDINGS

To explore the experiences of, and access to, oral health care of CVO clients, CVO collaborated with Carleton University's Master of Social Work program and the University of Ottawa's Master of Science (MSc) in Health Systems program. Four separate research projects were conducted, with some being qualitative and some being mixed methods. Three research projects focused on CVO clients and received approval from the Carleton University Research Ethics Board.<sup>12-14</sup> Participants were adult CVO clients.<sup>12-14</sup> The majority identified as female and indicated that they received government-funded financial assistance.<sup>12-14</sup> The fourth research project was in fulfilment of a four-month MSc research practicum in which registered dental hygienists who volunteer at CVO clinics were interviewed to explore best practices in engaging this population and their perceptions of oral health service access.<sup>15</sup> In total, 29 qualitative semi-structured interviews and 37 questionnaires containing open-ended questions were administered. The individual research projects are unpublished manuscripts. Thematic analyses were conducted by each research group.<sup>12-15</sup> A frequency analysis was conducted for the mixed-methods research projects. This short communication explores and synthesizes their findings, with the intent to identify

facilitators and perceived gaps in oral health care access for CVO clients.

## RESULTS

Across the 4 research projects, themes related to oral health care barriers and facilitators emerged. These themes are supported by literature on oral health care access for populations experiencing homelessness.

### Barriers

Barriers to care are categorized into 3 themes: 1) financial cost of oral health services; 2) discrimination from oral health professionals; and 3) anxiety or other individual priorities arising from homelessness.

#### *Financial*

Participants reported that lack of financial resources prevented them from accessing care.<sup>12-14</sup> Participants supported by publicly funded dental programs noted that their coverage was non-encompassing or was not accepted at par by oral health care providers.<sup>12,13,15</sup> A comprehensive universal oral health care system would address such financial barriers. Yet, in countries where oral health care is publicly funded, individuals experiencing homelessness still have comparatively worse oral health.<sup>16,17</sup> This suggests that there are more barriers, beyond financial concerns, affecting those experiencing homelessness who attempt to access oral health care.

#### *Service delivery*

Discrimination from oral health care providers was another common theme that emerged from the research projects.<sup>12-14</sup> Experiences included providers' refusal to accept publicly funded dental coverage; receiving a "lecture"<sup>14 p4</sup> about caring for one's teeth; and being "brushed off"<sup>12 p20</sup> or not taken seriously by providers.<sup>12-14</sup> Interviews with dental hygienists highlighted a dental culture that "disenfranchises" the client.<sup>15 p7</sup> In reference to the treatment of clients in some oral health care settings, one dental hygienist reported hearing from a client, "That you're not a person. You're a root canal first, and then you're a person second."<sup>15 p7</sup> This statement echoes current literature, which highlights a concerning trend of people experiencing homelessness facing discrimination when accessing oral health care services.<sup>18-23</sup>

#### *Individual circumstances*

People experiencing homelessness may be unable to prioritize oral health care due to competing concerns, such as finding food.<sup>19,20,22,23</sup> One participant mentioned the inability to prioritize oral care because of mental health issues: "It's not that I don't care, but when I'm depressed, you know things fall apart...my biggest concern isn't brushing my goddamned teeth...it's getting through the day."<sup>14 p4</sup> Oral health care clinics rarely offer walk-in services or flexible appointment times, which are better suited to this population.<sup>20,22</sup> The research projects and supporting

literature suggest that mental health conditions, such as general anxiety, depression or substance use disorders, may make it difficult for individuals to attend oral health care appointments.<sup>12-14,18-20,23</sup> Participants also reported anxiety specific to oral health care due to past negative experiences, which prevented them from accessing further care.<sup>12-14</sup>

CVO clients are pet owners and therefore may experience additional barriers to care relative to others. Some pet owners experiencing homelessness will forgo shelter if their pet is not welcomed.<sup>24,25</sup> This may also extend to other services if they risk losing or leaving their pet when accessing services.<sup>15,25-27</sup> People experiencing homelessness often have fewer social support networks, making their pet their primary source of support and comfort.<sup>28</sup> This strong human-animal bond may explain why many who are experiencing homelessness choose to put their pet's needs before their own.<sup>28</sup> A CVO dental hygienist volunteer relayed challenges that their clients experience: “[Those who] have pets and are homeless experience...[refusal of entry due to the physical presence of a pet] everyday multiple times a day.”<sup>15 p6</sup> It is important to note that these barriers are not a reflection of an individual but speak to the social determinants of health and health inequities that affect the accessibility of oral health services.

### Facilitators

Across the research projects, participants identified elements that improved accessibility to oral health care. These facilitators of care are the basis for the recommendations in this short communication. Dental hygienists identified pets as a facilitator when people experiencing homelessness seek to access services at CVO clinics.<sup>15</sup> They described pets as a gateway to building rapport and promoting communication.<sup>15</sup> The ability to leverage the human-animal bond to promote engagement and trust was deemed to be an asset when working with individuals experiencing homelessness.<sup>15</sup> As one participant who accesses oral health services at CVO clinics explained:

*I would go based on my relationship with them [CVO], based on the way they take care of my cat. That's a really good reference...in terms of I know who's involved and I know the kind of culture of the organization.*<sup>13 p26</sup>

Positive relationships with oral health care providers facilitate access to care.<sup>12,14</sup> Compassionate care involves a genuine willingness to learn from clients, the commitment to reduce distress, and the provider's ability to monitor their own biases.<sup>29</sup> One participant recounted the compassionate care they received from their oral health professional:

*The dentist I see, she was just like super welcoming, the secretary, the receptionist was super nice...They all calmed me down and reassured me and told me that if at any point*

*I need to take a break for a second just to like calm down, it was good.*<sup>12 p23</sup>

Another participant reported that they preferred to access primary health care in community settings where they experience less stigma and discrimination.<sup>14</sup> It is reported that people experiencing homelessness prefer to access care in community settings over privatized care settings.<sup>5,20</sup>

### RECOMMENDATIONS

To improve accessibility of oral health services for pet-owning populations experiencing homelessness, this short communication makes 3 recommendations: 1) continue to offer pet-friendly services where possible (e.g., outreach locations, clinics focused on vulnerable populations, mobile services); 2) promote oral health care in alternative settings; and 3) reduce stigma and discrimination from oral health professionals through compassionate care training. These recommendations are intended to support community outreach services such as CVO, which promote and provide accessible oral health care for at-risk populations. As CVO works from a One Health approach to make human health services accessible to pet owners experiencing homelessness, they are in a unique position to adopt these recommendations. Further research would be required to explore whether these recommendations may be employed in other health care settings.

### Pet-friendly services

Pets have been shown to buffer stressful situations, such as homelessness.<sup>26,28,30</sup> Yet, pet owners experiencing homelessness may face barriers to care because of the physical presence of their pets.<sup>26,27</sup> In addition, many people experiencing homelessness report anxiety regarding oral health care visits and fear of medical institutions as barriers to accessing care.<sup>19,20,22</sup> The presence of pets while accessing oral health services may facilitate service uptake, as pets have been demonstrated to reduce stress responses.<sup>31-33</sup> This finding has led to the increasing use of support animals in hospitals and dental offices.<sup>34,35</sup> Incorporating therapy dogs into oral health care procedures is associated with positive benefits and outcomes for clients.<sup>36,37</sup> There are some practice-related health and safety risks regarding the presence of pets in oral health care spaces.<sup>38,39</sup> With proper precautions, however, the risks are minimal and manageable.<sup>38,39</sup> Inclusion of pets in alternative community oral health care settings, such as CVO clinics, can be achievable. Although not all privatized settings may choose to offer widespread entry to pets, consideration of entry on a case-by-case basis by those trained in alternative approaches to care for vulnerable clients may be feasible.

Taking a One Health approach to recognize, appreciate, and leverage the human-animal bond may help providers better connect with individuals experiencing homelessness. Dental hygienists at CVO clinics reported engaging pets

to facilitate communication and care by increasing the trust individuals had in the service provider.<sup>15</sup> This approach may increase a client's comfort while decreasing perceived discrimination that occurs in oral health care offices.<sup>27</sup> Building trust through discussion of a known pet relationship may reduce stress and increase the likelihood of a positive interaction between provider and client.

### Alternative health care settings

Community-based oral health care has been recommended by various researchers and experts.<sup>2,5,7,18,19,23,40</sup> Many clients who use community-based services report that friendly staff, low cost, understanding of anxiety, and flexible hours facilitate their use.<sup>22,23,40</sup> In the aforementioned research projects, participants emphasized their desire for more comprehensive oral health care at CVO clinics.<sup>12,13</sup> There are different approaches to providing community-based comprehensive oral care, such as offering oral health care services in community health centres, providing shelter-based care or utilising mobile care services.<sup>6,23,40,41</sup> In all cases, strong and collaborative partnerships between the oral health profession, community organizations, and other health services are necessary.<sup>23,42</sup> Partnering with external organizations to provide more comprehensive oral health care services at CVO clinics may make oral health care more accessible for CVO clients.<sup>23,27</sup> Capitalizing on the existing positive relationships that CVO has with clients could facilitate oral health services in a trusted environment.

Community-based, interdisciplinary settings may also be able to offer pet-friendly services. The earlier examples of animals in oral health spaces refer to therapy dogs. CVO One Health clinics, thanks to their interdisciplinary approach to care, are in a unique position to offer pet-friendly services that extend to animals beyond therapy dogs. These clinics employ both veterinary and oral health professionals who can work together to ensure that safety and health measures are maintained when a client's pet is present.

### Compassionate care training for oral health professionals

Professional engagement in compassionate care facilitates oral health care.<sup>12-15,19,23</sup> Discrimination from and attitudes of oral health professionals are consistently reported as barriers for people experiencing homelessness.<sup>18-20</sup> Oral health professional curricula adopt primarily biomedical approaches that often ignore structural factors that contribute to poor oral health and those that may promote health.<sup>3,43</sup> The relationship between pets, community-based care, and client perception of treatment is often not addressed in biomedical approaches. A One Health approach recognizes the interconnectedness of these elements and how human health can be affected by social determinants of health.<sup>11</sup>

Despite interventions at the academic level, dental students' knowledge of and willingness to work with vulnerable populations, such as CVO clients, remain low.<sup>19,44,45</sup> Consciousness raising, in the form of ongoing professional development has been suggested as a way for practising

oral health care providers to increase their knowledge and reduce stigma.<sup>3,22,23,46</sup> To disseminate knowledge and improve understanding of social determinants of health and of One Health, it is recommended that CVO partner with local oral health associations or societies to provide professional development opportunities. Including oral health students and professionals in CVO clinic events, as well as delivering lectures in academic or professional development settings, are all possible experiential and transformative learning opportunities. Education about the One Health concept and social determinants of health may support the development of a compassionate care culture that could extend beyond CVO clinics and clients.

### CONCLUSION

CVO and other community-based outreach organizations can take innovative steps towards making oral health care more accessible. Pet owners experiencing homelessness face financial, service delivery, and individual barriers to care. To address the barriers and build upon facilitators, the authors recommend that CVO continue to offer oral health care services in pet-friendly, community-based service locations, and promote and support experiential learning opportunities on compassionate care among oral health professionals. These recommendations will require coordinated, purposeful collaborations between CVO, the oral health profession, community services, and interdisciplinary organizations.

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### CONFLICTS OF INTEREST

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Amanda Acker served on the board of directors of CVO during the research and writing phases of this project. She resigned from the board in March 2021.

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